** PUBLIC DISCLOSURE COPY **

(Rev. January 2020)

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

OMB No. 1545-0047

A	ror tr	ne 2019 calendar year, or tax year beginning 0011, 2019 and e	naing U	UN 30, 2020				
В	Check i applical	f C Name of organization		D Employer identific	cation number			
	Addr char Nam				• •			
	char	ge Doing business as		58-24355	92			
L	Initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite					
	☐Final retur	n/ 000 GRANI DIREEI DE		404-624-6226				
	term ated			G Gross receipts \$ 12,998,011.				
	retur			H(a) Is this a group return				
	Appl tion	F Name and address of principal officer: CHOCK MEADOWS		for subordinates	? Yes X No			
	pend	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No			
		xempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructions)			
		ite: ► WWW.ATLNCS.ORG		H(c) Group exemptio				
		of organization: X Corporation Trust Association Other	L Year	of formation: 1998 $ m bigc big$	A State of legal domicile: GA			
Pa	art I	Summary						
4	1	Briefly describe the organization's mission or most significant activities: SEE S	CHEDU	LE O				
Activities & Governance								
r	2	Check this box if the organization discontinued its operations or dispose	d of more	than 25% of its net ass	sets.			
o Ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	13			
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	13			
80	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	166			
)ţį	6	Total number of volunteers (estimate if necessary)		6	75			
Ċ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	k	Net unrelated business taxable income from Form 990-T, line 39		7b	0.			
				Prior Year	Current Year			
d)	8	Contributions and grants (Part VIII, line 1h)		11,642,472.	12,214,771.			
ň	9	Program service revenue (Part VIII, line 2g)		855,035.	719,076.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		27,354.	29,498.			
<u>~</u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-51,317.	6,846.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,473,544.	12,970,191.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,164.	641.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,870,530.	10,414,651.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ē	. k	Total fundraising expenses (Part IX, column (D), line 25)	4.					
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,466,496.	2,044,159.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,338,190.	12,459,451.			
	19	Revenue less expenses. Subtract line 18 from line 12		135,354.	510,740.			
Net Assets or	q		Ве	ginning of Current Year	End of Year			
sets	20	Total assets (Part X, line 16)		5,507,144.	7,894,226.			
ASS	21	Total liabilities (Part X, line 26)		2,146,430.	4,022,772.			
ESE ESE	22	Net assets or fund balances. Subtract line 21 from line 20		3,360,714.	3,871,454.			
P	art II	Signature Block						
Und	ler per	nalties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	nts, and to the best of my	knowledge and belief, it is			
true	, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge.				
Sig	n	Signature of officer		Date				
Hei	re	CHUCK MEADOWS, EXECUTIVE DIRECTOR						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai	d	MARY JO ALEXANDER MARY JO ALEXANDER	R 0	5/17/21 if self-employ				
Pre	parer	Firm's name ► MAULDIN & JENKINS, LLC	Firm's EIN ▶ 58-0692043					
Use	Only	Firm's address 200 GALLERIA PKWY SE STE 1700						
_		ATLANTA, GA 30339-5946		Phone no. 77	0-955-8600			
Ma	y the	IRS discuss this return with the preparer shown above? (see instructions)			X Yes No			

	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	_
	THE MISSION OF THE ATLANTA NEIGHBORHOOD CHARTER SCHOOL (ANCS) IS TO	
	USE THE PRINCIPLES OF THE COALITION OF ESSENTIAL SCHOOLS TO: BUILD AN	
	EMPOWERED AND INCLUSIVE COMMUNITY OF STUDENTS, PARENTS, AND EDUCATORS;	
	ENGAGE THE WHOLE CHILDINTELLECTUALLY, SOCIAL-EMOTIONALLY, AND	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	ok
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	_
4a	(Code:) (Expenses \$9,127,043. including grants of \$641.) (Revenue \$719,076.	<u>•</u>)
	ANCS STRIVES TO BE A DYNAMIC LEARNING COMMUNITY WHERE STUDENTS BECOME	_
	LIFE-LONG LEARNERS, DEVELOP SELF KNOWLEDGE, AND ARE CHALLENGED TO	_
	EXCEL. RECENT ACCOMPLISHMENTS INCLUDE:	
	*ELEMENTARY GRADES' OVERALL PERFORMANCE AND ACADEMIC GROWTH ARE BOTH	
	HIGHER THAN 80% OF SCHOOLS IN THE STATE.	
	*OVER 80% OF OUR 8TH GRADE STUDENTS ARE READING AT OR ABOVE THE GRADE	_
	LEVEL TARGET. *SUCCESSFULLY NARROWED ACHIEVEMENT GAPS IN CERTAIN GRADES OVER THE	—
	COURSE OF THE YEAR.	—
	*ELEMENTARY GRADES' STATE ACADEMIC PROGRESS RATING OVER 90 OUT OF 100.	_
	*MIDDLE GRADES' STATE READINESS RATING OVER 90 OUT OF 100.	_
	THE CHARLES STATE AND THE PROPERTY OF THE STATE OF THE ST	_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
		_ ′
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	_)
		_
		_
		_
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$) Total program convice expenses \$ 9 127 043.	
40	Total program convice expenses 9 127 1143.	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	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 "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_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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	14b		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			<u>-</u> -
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2019) ATLANTA NEIGHBORHOOD CHARTER SCHOOL Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	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			
		25b		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	_20		
_,	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L. Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		x
07	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
30		38	Х	
Par		- 50		
	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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
			000	

019) ATLANTA NEIGHBORHOOD CHARTER SCHOOL Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No				
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 166							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions)							
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			l				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X				
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			37				
			<u>5a</u> 5b		X				
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?								
	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?								
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?		6a		X				
D	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).		6b						
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	х					
		vices provided to the payor:	7b	X					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		''						
Ŭ	to file Form 8282?	•	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	•	7e		х				
f									
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g						
h	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?		88						
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a						
b			9b						
10	Section 501(c)(7) organizations. Enter:	l I							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	i i							
a		11a							
b	Gross income from other sources (Do not net amounts due or paid to other sources against	441							
40-	amounts due or received from them.)	11b	40-						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l I	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a						
а	Note: See the instructions for additional information the organization must report on Schedule O.		134						
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
5	organization is licensed to issue qualified health plans	13b							
С	Enter the amount of reserves on hand	13c							
	4a Did the organization receive any payments for indoor tanning services during the tax year?								
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		14b						
	excess parachute payment(s) during the year?		15		X				
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.								

Page 6

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

Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	1b	13						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	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	e direct	supervision						
				3		<u> </u>			
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		<u>X</u>			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		<u>X</u>			
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 approximation of the power to elect or								
	more members of the governing body?			7a		_X_			
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
_	persons other than the governing body?								
8									
a									
	b Each committee with authority to act on behalf of the governing body?								
9	, , , , , , , , , , , , , , , , , , , ,								
Sec	organization's mailing address? If "Yes." provide the names and addresses on Schedule Oection B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
	This Section B requests information about policies not required by the internal Re	veriue	Code.)		Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?			10a	100	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such ch								
_	and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
	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								
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe						
	in Schedule O how this was done			12c	Х				
13	Did the organization have a written whistleblower policy?			13	Х				
14	Did the organization have a written document retention and destruction policy?			14	Х				
15	Did the process for determining compensation of the following persons include a review and approva	ıl by ind	dependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37				
a	The organization's CEO, Executive Director, or top management official			15a	X				
b	Other officers or key employees of the organization			15b	Х				
16~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	nont	ith o						
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent taxable entity during the year?			16a		X			
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			ioa					
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the organizat	-	•						
	exempt status with respect to such arrangements?			16b					
Sec	tion C. Disclosure			10.2					
17	List the states with which a copy of this Form 990 is required to be filed ▶GA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990	T (Section 501(c)(3)	s only)	availal	ole			
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain	on Sc	hedule O)						
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	f interest policy, and	l financ	cial				
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	records						
	KARI LOVELL - 404-624-6226								
	688 GRANT ST SE, ATLANTA, GA 30315								

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

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

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

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

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

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do		Posi	ition	l than d	one	Reportable	Reportable	Estimated
	hours per week					s both r/trus		compensation from	compensation from related	amount of other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	e e			ated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	l trust		99/	npens		(W-2/1099-MISC)		organization and related
	below	idual t	Institutional trustee	er	Key employee	Highest compensated employee	ler.			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) CHUCK MEADOWS	40.00							122 222		
EXECUTIVE DIRECTOR	40.00			Х				133,900.	0.	0.
(2) LARA ZELSKI	40.00							105 065		•
CEO	40.00			Х				125,367.	0.	0.
(3) CATHEY GOODGAME	40.00					,,		112 447	0	0
MIDDLE SCHOOL PRINCIPAL	40.00					X		113,447.	0.	0.
(4) ELIZABETH HEARN PROGRAM DIRECTOR	40.00					х		112,000.	0.	0.
(5) KARI LOVELL	40.00					^		112,000.	0.	<u> </u>
CFO	40.00			х				99,832.	0.	0.
(6) MATTHEW UNDERWOOD	40.00			25				33,032.	•	
EXECUTIVE DIRECTOR	1000	•		х				9,656.	0.	0.
(7) KRISTEN FRENZEL	5.00							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
BOARD CHAIR		Х		х				0.	0.	0.
(8) JASON RHODES	5.00									
SECRETARY		Х		Х				0.	0.	0.
(9) SABRINA SEXTON	5.00									
VICE CHAIR		X						0.	0.	0.
(10) EMILY ORMSBY	5.00							_	_	_
FINANCE CHAIR		Х						0.	0.	0.
(11) HANAH GOLDBURG	5.00									
EDUCATION EXCELLENCE CHAIR		Х						0.	0.	0.
(12) JORDACHE AVERY	5.00								0	0
BUILDING & GROUNDS SUBCOMMITTEE CHAI	F 00	X						0.	0.	0.
(13) ANGELA CHRISTIE	5.00	v						0.	_	0
AT LARGE (14) RHONDA COLLINS	5.00	Х						0.	0.	0.
AT LARGE	3.00	Х						0.	0.	0.
(15) BARRETT COKER KRISE	5.00	Λ						0.	0.	<u> </u>
AT LARGE	3.00	Х						0.	0.	0.
(16) LEE KYNES	5.00	-22							•	_
AT LARGE	3.00	х						0.	0.	0.
(17) KRISTI MALLOY	5.00								3.	
AT LARGE		Х						0.	0.	0.

Form **990** (2019)

Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C				I		
(A)	(B)			Pos	C) itior	1		(D)	(E)		l	(F)	
Name and title	Average hours per		not c	heck	more	than		Reportable	Reportable			timated	
	week					is bot or/trus		compensation from	compensation from related			iount o other	Л
	(list any	tor						the	organization		l .	oensat	ion
	hours for	Individual trustee or director				- D		organization	(W-2/1099-MI			om the	
	related	ee or	stee			nsate		(W-2/1099-MISC)	,	,	orga	anizatio	on
	organizations	trust	Institutional trustee		oyee	Highest compensated employee					and	l relate	:d
	below	vidua	itutio	Jec	Key employee	nest c	ner				orga	nizatio	ns
	line)	Indi	Inst	Officer	Key	High	Former						
(18) BEN SUTTON	5.00												
AT LARGE		Х						0.		0.			0.
(19) CARLA WELLS	5.00												
AT LARGE		Х						0.		0.			0.
		1											
		1											
			\vdash			\vdash							
-			\vdash			 							
		1											
			-			-							
		4											
							<u> </u>	F04 000					
1b Subtotal								594,202.		0.			0.
c Total from continuation sheets to Part V	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	594,202.		0.			0.
2 Total number of individuals (including but r	ot limited to th	ose	liste	ed at	oove	e) wh	no re	eceived more than \$100,	000 of reportable	е			
compensation from the organization													4
											\longrightarrow	Yes	No
3 Did the organization list any former officer	, director, trust	ee, ł	кеу е	empl	loye	e, or	r hig	ghest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the si									he organization				
and related organizations greater than \$15											4		Х
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," con	•				-			•			5		Х
Section B. Independent Contractors	IDICIC CONCOUN	001	0/ 00	<u> </u>	00/0	,O11							
1 Complete this table for your five highest co	mpensated inc	lene	ende	nt co	ontr	acto	rs th	hat received more than \$	100 000 of com	nensa	tion fro		
the organization. Report compensation for	•	•								,501100			
(A)	tric calcridar y	oui c	Ji Idii	19 W	1011	O1 VV		(B)	cur.		(C		
Name and business	address	N	INC	₹.				Description of s	ervices	C	Compen		1
-								·					
										1			
										 			
										1			
-										—			
										1			
										—			
										1			
										<u> </u>			
2 Total number of independent contractors (i	ncluding but n	ot lir	nite	d to	thos	se lis	sted	above) who received mo	ore than				
\$100,000 of compensation from the organi	zation 🕨				()							
											•	200	

Form 990 (2019) ATLANTA
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any line	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
يَ وَا		Fundraising events 1c	63,604.				
ifts,		Related organizations 1d	,				
nila nila		Government grants (contributions)	11,980,583.				
Sir		All other contributions, gifts, grants, and					
outi her	-	similar amounts not included above 11	170,584.				
ġ ţ	ç		14,103.				
Son		Total. Add lines 1a-1f	· •	12,214,771.			
<u> </u>			Business Code				
o l	2 8	OTHER PROGRAM INCOME	611710	454,272.	454,272.		
Program Service Revenue	- t		611710	254,886.	254,886.		
Ser		FIELD TRIP INCOME	611710	9,918.	9,918.		
am Ve				•	,		
Be	•						
Pro		All other program service revenue					
		Total. Add lines 2a-2f	•	719,076.			
	3	Investment income (including dividends, interes		·			
		other similar amounts)		29,498.			29,498.
	4	Income from investment of tax-exempt bond pr					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	k						
		Rental income or (loss) 6c					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	k	Less: cost or other basis					
ē		and sales expenses 7b					
ther Revenue		Gain or (loss) 7c					
Re		Net gain or (loss)					
ē	8 8	Gross income from fundraising events (not					
₹		including \$ 63,604. of					
		contributions reported on line 1c). See					
		Part IV, line 188a	34,249.				
	k	Less: direct expenses 8b	27,820.				
	c	Net income or (loss) from fundraising events	>	6,429.			6,429.
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
	k	Less: direct expenses 9b					
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	k	Less: cost of goods sold10b					
	(Net income or (loss) from sales of inventory					
ا ي			Business Code				
Miscellaneous Revenue	11 a	MISCELLANEOUS	900099	417.			417.
ane	k						
cell eve	C						
Mis	C	I All other revenue					
	e	Total. Add lines 11a-11d		417.			
	12	Total revenue. See instructions	>	12,970,191.	719,076.	0.	36,344.

Part IX | Statement of Functional Expenses

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 (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 641. 641. 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, 252,533. 187,474. 63,133. 1,926. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7,368,562. 56,189. Other salaries and wages 5,470,233. 1,842,140. 7 Pension plan accruals and contributions (include 1,347,158. 1,000,096. 336,789. 10,273. section 401(k) and 403(b) employer contributions) 225,741. 670,339. 902,966. Other employee benefits 6,886. 9 543,432. 403,430. 135,858. 4,144. 10 Payroll taxes 11 Fees for services (nonemployees): Management 17,854. 17,854. Legal 24,200. 24,200. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 171,207. 139,153. 32,054. column (A) amount, list line 11g expenses on Sch O.) 15,141. 15,141. Advertising and promotion 12 147,741. 108,275. 39,466. 13 Office expenses 66,862. 48,228. 18,634. Information technology 14 Royalties 15 527,204. 481,651. 45,553. 16 Occupancy 92,522. 92,522. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 35,206. 35,206. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 253,717. 253,717. Depreciation, depletion, and amortization 22 58,473. 58,473. 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 175,653. 175,653. NUTRITION PROGRAM EXPEN CLASSROOM EXPENSE 163,182. 163,182. 66,938. 35,779. 918. 30,241. OTHER EXPENSES 45,774. 45,774. d BAD DEBT 52,620. 14,684. 182,485. 115,181. e All other expenses 12,459,451. 9,127,043. 3,192,924. 139,484. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2019)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,648,004.	1	4,289,062.
	2	Savings and temporary cash investments			548,990.	2	565,043.
	3	Pledges and grants receivable, net			237,996.	3	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ	oed in sectio	on 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B				9	15,513.
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D		5,349,309.			
	b	Less: accumulated depreciation		2,829,266.	10c	2,778,024.	
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets	4,254.	14	2,127.		
	15	Other assets. See Part IV, line 11	238,634.	15	244,457.		
	16	Total assets. Add lines 1 through 15 (must e			5,507,144.	16	7,894,226.
	17	Accounts payable and accrued expenses			1,168,363.	17	1,246,943.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
ý	22	Loans and other payables to any current or for	ormer officer	r, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial co	ntributor, or 35%			
abi		controlled entity or family member of any of the	hese person	ıs		22	
=	23	Secured mortgages and notes payable to unr	elated third		978,067.	23	2,775,829.
	24	Unsecured notes and loans payable to unrela	ted third pa	rties		24	
	25	Other liabilities (including federal income tax,	payables to	related third			
		parties, and other liabilities not included on lin	nes 17-24). (Complete Part X			
		of Schedule D				25	
	26				2,146,430.	26	4,022,772.
		Organizations that follow FASB ASC 958, o	heck here	► X			
ces		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27	Net assets without donor restrictions			3,163,277.	27	3,700,680.
Ва	28	Net assets with donor restrictions			197,437.	28	170,774.
P		Organizations that do not follow FASB ASC	C 958, chec	k here 🕨 🔛			
Ę		and complete lines 29 through 33.					
S.	29	Capital stock or trust principal, or current fun				29	
set	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
Red	32	Total net assets or fund balances			3,360,714.	32	3,871,454.
	33	Total liabilities and net assets/fund balances	5,507,144.	33	7,894,226.		

Form **990** (2019)

Pai	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,97					
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,45					
3	Revenue less expenses. Subtract line 2 from line 1	3	510,740 3,360,714					
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
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 on Schedule O)	9	0.					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))							
Pai	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	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	Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	<u> </u>			
			Form	990	(2019)			

932012 01-20-20

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

2019

Open to Public Inspection

Name of the organization

ATLANTA NEIGHBORHOOD CHARTER SCHOOL

Employer identification number 58 – 2435592

Pa	art i	Reason for Public C	narity Status (All organizations must co	mplete th	is part.) Se	e instructions.	
The	organ	ization is not a private found	ation because it is: (l	For lines 1 through 12, c	heck only	one box.)		
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b)(1	I)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).	
4		A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:						
5		An organization operated for		llege or university owned	or operat	ed by a go	vernmental unit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local government	~					
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the general	oublic described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8	Щ	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of the college	or
		university:						
10		An organization that norma	lly receives: (1) more	than 33 1/3% of its supp	oort from c	contributio	ns, membership fees, ar	d gross receipts from
		activities related to its exen	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	33 1/3% of its support	from gross investment
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Co	mplete Part III.)					
11	Ш	An organization organized a	and operated exclusi	vely to test for public sa	fety.See	section 50)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and 12g.	
а	ı L		anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), typically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b	,		anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by have	ving
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
c	;		grated. A supportin	g organization operated	in connect	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete i	Part IV, Se	ections A,	D, and E.	
C	i		integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and an attentiv	/eness
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.	
e	•	☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.		
f	Ente	er the number of supported o	organizations					
ç		vide the following information			(iv) Is the oraș	anization listed		() A
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See Instructions)	Support (See Instructions)
Tota	ai						I	Ì

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

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

Sed	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	9646603.	10608877.	10376079.	11642472.	12214771.	54488802.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
	Total. Add lines 1 through 3	9646603.	10608877.	10376079.	11642472.	12214771.	54488802.	
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)						F 4 4 0 0 0 0 0	
	Public support. Subtract line 5 from line 4.						54488802.	
	• • • • • • • • • • • • • • • • • • • •		# N 00 / 0	() 22/-	() 22/2			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018 11642472.	(e) 2019	(f) Total	
	Amounts from line 4	9040003.	10000077.	103/60/9.	11042472.	12214//1.	54400002.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,	6,758.	6,846.	9,918.	27,354.	29,498.	80,374.	
•	and income from similar sources Net income from unrelated business	0,750.	0,040.	9,910.	21,334.	29,490.	00,374.	
9	activities, whether or not the							
	, , , , , , , , , , , , , , , , , , ,							
10	business is regularly carried on Other income. Do not include gain							
10	or loss from the sale of capital							
	assets (Explain in Part VI.)	9,705.			1,593.	417.	11,715.	
11	Total support. Add lines 7 through 10	27.000					54580891.	
	Gross receipts from related activities,	etc. (see instructio	ons)			12 3	,853,040.	
	First five years. If the Form 990 is for	•	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				, ,	
	organization, check this box and stop	-			•		▶□	
Sec	ction C. Computation of Public	c Support Per	centage				<u>, —</u>	
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11, c	olumn (f))		14	99.83 %	
	Public support percentage from 2018					15	99.85 %	
	33 1/3% support test - 2019. If the o					ore, check this bo	x and	
	stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support test - 2018. If the o							
	and stop here. The organization quali	fies as a publicly s	supported organiza	ation			>	
17a	10% -facts-and-circumstances test							
	and if the organization meets the "fact	ts-and-circumstand	ces" test, check th	is box and stop h	nere. Explain in Pa	rt VI how the orga	nization	
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a p	oublicly supported	organization		>	
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or	
	more, and if the organization meets th	e "facts-and-circur	mstances" test, ch	eck this box and	stop here. Explair	n in Part VI how th	e	
	organization meets the "facts-and-circ	umstances" test.	The organization q	ualifies as a public	ly supported organ	nization	>	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s ▶	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ļ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf	ļ					
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business	ļ					
	activities not included in line 10b, whether or not the business is	ļ					
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
_	check this box and stop here						>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018					16	<u>%</u>
	ction D. Computation of Inves					 	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2019. If the						7 is not
	more than 33 1/3%, check this box ar						▶□
k	o 33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	30		
	6		
	-		
	7		
	8		
	9a		
	Ju		
	9b		
	00		
	9c		
	10a		
	10b		
n 9	90 or 99	0-EZ)	2019

Par	Part IV Supporting Organizations (continued)			
			Yes	No
11	11 Has the organization accepted a gift or contribution from any of the follow	owing persons?		
а	a A person who directly or indirectly controls, either alone or together with	n persons described in (b) and (c)		
	below, the governing body of a supported organization?	<u>11a</u>		
	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 "Ye	s" to a, b, or c, provide detail in Part VI. 11c		
Sect	Section B. Type I Supporting Organizations		1	Ι
	4 6:11		Yes	No
	regularly appoint or elect at least a majority of the organization's director	· ·		
	tax year? If "No," describe in Part VI how the supported organization(s)			
	controlled the organization's activities. If the organization had more than			
	describe how the powers to appoint and/or remove directors or trustees			
	organizations and what conditions or restrictions, if any, applied to such Did the organization operate for the benefit of any supported organization	pewere daring the tax year.		
	organization(s) that operated, supervised, or controlled the supporting of			
	Part VI how providing such benefit carried out the purposes of the supp	· ·		
	supervised, or controlled the supporting organization.	2		
	Section C. Type II Supporting Organizations	·		
			Yes	No
1	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 p	ersons that controlled or managed		
	the supported organization(s).	1		
Sect	Section D. All Type III Supporting Organizations		_	
			Yes	No
1	1 Did the organization provide to each of its supported organizations, by t	the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amou			
	year, (ii) a copy of the Form 990 that was most recently filed as of the da			
	organization's governing documents in effect on the date of notification			
	organization(s) or (ii) serving on the governing body of a supported orga	· ·		
	the organization maintained a close and continuous working relationship			
	3 By reason of the relationship described in (2), did the organization's sup significant voice in the organization's investment policies and in directin			
	income or assets at all times during the tax year? If "Yes," describe in F			
	supported organizations played in this regard.	are vi the role the organization's		
Sect	Section E. Type III Functionally Integrated Supporting Orga	ınizations		
а				
b				
С	c The organization supported a governmental entity. Describe in Pa	art VI how you supported a government entity (see instruction	ns) <u>. </u>	
2			Yes	No
а	a Did substantially all of the organization's activities during the tax year di	rectly 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 direc	tly furthered their exempt purposes,		
	how the organization was responsive to those supported organizations, a	and how the organization determined		
	that these activities constituted substantially all of its activities.	<u>2a</u>		
	,			
	of the organization's supported organization(s) would have been engage	· '		
	reasons for the organization's position that its supported organization(s)			
	activities but for the organization's involvement.	<u>2b</u>		
		vity of the officers divestors or		
	trustees of each of the supported organizations? <i>Provide details in</i> Part			
	b Did the organization exercise a substantial degree of direction over the of its supported organizations? If "Yes." describe in Part VI the role pla			
	5 Supported organizations. II Tes. Describe III I die 1 III I III I III I III	Ved by the Ordanization in this redaid.		

а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2019

instructions).

1	Distributable amount for 2019 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2019 (reason-		
	able cause required- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2019		
а	From 2014		
b	From 2015		
c	From 2016		
d	From 2017		
е	From 2018		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2019 distributable amount		
<u>i</u>	Carryover from 2014 not applied (see instructions)		
<u>j</u>	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		
с	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. For result greater		
	than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2019. Subtract lines 3h		
	and 4b from line 1. For result 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		
с	Excess from 2017		
d	Excess from 2018		
е	Excess from 2019		

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 ATLANTA NEIGHBORHOOD CHARTER SCHOOL

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Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990. Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

ATLANTA NEIGHBORHOOD CHARTER SCHOOL 58-2435592 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

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

prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

Name of organization Employer identification number

ATLANTA NEIGHBORHOOD CHARTER SCHOOL

58-2435592

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1			Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2		\$1,108,012. 	Person X 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)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)				
No.	Name, address, and ZIP + 4	- \$	Person Payroll 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.)				

Name of organization Employer identification number

ATLANTA NEIGHBORHOOD CHARTER SCHOOL

58-2435592

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					

Name of organization Employer identification number

Δ.Τ.Τ.Δ.ΝΤΠ	TA NEIGHBORHOOD CHARTER	SCHOOT.			58-2435592			
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, used uplicate copies of Part III if additional states.	ons to organizations descr through (e) and the following charitable, etc., contributions of	ing line entry. For	organizations	at total more than \$1,000 for the year			
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held			
		(e) Transi	fer of gift					
	Transferee's name, address, ar	nd ZIP + 4	F	Relationship of trar	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held			
	(e) Transfer of gift							
	Transferee's name, address, ar	nd ZIP + 4	F	Relationship of trar	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Desc	ription of how gift is held			
		(e) Transi	fer of gift					
	Transferee's name, address, ar	nd ZIP + 4	<u>F</u>	Relationship of tran	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of (gift	(d) Desc	ription of how gift is held			
		(e) Trans	fer of gift					
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ATLANTA NEIGHBORHOOD CHARTER SCHOOL

Employer identification number 58-2435592

Pa	rt I Org	anizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accou	nts. Complete if the
	—— orga	nization answered "Yes" on Form 990, Part IV, line	e 6.		•
			(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total numb	er at end of year			
2		value of contributions to (during year)			
3		value of grants from (during year)			
4		value at end of year			
5		anization inform all donors and donor advisors in v	vriting that the assets held in donor advise	ed funds	
	_	anization's property, subject to the organization's	_		Yes No
6		anization inform all grantees, donors, and donor a			
	_	le purposes and not for the benefit of the donor or	· ·	•	
		• •		•	
Pa		nservation Easements. Complete if the org			
1	Purpose(s)	of conservation easements held by the organization	on (check all that apply).		
	Prese	rvation of land for public use (for example, recreat	tion or education) Preservation of	a historically	y important land area
	Prote	ction of natural habitat	Preservation of	a certified h	istoric structure
	Prese	rvation of open space			
2	Complete li	nes 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conserva	ation easement on the last
	day of the t	ax year.			Held at the End of the Tax Year
а	Total numb	er of conservation easements		2a	
b					
С	Number of	conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of	conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structu	ire	
	listed in the	National Register		2d	
3		conservation easements modified, transferred, rele			n during the tax
	year ▶				
4	Number of	states where property subject to conservation eas	ement is located		
5	Does the or	ganization have a written policy regarding the peri	iodic monitoring, inspection, handling of		
	violations, a	and enforcement of the conservation easements it	holds?		Yes No
6	Staff and vo	olunteer hours devoted to monitoring, inspecting, I			
					
7	Amount of	expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservat	tion easemer	nts during the year
	> \$				
8	Does each	conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(l	h)(4)(B)(i)	
	and section	170(h)(4)(B)(ii)?			Yes No
9	In Part XIII,	describe how the organization reports conservation	on easements in its revenue and expense	statement ar	nd
	balance she	eet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	ents that des	cribes the
_		n's accounting for conservation easements.		. 0: :.	
Ра		anizations Maintaining Collections of		ner Simila	ar Assets.
		plete if the organization answered "Yes" on Form	·		
1a	-	ization elected, as permitted under FASB ASC 958			
	•	rical treasures, or other similar assets held for pub	· · · · · ·		public
	′ '	vide in Part XIII the text of the footnote to its finan			
b	_	ization elected, as permitted under FASB ASC 958			
	art, historica	al treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of pu	ublic service,
	•	following amounts relating to these items:			
		e included on Form 990, Part VIII, line 1			\$
	` '				\$
2	If the organ	ization received or held works of art, historical trea	asures, or other similar assets for financial	l gain, provid	le
		g amounts required to be reported under FASB A	•		
а		cluded on Form 990, Part VIII, line 1			\$
h	Accete incl	idad in Form 000 Part V			¢

Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):		rt III Organizations Maintaining C	ollections of Ar					r Simila		(continu	
collection items (check all that apply): a				-						<u> (COITIIIIU</u>	eu)
a Public exhibition d	Ŭ		ori, and other record	0, 011001	dily of the	ronowing that	marc 5	igiiiioaii	1 400 01 110		
b Scholarly research e Other Preservation for Nuture generations 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's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collection? Yea No	а		ď		I oan or exc	change progra	ım				
c											
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 or receive donations of art, historical treasures, or other similar assets to be sold to raise funds at what the trans to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21. 1a Is the organization an agent, frustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX, line 10. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C				, L	Otrici						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be aminitarized as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. I a is the organization an agent, trustee, custodian or other intermediany for contributions or other assets not included on Form 990, Part X? I a is the organization an agent, trustee, custodian or other intermediany for contributions or other assets not included on Form 990, Part X? I a is the organization and the arrangement in Part XIII and complete the following table: I a			Illections and explain	how th	ev further th	ne organizatio	n's ever	mnt nurn	ose in Part	XIII	
To be sold to raise funds rather than to be maintained as part of the organization's collection?									OSC IIII ait	AIII.	
Secrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part XV, line 9, or reported an amount on Form 990, Part XV, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves	•									Vec	□ No
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves	Pai										110
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If Yes,* explain the arrangement in Part XIII and complete the following table: Amount It				oto ii tiic	organizatio	ni answered	103 011	11 01111 00	70, i ait iv,	1110 0, 01	
on Form 980, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Id.	1a			iary for o	contribution	s or other ass	ets not	included			
b If Yes,* explain the arrangement in Part XIII and complete the following table: C Beginning balance										Yes	□ No
C Beginning balance 1 C C C C C C C C C	h									_ 100	
c Beginning balance d Additions during the year 1 te Distributions during the year 1 te Distributions during the year 1 te Distributions during the year 1 te Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.		ii res, explain the arrangement iiii art xiii a	and complete the for	lowing t	abic.					Amount	
d Additions during the year Eithibutions during the year 1 Ending balance 2a) Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b) If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1a) Beginning of year balance 2a) Did the version of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years ba	_	Reginning halance						10		Amount	
e Distributions during the year 1 2 1 1 1 1 1 1 1 1											
f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back b Contributions c Net investment earnings, gains, and losses d Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Calcurrent year Calculation Calc	f										
b If "Ves," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back [a) Edinphility Prior year (c) Two years back (d) Three years back (e) Four years back [a) Edinphility Prior year (c) Two years back (d) Three years back (e) Four years back [a) Edinphility Prior year (c) Two years back (d) Three years back (e) Four years back [a) Edinphility Prior year (c) Two years back (d) Three years back (e) Four years back [a) Edinphility Prior year (c) Two years back (d) Three years back (e) Four years back [a) Edinphility Prior year (c) Two years back (d) Three years back (e) Four years back [a) Edinphility Prior year (c) Two years back (d) Three years back (e) Four years back [a) Edinphility Prior year (c) Two years back (d) Three years back (e) Four years back [b) Contributions [c) Two years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (d) Three years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (d) Four years back (e) Four years back (e) Four years back (d) Four years back (d) Three years back (d) Four years back (e) Four years back (d) Three years back (d) Three years back (d) Four years back (e) Four years back (e) Four years back (e) Four years back (d) Four years back (d) Three years back (d) Four years back (e) Four years back (d) Four years back (e) Fou	22									Vec	No
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Call Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back		_								_ 1es	
ta Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶								10			
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs 1 Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶		Semplete				l .			vears hack	(a) Four v	ears hack
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	12	Reginning of year halance		(6)	nor year	(C) Two year	3 Duck	(a) mice	yours buok	(C) i our y	cars back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment											
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment b Permanent endowment ''The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (ivest on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings 2,022,297. 357,666. 1,664,631. c Leasehold improvements 1,704,822. 1,128,278. 576,544. d Equipment 2 Other 3 Other 3 Other 4 0 Other 4 0 Other 4 0 Other 5 Other	0										
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	4										
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶											
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	е										
g End of year balance											
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Description of property (b) Buildings Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (b) Buildings Cost or other basis (investment) Description of property (c) Accumulated depreciation (d) Book value 1 1, 704, 822. 1, 128, 278. 576, 544. 649, 209. 476, 972. 646. 1496, 009. 436, 132. 59, 877.	T										
a Board designated or quasi-endowment ▶		•		- /!:)) In all all and a					
b Permanent endowment ▶			ent year end balance	•	j, column (a)) neid as:					
Term endowment ►	_		0/	_%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Tyes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings 2,022,297. 357,666. 1,664,631. c Leasehold improvements 1,704,822. 1,128,278. 576,544. d Equipment 496,009. 436,132. 59,877.		· · · · · · · · · · · · · · · · · · ·									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 2,022,297, 357,666, 1,664,631, c Leasehold improvements 4 Equipment 4 Equipment 576,544, c Gylong 436,132, 59,877, c Gylong 436,132, 59	С										
Yes No (i) Unrelated organizations 3a(i)	0-	, ,			ده اماموا مینما		l l-				
(i) Unrelated organizations 3a(i) (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation (d) Book value 1a Land 2,022,297. 357,666. 1,664,631. b Buildings 2,022,297. 357,666. 1,664,631. c Leasehold improvements 1,704,822. 1,128,278. 576,544. d Equipment 1,126,181. 649,209. 476,972. e Other 496,009. 436,132. 59,877.	Sa	•	ssion of the organiza	uon ma	t are neid ar	na aaminister	ea for tr	ie organi	Zation	<u></u>	/aa Na
(ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 2,022,297. 357,666. 1,664,631. b Buildings 2,022,297. 357,666. 1,664,631. c Leasehold improvements 1,704,822. 1,128,278. 576,544. d Equipment 1,126,181. 649,209. 476,972. e Other 496,009. 436,132. 59,877.		•									res No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings 2,022,297. 357,666. 1,664,631. c Leasehold improvements 1,704,822. 1,128,278. 576,544. d Equipment e Other Other											+-
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings C Leasehold improvements d Equipment e Other Other And Buildings, and Equipment. (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1 2, 022, 297. 357, 666. 1, 664, 631. 1, 704, 822. 1, 128, 278. 576, 544. 496, 009. 436, 132. 59, 877.	h	If "Voo" on line 20(ii) are the related ergonize	tions listed as requir	od on S	obodulo D2						+-
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation	4									Sb	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Buildings C Leasehold improvements Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 2,022,297. 357,666. 1,664,631. 1,704,822. 1,128,278. 576,544. Description of property (d) Book value 1 1,126,181. 649,209. 476,972. 1,126,181. 649,209. 476,972. 2,022,297. 357,666. 576,544.	Par			willelit i	urius.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 2,022,297. 357,666. 1,664,631. c Leasehold improvements 1,704,822. 1,128,278. 576,544. d Equipment 1,126,181. 649,209. 476,972. e Other 496,009. 436,132. 59,877.	. u.) Dort IV	/ lino 11a S	Soo Form 000	Dort V	lino 10			
tal Land basis (investment) basis (other) depreciation b Buildings 2,022,297. 357,666. 1,664,631. c Leasehold improvements 1,704,822. 1,128,278. 576,544. d Equipment 1,126,181. 649,209. 476,972. e Other 496,009. 436,132. 59,877.									tod	(d) Pook	
1a Land 2,022,297. 357,666. 1,664,631. c Leasehold improvements 1,704,822. 1,128,278. 576,544. d Equipment 1,126,181. 649,209. 476,972. e Other 496,009. 436,132. 59,877.		Description of property	1 ' '			I				(u) book	value
b Buildings 2,022,297. 357,666. 1,664,631. c Leasehold improvements 1,704,822. 1,128,278. 576,544. d Equipment 1,126,181. 649,209. 476,972. e Other 496,009. 436,132. 59,877.	1-	Land	· · ·		54313	(30.101)	ue-	p. colatio			
c Leasehold improvements 1,704,822. 1,128,278. 576,544. d Equipment 1,126,181. 649,209. 476,972. e Other 496,009. 436,132. 59,877.					2 02	2 207		357 4	566	1 664	631
d Equipment 1,126,181. 649,209. 476,972. e Other 496,009. 436,132. 59,877.							1	128	278	-,504	544
e Other 496,009. 436,132. 59,877.											
Total Add lines 1a through 1e. (Column (d) must equal Form 900. Part V column (D) line 10a \ 2. 778 0.24.										 50	877
				V a=1				- 50,-		2 778	024

AMI ANMA MUTA	NIDODIIOOD GUA	DEED GOVOOT	2.425502
Schedule D (Form 990) 2019 ATLANTA NETC Part VIII Investments - Other Securities.	HBORHOOD CHA	RTER SCHOOL 58	3-2435592 Page
Complete if the organization answered "Yes" of	on 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 of valuation: Cost or en	d-of-year market value
(1) Financial derivatives		1 '	
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (h) must equal Form 990, Part X, col. (R) line 25.)	•

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

/!			<u> </u>	_	11.			W D	
edule D ((Form 990) 20	019	ATLANTA	ИБТ	GRBORR	י עטכ	CHARTER	PCHOOL	

Pa	rt XI Reconciliation of Revenue per Audited Financial S		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.			10 000 000
1	Total revenue, gains, and other support per audited financial statements			1	12,983,909.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а	· · · · · · · · · · · · · · · · · · ·				
b					
С	1 7 3				
d	Other (Describe in Part XIII.)	2d			
е				2e	0.
3	Subtract line 2e from line 1			3	12,983,909.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b	-13,718.		
С	Add lines 4a and 4b			4c	-13,718.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line rt XII Reconciliation of Expenses per Audited Financial S	12.)		5	12,970,191.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	Statements With	Expenses per R	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV	, line 12a.			
1	Total expenses and losses per audited financial statements			1	12,473,169.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b					
С					
d			13,718.		
е	Add lines 2a through 2d			2e	13,718.
3	Subtract line 2e from line 1			3	12,459,451.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а		4a			
b					
С	Add lines 4a and 4b	· · · · · · · · · · · · · · · · · · ·		4c	0.
5				5	12,459,451.
Pa	rt XIII Supplemental Information.	<u> </u>			-
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a ar			; Part)	X, line 2; Part XI,
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional inform	ation.		
	DM V IING A.				
PAI	RT X, LINE 2:				
TH:	E SCHOOL IS EXEMPT FROM INCOME TAXES U	NDER SECTIO	N 501(C)(3) 0	F THE U.S.
IN'	TERNAL REVENUE CODE AND IS CLASSIFIED	AS AN ORGAN	IZATION WH	ICH	IS NOT A
PR.	IVATE FOUNDATION UNDER SECTION 509(A)	OF THE U.S.	INTERNAL	REV.	ENUE CODE.
TH:	E SCHOOL QUALIFIES FOR THE CHARITABLE	CONTRIBUTIO	N DEDUCTIO	N. 1	MANAGEMENT
DO:	ES NOT BELIEVE THERE ARE ANY UNCERTAIN	I TAX POSITI	ONS AS DEF	INE	D BY FASB
AS	C 740, INCOME TAXES.				
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
					_12 710
<u>ודת</u>	RECT FUNDRAISING EXPENSES				-13,718.

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

ATLANTA NEIGHBORHOOD CHARTER SCHOOL

 $Employer\ identification\ number \\ 58-2435592$

d	rt I			
	•••		YES	Ti
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			Ť
	other governing instrument, or in a resolution of its governing body?	1	Х	
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	•		t
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	Г
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			t
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3	Х	
	Does the organization maintain the following?	10	Х	
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	+
•	, , , , , , , , , , , , , , , , , , ,	4b	Λ	+
,	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	4c	х	
1	admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	$^{+}$
ı	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	40		۰
	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	5a		
	Students' rights or privileges? Admissions policies?	5b		
•	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5b 5c		
c c	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b 5c 5d		
c :	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5b 5c 5d 5e		
) ;	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f		
5 5 7	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g		
) ;	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f		
5 5 7	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f 5g		
5 5 7	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		
o cide figur	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g	X	
o e de e e e e e e e e e e e e e e e e e	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	
o e de e e e e e e e e e e e e e e e e e	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	
b c d e f g h	Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h	X	

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

Schedule E (Form 990 or 990-EZ) 2019

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.
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:
THE SCHOOL RECEIVES A PER PUPIL STIPEND AND TRANSPORTATION FUNDS FROM THE
CITY OF ATLANTA PUBLIC SCHOOL SYSTEM. DURING THE CURRENT FISCAL YEAR, THE
ORGANIZATION ALSO RECEIVED A FACILITIES GRANT FROM THE STATE OF GEORGIA.
<u> </u>

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

ATLANTA NEIGHBORHOOD CHARTER SCHOOL

Employer identification number 58-2435592

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.								
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a								
(i) Name and address of individual or entity (fundraiser)	I MACTIVITY I have custody I I \							
		Yes	No					
Total 3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration		
·								

58-243559<u>2 Page 2</u> Schedule G (Form 990 or 990-EZ) 2019 ATLANTA NEIGHBORHOOD CHARTER SCHOOL Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events 2019 WONDER NONE (add col. (a) through BALL col. (c)) (event type) (event type) (total number) 97,853. 97,853. Gross receipts 63,604. 63,604. 2 Less: Contributions 34,249. 34,249. **3** Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 9,572. 9,572. Rent/facility costs 1,295. 1,295. Food and beverages 2,850. 2,850. 8 Entertainment 14,103. 14,103. Other direct expenses 27,820. 10 Direct expense summary. Add lines 4 through 9 in column (d) 6,429. 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add

enne				(a) Birigo	bing	o/progressive bingo	,,	garning	col. (a) through col. (c)
Revenue	1	Gross revenue							
Se	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct F	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor		Yes % No		Yes % No		Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in	column (d)				>	
	8	Net gaming income summary. Subtract line 7	from	line 1, column (d)				>	
		ter the state(s) in which the organization condu							Yes No
		he organization licensed to conduct gaming ac No," explain:							Yes No
	_								
		ere any of the organization's gaming licenses re Yes," explain:					/ear?		Yes No
						·			

Sch	edule G (Form 990 or 990-EZ) 2019 ATLANTA NEIGHBORHOOD CHARTER SCHOOL 58-2	2435592	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
12		103	
	Indicate the percentage of gaming activity conducted in:	ا مدا	0.4
	The organization's facility	13a	%
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	: If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	□ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
U	·		
Da	organization's own exempt activities during the tax year \(\bigs\) \$ In trip Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III.		01 401
Га	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	t III, lines 9,	96, 106,
_			

Schedule G	G (Form 990 or 990-EZ)	ATLANTA	NEIGHBORHOOD	CHARTER	SCHOOL	58-2435592	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation _{(contin}	ued)				

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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.

► Attach to Form 990 or 990-EZ.

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

2019 Open to Public

OMB No. 1545-0047

Inspection
Employer identification number 58-2435592

Name of the organization

ATLANTA NEIGHBORHOOD CHARTER SCHOOL

FORM 990, PART I, LINE 1 THE DEVELOPMENT OF CURRICULUM AND THE TEACHING PRACTICES AT ANCS ARE GUIDED BY THE COMMON PRINCIPLES OF THE COALITION OF ESSENTIAL SCHOOLS THAT PLACE STUDENTS AT THE CENTER OF THEIR LEARNING IN A HANDS-ON WAY, ACTIVELY ENGAGED IN EXPLORING QUESTIONS AND COACHED BY THEIR TEACHERS TOWARDS THE DEMONSTRATION OF MASTERY OF HIGHER-ORDER CONCEPTS AND THE CURRICULUM AT ANCS DOES NOT RELY ON TEXTBOOKS; RATHER, IS DRIVEN BY RICH AND INTERESTING PROJECTS AND LEARNING EXPERIENCES THAT HELP STUDENTS TO SHOW UNDERSTANDING AND DEVELOP MEANINGFUL SKILLS. TEACHERS WORK COLLABORATIVELY IN DEVELOPING THE CURRICULUM TO REFLECT BOTH THE GEORGIA PERFORMANCE STANDARDS FOR EACH GRADE LEVEL AND THE STANDARDS OF NATIONAL DISCIPLINE-SPECIFIC ORGANIZATIONS, AND THEY USE THE UNDERSTANDING BY DESIGN PROCESS AS A PLANNING FRAMEWORK. ANCS BELIVES IN THE POWER THAT COMES FROM STUDENTS LEARNING WITH AND FROM CLASSMATES OF DIFFERENT BACKGROUNDS. OUR SCHOOL IS AFFILIATED WITH THE DIVERSE CHARTER SCHOOLS COALITION, A COLLECTION OF SCHOOLS WITH RACIALLY, CULTURALLY, AND SOCIOECONOMICALLY DIVERSE STUDENT POPULATIONS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PHYSICALLY; HELP ALL STUDENTS TO KNOW THEMSELVES AND TO BE KNOWN WELL

BY THEIR COMMUNITY; CHALLENGE EACH STUDENT TO TAKE AN ACTIVE ROLE AS AN

INFORMED CITIZEN IN A GLOBAL SOCIETY; AND COLLABORATE WITH THE LARGER

COMMUNITY TO ADVOCATE FOR STUDENT-CENTERED SCHOOLS.

Name of the organization ATLANTA NEIGHBORHOOD CHARTER SCHOOL	Employer identification number 58-2435592
FORM 990, PART VI, SECTION B, LINE 11B:	
CERTIFIED PUBLIC ACCOUNTANTS ENSURE THAT THE FORM 990 AGRE	EES WITH ANNUAL
AUDITED FINANCIAL STATEMENTS. RETURN IS REVIEWED WITH EXEC	CUTIVE OFFICER
PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
BOARD AFFILIATIONS ARE REVIEWED BY LEGAL COUNSEL.	
FORM 990, PART VI, SECTION B, LINE 15:	
EXECUTIVE DIRECTOR COMPENSATION APPROVED BY BOARD. OTHER E	EMPLOYEE SALARIES
DETERMINED BY SCHOOL DISTRICT GUIDELINES.	
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS AVAILABLE UPON REQUEST. THE ORGANIZATION RETAINS	S A PAPER COPY OF
FORM 990 AND THE PREPARER RETAINS A COPY OF DOCUMENTS IN B	PDF FORMAT.
FORM 990, PART XII, LINE 2C	
THE OVERSIGHT PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print 58-2435592 ATLANTA NEIGHBORHOOD CHARTER SCHOOL File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 688 GRANT STREET SE return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30315 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return Application Return Code Is For Code Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 1041-A Form 990-BL 02 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 10 Form 990-PF Ω4 Form 5227 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 KARI LOVELL The books are in the care of ▶ 688 GRANT ST SE - ATLANTA, GA 30315 Telephone No. ► 404-624-6226 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box \blacktriangleright . If it is for part of the group, check this box \blacktriangleright and attach a list with the names and TINs of all members the extension is for. MAY 17, 2021 , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ▶ X tax year beginning JUL 1, 2019 ____, and ending JUN 30, 2020 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)