Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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.

Open to Public Inspection

Α	For th	he 2018 calen	dar year, or tax	year begin	ning 7,	/01	, 20)18, ar	nd endin	i g 6,	/30	,	, 2019	
В	Check i	if applicable:	С								D Emplo	oyer identi	fication number	
	Ac	ddress change	BISHOP HAI	J. CHAR	TER SCI	HOOL, IN	С.				47-	-1205	950	
	\vdash	ame change	220 N. PIN				•					hone numb		
	\vdash	_	THOMASVILI			.11.12								
		itial return		,	02.02						225	9-225	-4380	
	Fin	nal return/terminated												
	Ar	mended return										receipts		
	Ap	oplication pending	F Name and addre	ess of principa	l officer: CF	IRTS HUCI	KANS			H(a) Is thi	is a group retu	urn for sub	ordinates? Yes X No	
			SAME AS C	ABOVE	-					H(b) Are a	all subordinate o," attach a lis	es included	1? Yes No	
ī	Tax-	exempt status:	X 501(c)(3)	501(c) () <	(insert no.)	4947(a)(1) or	527	II IN	o, attacii a ii:	st. (see iiis	structions)	
J			W.THOMAS.K			(/		H(c) Grou	p exemption	number Þ		
K		n of organization:	X Corporation	Trust	Association	Other ►		LVas	v of format	ion: 20	· · · · ·		egal domicile: GA	
	art I	-		Trust	ASSOCIATION	Other -		L rea	r or iorrial	1011: 20	03 141	State of it	egal domicile: GA	
Pa		Summar		iamla maiaa		.t. ai a mili a a m.t.		7000	D 70 10.T	ON MD	7 D T M T O 1	TI	DUCAMIONAT	
	1		be the organizat											
မွ			FOR STUDE				JGH TZ	WHO_	ARE I	<u> 101 2</u> 0	<u> </u>	. <u>ИС ТИ</u>	<u> </u>	
ä	TRADITIONAL HIGH SCHOOL SETTING.													
er	2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets.													
Governance	2	Check this bo											sets.	
∾ধ	3 4		oting members o dependent votin											
Se	5		of individuals e	-	-				•				7 27	
Activities &	6		of individuals e											
듕	72		ed business reve										30	
⋖			d business taxab										<u> </u>	
	U	Net unrelated	Dusiness taxab	ie income	110111 1 0111	1 330-1, 11116	30						Current Year	
		Contributions	and grants (Pa	t \/III lino	16)						Prior Year			
Pe	8	8 Contributions and grants (Part VIII, line 1h)								1,634,	621.	1,710,708.		
enr														
Revenue	10		ncome (Part VIII		-	•								
_	11 12		e (Part VIII, colu e – add lines 8 f								1 () (CO1	1 710 700	
											1,634,	621.	1,710,708.	
	13		imilar amounts p	-			-							
	14	•	I to or for member	-										
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								1,342,	152.	1,420,233.		
JSe	16a	Professional	fundraising fees	(Part IX,	column (A)), line 11e)								
Expenses	b	Total fundrais	sing expenses (F	Part IX, co	lumn (D), I	line 25) ►								
Щ	17										227,144.		275,063.	
	18										1,569,			
	_	•	s expenses. Sub	-	•								1,695,296.	
		Revenue less	expenses. Sub	liact line i	0 110111 11116	3 12				_		325.	15,412.	
9 or		T-1-11-	(D+)/ 16\							- 3	ning of Curre		End of Year	
sset 3ala	20		(Part X, line 16). es (Part X, line 2								414,		473,043.	
Net Assets	21										133,		176,749.	
			fund balances.	Subtract li	ne 21 fron	n line 20					280,	882.	296,294.	
Pa	art II	Signatur	e Block											
Und	er penal	ties of perjury, I de	eclare that I have exa	nined this retu	ırn, including	accompanying so	chedules and s	statemer	nts, and to	the best of	my knowledg	e and belie	ef, it is true, correct, and	
com	piete. Di	eciaration of prepa	arer (other than officer) is based on	all information	n or which prepar	er nas any kn	owieage						
														
Sig He	ηn	Signatu	ire of officer							I	Date			
He	re	▶ R.	CHRISTOPHE	R HUCK <i>I</i>	NS					CEO				
		Type or	print name and title											
		Print/Type p	oreparer's name		Preparer's s	signature		D	ate		Check	if	PTIN	
Pa	id	JEFF I	L. JOHNSON								self-emplo	ш	P00102533	
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J 3		Firm's addre			CN 215	700 0017					Firm's EIN ► 58-1792623 Phone no. 229-226-2986			
N /	. 41	IDC -1:- ::		VILLE,		799-0917	-1				Phone no.	229-		
ıvla:	y the I	iks aiscuss th	nis return with th	e preparer	snown ab	ove? (see in	structions)						. X Yes No	

) (Revenue \$

including grants of

1,437,656.

(Expenses

4 e Total program service expenses

			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 (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a		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.	11 b		Х
c	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
c	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.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Χ
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)? <i>If 'Yes,' complete Schedule D, Part X</i>	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
t	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	Χ	
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	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 (see instructions).	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Χ
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		Х

Form 990 (2018) BISHOP HALL CHARTER SCHOOL, INC. 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		Х
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? <i>If 'Yes,' complete Schedule J.</i>	23		Х
24 a	a 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		Х
ŀ	bild the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
ŀ	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? <i>If 'Yes,' complete Schedule L, Part I</i>	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		Х
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):			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an			
	officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
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? <i>If 'Yes,' complete Schedule R, Part I</i>	33		Х
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		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
ł	o 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? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			. <u> </u>
1.	a Enter the number reported in Roy 3 of Form 1006. Enter 10 if not applicable		Yes	No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1 c	Х	
BAA		Form	990 (2018)

Form 990 (2018) BISHOP HALL CHARTER SCHOOL, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			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 27			
Ŀ	of at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
Ŀ	of Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
k	If 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
C	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a	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?	6 a		X
t	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			3.7
	services provided to the payor?	7 a		X
	old 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
C	Form 8282?	7 c		Χ
c	If 'Yes,' indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
ç	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899	7~		
ŀ	as required?	7 g		
	Form 1098-C?	7 h		
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?	8		
0		٥		
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
Ł	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
t	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
č	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ı	j			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	of If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	.40		
13	excess parachute payment(s) during the year?	15		Х
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.			

JOEY HOLLAND 200 N. PINETREE BLVD.

Form 990 (2018) BISHOP HALL CHARTER SCHOOL, INC. Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. **b** Enter the number of voting members included in line 1a, above, who are independent . . . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 Χ Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... Χ 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 8 b 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10 a Did the organization have local chapters, branches, or affiliates?..... Χ 10 a b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts?.... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ **14** Did the organization have a written document retention and destruction policy?..... 14 Χ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Χ a The organization's CEO, Executive Director, or top management official...... 15 a **b** Other officers or key employees of the organization..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... Χ 16 a **b** If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?.. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records

THOMASVILLE GA 31792 229-584-9112

Form 990 (2018	RTSHOP	HAT.T.	CHARTER	SCHOOT.	TNC
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47-1205950

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

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

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

employees; and former such persons. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more than one box, unless person is both an officer and a (A) (B) (D) (E) (F) Name and Title Reportable compensation from Reportable Estimated Average hours director/trustee) compensation from amount of other the organization related organizations compensation 크이즈알크고

	week (list any hours for related organiza- tions below dotted line)	ndividual trustee or director	nstitutional trustee	Officer	(ey employee	Highest compensated employee	-ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) TERRY SOLANA	1_									
DIRECTOR	0	Х						0.	0.	0.
_(2)_LANA_HICKS	1									
DIRECTOR	0	Х						0.	0.	0.
(3) GRANT_PLYMEL	1	.,							0	
DIRECTOR	0	Х						0.	0.	0.
	$-\frac{1}{0}$							0	0	0
DIRECTOR (5) LINDSEY STEVENSON	0	Х						0.	0.	0.
DIRECTOR		Х						0.	0.	0.
(6) MORRIS WILLIAMS	1	Λ						0.	0.	0.
DIRECTOR		Х						0.	0.	0.
(7) MISSY STANALAND	1	Λ						0.	0.	0.
DIRECTOR		Х						0.	0.	0.
(8) CHRIS HUCKANS	50	21						Ŭ.	· ·	<u> </u>
CEO		•		Х				95,248.	0.	0.
(9) JOEY HOLLAND	5							30,2100		
CFO				Χ				0.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)										

BAA Form 990 (2018) TEEA0107L 08/03/18

· u	T VII Section A. Officers, Directors, 1rt		\ C y		•		CS, (anı	i nighest con	ipensateu Emp	oyees (zonunueu)
		(B)			(C	•						_
	(A)	Average hours	box,	, unle:	Position t check more than one nless person is both an			n an	(D) Reportable	(E) Reportable	(F Estim	
	Name and title	per week	offic	er an	nd a d	direct	or/trus	tee)	compensation from	compensation from related organizations	amount comper	of other
		(list any hours	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	(W-2/1099-MISC)	from organi	the
		for related	ridua recti	ution	Φ	emp	est c	<u>e</u>			and re organiz	elated
		organiza - tions below	ar tru	ial tr		loye	° omp					
		dotted line)	stee	uste		0	ensa					
				0			ted					
(15)												
(16)												
<u>(17)</u>												
(1.0)												
(18)												
(19)												
<u>(13)</u>												
(20)												
(21)												
(22)												
(23)												
(23)												
(24)												
(25)												
	Sub-total							•	95,248.	0.		0.
	Total from continuation sheets to Part VII, Section Total (and lines 1b and 1c)							-	0.	0.		0.
	Total (add lines 1b and 1c) Total number of individuals (including but not limited							ved	95,248.	0.	ensation	0.
	from the organization • 0	10 111030 1	Sicu	abov	<i>(</i> C) (WIIO	ICCCI	vcu	more than \$100,00	o or reportable comp	Clisation	
	0										Υ	es No
3	Did the organization list any former officer, direct	tor. or tru	stee.	kev	em	volar	/ee.	or h	nighest compensat	ed employee		
	on line 1a? If 'Yes,' complete Schedule J for such	h individu	al								. 3	X
4	For any individual listed on line 1a, is the sum of	reportab	le coi	mpe	nsa	tion	and	oţh	er compensation	from		
	the organization and related organizations greate such individual										. 4	Х
5	Did any person listed on line 1a receive or accrue	e compen	satio	n fro	om :	any	unre	late	ed organization or	individual		
	for services rendered to the organization? If 'Yes	,' comple	te Sc	hed	lule	J fo	r suc	ch p	erson		. 5	X
Sec	tion B. Independent Contractors	sated inde	nen	dent	COL	ntrad	rtors	tha	at received more th	nan \$100 000 of		
	Complete this table for your five highest compensormensation from the organization. Report compensormers	sation for	the ca	alend	dar <u>y</u>	year	endi	ng v	vith or within the or	ganization's tax year		
	(A) Name and business addi	.000							(B) Description of	of convious	(C) Compens	ation
	Name and pusiness addi	USS							Description	or services	Compens	alion
2	Total number of independent contractors (including b	ut not lim	ted to	tho	se I	isted	abo	ve)	who received more	than		
	\$100,000 of compensation from the organization	D 0									Farm 00	0 (2010)

Form 990 (2018) BISHOP HALL CHARTER SCHOOL, INC. 47-1205950 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII..... (A) Total revenue (B) (D) Related or Unrelated Revenue excluded from tax exempt business under sections 512-514 function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues..... 1 b c Fundraising events..... 1 c **d** Related organizations..... 1 d e Government grants (contributions) 1,513,208 **f** All other contributions, gifts, grants, and similar amounts not included above . . . 197,500 g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f..... 1,710,708 **Business Code** Program Service Revenue b **f** All other program service revenue. . . g Total. Add lines 2a-2f Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds.. ▶ Royalties..... 5 (i) Real (ii) Personal 6a Gross rents..... **b** Less: rental expenses c Rental income or (loss) . . . **d** Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory **b** Less: cost or other basis and sales expenses c Gain or (loss)..... **d** Net gain or (loss)..... 8 a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18..... **b** Less: direct expenses **b** c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19..... a **b** Less: direct expenses b c Net income or (loss) from gaming activities..... 10a Gross sales of inventory, less returns and allowances a **b** Less: cost of goods sold..... **b** c Net income or (loss) from sales of inventory..... Miscellaneous Revenue **Business Code** C

1,710,708

0

0

e Total. Add lines 11a-11d

Total revenue. See instructions.....

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).

Do i	Check if Schedule O contains a renot include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		СХРОПОСО	gonoral expenses	охроносо
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	95,248.	0.	95,248.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	902,153.	902,153.	· ·	· ·
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	191,810.	171,903.	19,907.	
9	Other employee benefits	159,753.	147,842.	11,911.	
10	Payroll taxes	71,269.	63,982.	7,287.	
	Fees for services (non-employees):	11,203.	03, 302.	1,201.	
	Management				
	b Legal	341.		341.	
	: Accounting	1,244.		1,244.	
	Lobbying	1,244.		1,244.	
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
_	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	16,207.	16,207.		
13	Office expenses	11,177.		11,177.	
14	Information technology	11,177.		11,111.	
15	Royalties.				
16	Occupancy	110,525.		110,525.	
17	Travel	45,181.	45,181.	110/0201	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	22,2321	,		
	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).				
ā	INSTRUCTIONAL SUPPLIES	75,881.	75,881.		
	DUES & FEES	10,072.	10,072.		
	STUDENT UNIFORMS	4,435.	4,435.		
C					
•	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,695,296.	1,437,656.	257,640.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing	408,714.	1	468,329.
	2	Savings and temporary cash investments	,	2	,
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	5,746.	9	4,714.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	,		·
		Less: accumulated depreciation		10 c	
	11	Investments – publicly traded securities.		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	414,460.	16	473,043.
	17	Accounts payable and accrued expenses	133,578.	17	176,749.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ies	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
⊐	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	133,578.	26	176,749.
ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
ă	27	Unrestricted net assets	280,882.	27	296,294.
Bal	28	Temporarily restricted net assets		28	
펄	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
S	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
let.	33	Total net assets or fund balances	280,882.	33	296,294.
_	34	Total liabilities and net assets/fund balances.	414,460.	34	473,043.

Pa	rt 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		1,7	10,7	08.
2	Total expenses (must equal Part IX, column (A), line 25).	2		1,69	95,2	96.
3	Revenue less expenses. Subtract line 2 from line 1	3			15,4	12.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		28	30,8	82.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O).	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		2	96,2	94.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. П
					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.					
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?			2 a		Χ
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a	1			
	b Were the organization's financial statements audited by an independent accountant?			2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:	te				
	Separate basis Consolidated basis Both consolidated and separate basis					
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
3	a 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?			3 a		Х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3 b		
BAA	TEEA0112L 08/03/18			orm	990 (2018)

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

2018

Open to Public Inspection

Name	ame of the organization Employer identification number												
		P HALL CHARTER SCHO					47-1205						
Par	Τ.	Reason for Public Cha	rity Status (All or	rganizations must o	comple	te this	part.) See inst	tructions.					
The c	rga	nization is not a private found	dation because it is: (For lines 1 through 12,	check o	nly one	box.)						
1		A church, convention of church	ies, or association of ch	nurches described in sec	tion 1 <mark>70</mark> (b)(1)(A)	(i).						
2	Χ	A school described in section 1	170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-EZ).)							
3		A hospital or a cooperative h	ospital service organ	ization described in sec	ction 17	0(b)(1)(A	A)(iii).						
4		A medical research organiza	tion operated in conju	unction with a hospital	describe	d in sec	ction 170(b)(1)(A)(ii	ii). Enter the hospital's					
		name, city, and state:											
5		An organization operated for section 170(b)(1)(A)(iv). (Co	the benefit of a colle	ge or university owned	or oper	ated by	a governmental ur	nit described in					
6													
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8		A community trust described			-								
9	9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or												
		1											
10													
11		An organization organized ar			ety. See	section	າ 509(a)(4).						
12		An organization organized an or more publicly supported o	rganizations describe	d in section 509(a)(1) d	r sectio	n 509(a)(2). See section 5	09(a)(3). Check the box in					
а		lines 12a through 12d that de Type I. A supporting organization organization(s) the power to re complete Part IV. Sections A	on operated, supervise gularly appoint or elect										
b		Type II. A supporting organiz management of the supporting	zation supervised or coorganization vested in	ontrolled in connection the same persons that c	with its ontrol or	support	ted organization(s) the supported organ	, by having control or nization(s). You					
С		must complete Part IV, Sect Type III functionally integrated		ion operated in connection	n with a	nd functi	onally intograted with	, its supported					
		organization(s) (see instructi	ons). You must comp	olete Part IV, Sections	A, D, an	d E.							
d		Type III non-functionally integ functionally integrated. The c instructions). You must com	rated. A supporting org organization generally plete Part IV, Section	anization operated in cor must satisfy a distribu s A and D, and Part V.	nnection tion req	with its s uiremen	supported organizati It and an attentiver	on(s) that is not ness requirement (see					
е		Check this box if the organiz integrated, or Type III non-fu	ation received a writte inctionally integrated	en determination from supporting organization	the IRS	that it is	s a Type I, Type II,	Type III functionally					
		nter the number of supported											
g	Pr	ovide the following information	n about the supported	d organization(s).	1		1						
•	i) Na	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	in your g	s the tion listed poverning ment?	(v) Amount of monet support (see instruction	(vi) Amount of other support (see instructions)					
					Yes	No							
(A)													
(B)													
(0)													
<u>(C)</u>													
(D)													
<u>(E)</u>													
Total													

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

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

Sec	tion A. Public Support				•		
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			_			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	nird, fourth, or fifth	tax year as a sectio	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	olic Support P	ercentage				
14	Public support percentage for 20	18 (line 6, columi	n (f) divided by li	ne 11, column (f))		14	%
15	Public support percentage from 2	2017 Schedule A,	Part II, line 14.				%
16a	33-1/3% support test—2018. If the and stop here. The organization						
b	33-1/3% support test—2017. If th and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, ch	neck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	re. Explain in Part '	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-ad-circumstances'	and-circumstance test. The organiz	s' test, check this ation qualifies as	box and stop her a publicly support	re. Explain in Part ed organization	VI how the►
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	ructions ►

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.)

Calendar 1 Gare an re an 2 Gm po flu re ta 3 Gth on ele ele ele ele ele ele ele ele ele el	ryear (or fiscal year beginning in) > Aifts, grants, contributions, and membership fees eceived. (Do not include any 'unusual grants.')	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1 Garreral G	aifts, grants, contributions, and membership fees eceived. (Do not include any 'unusual grants.')	(a) 2014	(b) 2013	(0) 2010	(0) 2017	(6) 2010	(i) Iotal	
2 G m profit restant tax 3 G th on end on end on end on the end of	cross receipts from admissions, nerchandise sold or services berformed, or facilities urnished in any activity that is elated to the organization's ax-exempt purpose. Cross receipts from activities hat are not an unrelated trade or business under section 513. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or activities or facilities furnished by a							
th or 4 Ta	hat are not an unrelated trade or business under section 513. Fax revenues levied for the organization's benefit and either paid to or expended on its behalf. The value of services or accilities furnished by a							
oi ei	organization's benefit and either paid to or expended on its behalf							
	acilities furnished by a							
fa ge	rganization without charge							
7a A 2	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
ai di e: 1	Amounts included on lines 2 and 3 received from other than lisqualified persons that exceed the greater of \$5,000 or % of the amount on line 13 or the year.							
c A	Add lines 7a and 7b							
70	Public support. (Subtract line of from line 6.)							
	on B. Total Support				1 48 224			
	r year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
10a Gr pa re	Amounts from line 6							
in ta a	Unrelated business taxable accome (less section 511 axes) from businesses acquired after June 30, 1975							
11 Ne	Add lines 10a and 10blet income from unrelated business ctivities not included in line 10b, whether or not the business is egularly carried on							
g; ca	Other income. Do not include pain or loss from the sale of apital assets (Explain in Part VI.).							
10	Total support. (Add lines 9, 0c, 11, and 12.)							
OI	rirst five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, c	or fifth tax year as	a section 501(c)(3) ▶ □	
	on C. Computation of Pul			ma 12!: "			<u> </u>	
	Public support percentage for 20	•	• • •		-	-	<u> </u>	
	Public support percentage from 2					16	%	
	on D. Computation of Inv				(0)	T T		
	nvestment income percentage for	•		-	***	-	00	
	nvestment income percentage fi						%	
is	3-1/3% support tests—2018. If the support tests—2018, if the support tests—2017. If the support tests—2017. If the support tests—2017.	this box and stop	p here. The organ	ization qualifies	as a publicly suppo	orted organization		
lir	33-1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							

Page 4

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

			Yes	No
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.	1		
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).	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.	3a		
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.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3с		
4 a	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.	4a		
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.	4b		
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.	4c		
5а	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	5a		
b	amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the			
c	organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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).	7		
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).	8		
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 .	9a		
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 .	9b		
С	: 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 .	9с		
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)? If 'Yes,' answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	1 0 b		

Page 5

Pa	rt IV	Supporting Organizations (continued)			
11	∐ac ÷	the organization accepted a gift or contribution from any of the following persons?		Yes	No
		rson who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	gove	rning body of a supported organization?	11a		
	b A far	mily member of a person described in (a) above?	11b		
		% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Sec	ction	B. Type I Supporting Organizations			
1	Did th	ha divertors, trustors, or membership of one or more supported expeniations have the newer to regularly experien		Yes	No
1	or ele	he directors, trustees, or membership of one or more supported organizations have the power to regularly appoint ect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in			
	Part If the	VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. e organization had more than one supported organization, describe how the powers to appoint and/or remove			
	direc	ctors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, ied to such powers during the tax year.	1		
2		the organization operate for the benefit of any supported organization other than the supported organization(s)	·		
	that o	operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such			
		efit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the porting organization.	2		
Sec	- ' '	C. Type II Supporting Organizations			
		71 11 3 3		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees			
		ach of the organization's supported organization(s)? If No,' describe in Part VI how control or management of the porting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec		D. All Type III Supporting Organizations	<u> </u>		
	00011	217th 13po in oupporting organizations		Yes	No
_					
1	Did t orgai	he organization provide to each of its supported organizations, by the last day of the fifth month of the nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year,	, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	orgai	nization's governing documents in effect on the date of notification, to the extent not previously provided?	•		
Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported					
	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		2		
3	By re	eason of the relationship described in (2), did the organization's supported organizations have a significant			
	voice all tir	e in the organization's investment policies and in directing the use of the organization's income or assets at mes during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
		is regard.	3		
Sec	ction	E. Type III Functionally Integrated Supporting Organizations			
1	Chec	k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	a 🗌 T	The organization satisfied the Activities Test. Complete line 2 below.			
	ь <u> </u> ⊓	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c 🗍 1	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	ารtruc	tions)	
2	Λ otiv	uities Test. Anguar (a) and (b) halour	,	V	NI-
		rities Test. Answer (a) and (b) below.		Yes	No
		substantially all of the organization's activities during the tax year directly further the exempt purposes of the orted organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported			
		inizations and explain how these activities directly furthered their exempt purposes, how the organization was onsive to those supported organizations, and how the organization determined that these activities constituted			
		trantially all of its activities.	2a		
		the activities described in (a) constitute activities that, but for the organization's involvement, one or more of			
		organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for organization's position that its supported organization(s) would have engaged in these activities but for the			
		nization's involvement.	2b		
3	Pare	nt of Supported Organizations. Answer (a) and (b) below.			
	a Did t	he organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of			
	each	of the supported organizations? Provide details in Part VI.	3a		
		the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its corted organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally integrated 503(a)(3) Supporting Orga	ıııızaı	10115	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on No	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). See . through E.
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
ā	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
-	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		
Sec	tion 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 inte	grated	Type III supporting or	ganization

(see instructions).

Schedule A (Form 990 or 990-EZ) 2018

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D - Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

	Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

BAA

Schedule A (Form 990 or 990-EZ) 2018

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) Part VI

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

2018

Employer identification number

BISHOP HALL CHARTER SCHOOL,	INC.	47-1205950
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	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 p	private foundation
	501(c)(3) taxable private foundation	
	our(e)(e) taxable private roundation	
Check if your organization is covered by the Gene	eral Rule or a Special Rule.	
Note: Only a section 501(c)(7), (8), or (10) of	organization can check boxes for both the General Rule and	a Special Rule. See instructions.
General Rule		
X 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. Com	plete Parts I and II. See instructions for determining a contr	ibutor's total contributions.
Special Rules		
For an organization described in section	501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% si	upport test of the regulations
received from any one contributor, during	i), that checked Schedule A (Form 990 or 990-EZ), Part II, line 1 g the year, total contributions of the greater of (1) \$5,000; or 990-EZ, line 1. Complete Parts I and II.	3, 16a, or 16b, and that r (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 receive	ed from any one contributor
during the year, total contributions of mo	ore than \$1,000 exclusively for religious, charitable, scientific to children or animals. Complete Parts I (entering 'N/A' in a	;, literary, or educational
contributor name and address), II, and II	to children or animals. Complete Parts I (entering 'N/A' in c I.	column (b) instead of the
	501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receive for religious, charitable, etc., purposes, but no such contrib	
	e the total contributions that were received during the year for	
charitable, etc., purpose. Don't complete	any of the parts unless the General Rule applies to this org	ganization because
it received nonexclusively religious, char	table, etc., contributions totaling \$5,000 or more during the	year ► Ş
990-PF), but it must answer 'No' on Part IV,	by the General Rule and/or the Special Rules doesn't file Scl line 2, of its Form 990; or check the box on line H of its For	rm 990-EZ or on its Form 990-PF,
Part I, line 2, to certify that it doesn't meet t	he filing requirements of Schedule B (Form 990, 990-EZ, or	990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Name of organization						
BISHOP	HALL	CHARTER	SCHOOL,	INC.		

Employer identification number

47-1205950

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAMS FAMILY FOUND. OF GA, INC.		Person X Payroll
	P.O. BOX 1577	\$75,000.	Noncash
	THOMASVILLE, GA 31799		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	W. H. FLOWERS, JR. FOUND., INC.		Person X
	P.O. BOX 6100	\$30,000.	Payroll Noncash
	THOMASVILLE, GA 31758		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SINGLETARY FOUNDATION, INC.		Person X
	P.O. BOX 1095	\$90,000.	Payroll Noncash
	THOMASVILLE, GA 31799		(Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		.\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Complete Part II for noncash contributions.)

Name of organization

1

Employer identification number

BISHOP HALL CHARTER SCHOOL, INC

47-1205950

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

HALL CHARTER SCHOOL, INC.		47-1205950
Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year.	he year from any one contributor. Of completing Part III, enter the total of exception (Enter this information once. See instruspace is needed.	ons described in section 501(c)(7), (8), complete columns (a) through (e) and clusively religious, charitable, etc.,
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
N/A		
Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(b)	(c)	(d) Description of how gift is held
Purpose of gift	Use of gift	Description of how gift is held
Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	HALL CHARTER SCHOOL, INC. Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations of contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional Purpose of gift N/A Transferee's name, addres Transferee's name, addres	HALL CHARTER SCHOOL, INC. Exclusively religious, charitable, etc., contributions to organization (10) that total more than \$1,000 for the year from any one contributor. On the following line entry. For organizations completing Part III, enter the total of excontributions of \$1,000 or less for the year. (Enter this information once. See instruse duplicate copies of Part III if additional space is needed. Purpose of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

(e) Transfer of gift

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BISHOP HALL CHARTER SCHOOL, INC.

Employer identification number 47-1205950

Pa	t1			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, oth governing instrument, or in a resolution of its governing body?	ner 1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	v	
3	'		X	
J	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe. If 'No,' please explain. If you need more space, use Part II.		V	
			X	
4	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
		40	Ι Λ	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	41	X	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with			
	student admissions, programs, and scholarships?			
•	d Copies of all material used by the organization or on its behalf to solicit contributions?	40	X	
	If you answered 'No' to any of the above, please explain. If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to:			
i	a Students' rights or privileges?	5a	1	X
	Admissions policies?	5 t		v
	Admissions policies:	31	<u>'</u>	X
•	Employment of faculty or administrative staff?	50	:	Χ
	1 Cabalayahina ay athay financial accistonas?	_		37
•	Scholarships or other financial assistance?	50	1	Х
	Educational policies?	56	,	Х
1	Use of facilities?	5 f		X
9	a Athletic programs?	50	,	Х
ı	Other extracurricular activities?	5ł	1	X
	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?	L		
ı	• Has the organization's right to such aid ever been revoked or suspended?	6k		X
7	If you answered 'Yes' on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections			
,	4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If			

Schedule E (Form 990 or 990-EZ) 2018 BISHOP HALL CHARTER SCHOOL, INC. 47-1205950

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

BISHOP HALL CHARTER SCHOOL, INC

Employer identification number

47-1205950

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

EACH BOARD MEMBER IS GIVEN A COMPLETE COPY OF THE FORM 990 AT A MONTHLY BOARD MEETING PRIOR TO THE FILING OF THE RETURN WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

BISHOP HALL CHARTER SCHOOL, INC. POSTS A NOTICE ON THE SCHOOL'S WEBSITE AND IN THE LOBBY OF THE SCHOOL THAT ALL GOVERNING DOCUMENTS, CONFLICT OF INTEREST STATEMENTS, FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. IN ADDITION, THE ANNUAL FORM 990 IS FILED ON THE SCHOOL'S WEBSITE.