

APPENDIX A: 2018-19 CHARTER SCHOOL ANNUAL REPORT

PART 1: SCHOOL INFORMATION AND EXECUTIVE SUMMARY						
Name of Charter School:	Year School Opened:					
New Beginnings Family Academy	2002					
Street Address:	City/Zip Code:					
184 Garden Street	Bridgeport, CT 06605					
School Director:	School Director Contact Information:					
Ronelle Swagerty	rpswagerty@nbfacademy.org /203-384-2897					
Grades Authorized to Serve in 2019-20:	Charter Term:					
PK-8	2018-2021					

1. **School Performance Best Practices:** In 250 words or less, summarize a successful school model resulting in strong student outcomes and a positive school climate during the 2018-19 school year. Describe the strategy and its impact on the school referencing quantitative data. Provide evidence of collaboration with local school districts in this area, as appropriate.

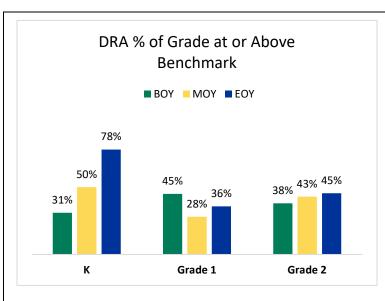
NBFA continues on its journey as a progressive public charter school with emotionally responsive practice ("ERP"). This student-centered approach is steeped in child development, project-based learning and encourages children to make meaning of the world around them by engaging in hands-on activities, both inside and outside the classroom.

The goals are to a) deeply understand the plight of NBFA's students, 94% of whom are students of color and 93% of whom qualify for free and reduced lunch; b) weave trauma-informed, preventive mental health strategies into all classrooms to enable poverty-impacted students to learn optimally; c) make learning come alive and be more relevant to students; and d) facilitate learning in a way that is affirming and respectful of the diverse needs and styles of each student.

Class sizes average 20 students to facilitate experiential learning and improve individualized instruction academically, socially and emotionally; there are two adults per room (up to grade 6) to adequately support the full range of learners; parents are trained in ERP; the student school day is 6 hours and 20 minutes long, which is developmentally appropriate; and uniforms are optional to allow for student self-expression, reduce student/teacher conflict and increase instructional time. The model serves the academic, social and emotional needs of the vast majority of NBFA students.

The Developmental Reading Assessment (DRA) is a standardized reading test used to determine a student's instructional level in reading. Developmental benchmarks show a student's reading level according to a continuum standard that differs from the beginning toward the end of each year. According to the chart below, the percentage of K-2 students at or above benchmark improved



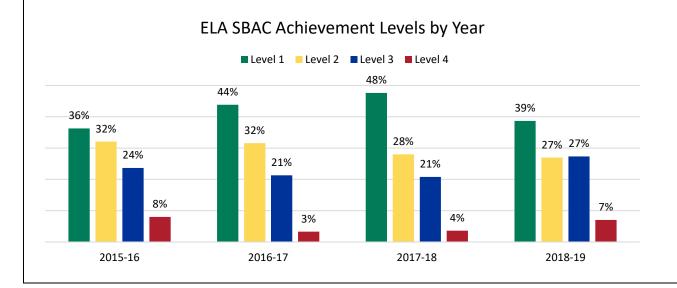


throughout 2018-19. An initial dip in first grade, from beginning to middle of year, was remediated despite the loss of all three grade partners due to the maternity leaves throughout the year.

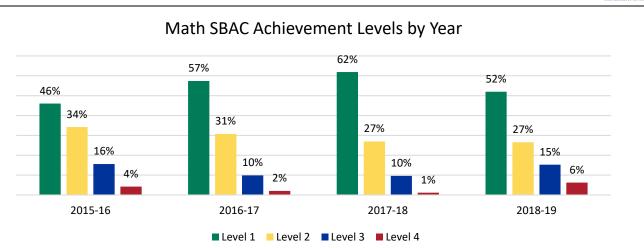
On the annual SBAC exam, NBFA improved literacy outcomes in grades 3-8 by selecting and implementing a cohesive literacy curriculum focused on foundational skills in reading and writing, increasing the

proficiency percentage from 24.4% to 34.4%. The school also improved numeracy outcomes in grades 3-8 by modifying its approach to math instruction, increasing the proficiency percentage from 11.2% to 21.2%. In achieving both of its SMART goals for the year, NBFA:

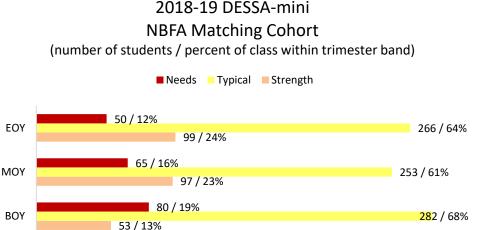
- outperformed its host district in ELA level 3 or above scores (NBFA 34.4% vs. Bridgeport 27.4)
- outperformed its host district in Math level 3 or above scores (NBFA 21.5% vs. Bridgeport 15.7%)
- outpaced the state in the percentage of students meeting growth target in ELA (NBFA 62.8% vs.
 State 59.9%)
- outperformed the state in the percentage of students meeting growth target in Math (NBFA 72.5% vs. State 62.5%)
- exceeded the state's math growth rate (NBFA 43.6% vs. State 42.9%)







The DESSA Mini-chart below shows social-emotional gains from BOY through EOY on the standardized, national norm-referenced assessment tool to help inform educators about the social-emotional strengths or needs of students. The distribution of student scores translated to a T-score, which is a number between 0 and 100: where 0-40 is considered a needs student, 40-60 is deemed to be typical, and 60-100 is strength. With this explicit knowledge teachers and administration can know at a glance where intervention or different strategies are needed and how the school overall is progressing.



Average T-scores: BOY: 48.77; MOY: 50.98; EOY: 51.97

Along with social-emotional gains, 98.3% of NBFA's students achieved on-time promotion in the 2018-2019 school year while 90% of NBFA's 2019 graduating class of 8th graders were accepted at competitive admissions high schools.



PART 2: SCHOOL PERFORMANCE

2. **School Goals:** State the school's mission statement. Provide the school's mission-specific, measurable goals. Analyze school progress toward these goals, providing data as appropriate. Add/Remove rows, as necessary.

Mission Statement:

New Beginnings Family Academy provides its students a meaningful, high-quality education through experience-based learning that helps develop essential social, emotional and critical-thinking skills. This gives all children a foundation to achieve their full potential at every stage of life.

•	
Goal Statement:	Evidence of Progress toward Goal:
NBFA will improve literacy outcomes in grades 3-8 by selecting and implementing a cohesive literacy curriculum focused on foundational skills in reading and writing, increasing the proficiency percentage from 24.4% to 34.4%, as measured by the SBAC.	 NBFA achieved both SMART goals, increasing by 10 percentage points in ELA and 10.3 percentage points in math. NBFA outperformed its host district in ELA and math.
NBFA will improve numeracy outcomes in grades 3-8 by modifying its approach to math instruction, increasing the proficiency percentage from 11.2% to 21.2%, as measured by the SBAC summative.	 NBFA outpaced the state in the percentage of students meeting growth target in ELA and math. NBFA's math growth rate exceeded that of the state.

3. **Student Achievement:** Data summarizing school performance and academic achievement from the last three years is provided below. Please review data evidencing student growth and progress toward closing achievement gaps.

Performance Metric	*2015-16:	*2016-17:	*2017-18:
ELA Performance Index – All Students	59.8%	56.8%	55.1%
ELA Performance Index – High Needs Students	59.4%	56.4%	54.8%
Math Performance Index – All Students	51.9%	47.4%	45.0%
Math Performance Index – High Needs Students	51.3%	47.0%	44.6%
Science Performance Index – All Students	44.5%	44.2%	N/A
Science Performance Index – High Needs Students	43.4%	44.1%	N/A
ELA Avg. Percentage of Growth Target Achieved – All Students	56.8%	47.6%	52.9%
ELA Avg. Percentage of Growth Target Achieved – High Needs Students	56.4%	47.1%	52.8%
Math Avg. Percentage of Growth Target Achieved – All Students	54.3%	37.5%	46.1%
Math Avg. Percentage of Growth Target Achieved – High Needs Students	54.5%	36.6%	45.7%
Average daily attendance rate:	95.0%	94.9%	94.4%
Chronic absenteeism rate:	7.4%	10.3%	13.7%
Overall suspension rate: (% of students with 1+ suspension/ expulsion)	15.2%	*	*
Number of in-school suspensions:	0	0	0
Number of out-of-school suspensions:	103	*	*
Number of expulsions:	0	0	0
Four Year Adjusted Cohort Graduation Rate (if applicable):	N/A	N/A	N/A
Six Year Adjusted Cohort Graduation Rate (if applicable)	N/A	N/A	N/A
Accountability Index charter school:	63.2%	55.3%	55.0%
Accountability Index state:	73.1%	73.2%	74.9%
*Source: CSDE analysis based on district submitted and cortified data	•		

*Source: CSDE analysis based on district submitted and certified data.



4. **Legal compliance Best Practices:** In 250 words or less, summarize methods illustrating that the school is acting in compliance with applicable laws and regulations (e.g. support for students with disabilities, English learners, employee and student rights). Describe the areas of operation including policies and procedures that ensure compliance with applicable laws and regulations. Include quantitative and qualitative information associated with compliance. Provide evidence of collaboration with local school districts in this area, as appropriate.

504 Designations NBFA provided accommodations under IDEA and ADA for 30 students designated as eligible for 504 Plans as stipulated by the Connecticut State guidelines followed by the District of Bridgeport. Ten of them were exited by the end of the 2018-19 academic year. Students with 504 plans have diagnoses that make accessing the academic curriculum difficult without such specific accommodations as use of a computer, preferential seating, extended time, alternative test settings and assistive devices. Plans are initiated by parents and formal documentation from the diagnosing provider. Annual reviews are conducted by the 504 coordinator with the parent, regular education teacher, interventionists and student, when appropriate. The team reviews the current level of performance and accommodations are designed to mediate the disability. When appropriate, a corresponding Medical Plan will be incorporated into the 504 to limit interruptions to academic instruction. For 8th grade students, the 504 coordinator works with Guidance Counselors at selected high schools to ensure accommodations are available during admissions testing (where applicable) and on the first day of instruction following the transition to high school. Special Education Planning and Placement Team Students requiring the highest level of support are referred to and monitored by the Planning and Placement Team. Specialized instruction is a multi-

referred to and monitored by the Planning and Placement Team. Specialized instruction is a multi-faceted approach including academic supports, occupational therapy, counseling/social work services and speech and language therapy. While academic services and some counseling are conducted by NBFA staff, speech and language, social work and occupational therapy are provided by Board of Education ("BOE") employees. A BOE school psychologist is responsible for testing all students having initial or triennial evaluations completed. Progress monitoring is conducted every 2-4 weeks on students based on their IEP goals. Each student has an Annual Review. Parents and guardians play an important role.



English Language Learners NBFA enrolls 12 ELL students, whose primary language is Spanish or Haitian Creole. NBFA works with its host district's Department of Bilingual Education to identify and serve students who are not proficient in the English language. Monitoring, annual re-screenings and support services are provided by NBFA staff and screenings and supports are provided by the BOE.

Specialized Supports Academic supports are provided by two certified special education teachers for students in Pre-K through 8th grade. Services up to grade 2 are provided in small groups based on the specific skills that need to be improved upon. Grades 3-8 are usually provided services utilizing an inclusive model, depending on the wording of the child's Individualized Education Plan.



PART 3: STEWARDSHIP, GOVERNANCE, AND MANAGEMENT

5. **Financial Documents:** As required by C.G.S. § 10-66cc(b)(2) and 10-66pp, the charter school and if applicable, the charter school management organization of the state or local charter school, (1) shall submit FY 2017-18 certified audit statements, including the statement of activities (showing all revenues from public and private sources, expenditures, and net operating gain/loss), balance sheet and statement of cash flows. (2) The charter school and if applicable, the charter school management organization of the state or local charter school, shall submit a complete copy of the most recently completed Internal Revenue Service form 990, including all parts and schedules, **other than Schedule B** of such form. (3) Provide the FY 2018-19 budget. (4) Provide a FY 2019-20 board-approved budget. **SEE ACCOMPANYING DOCUMENTS**

	budget. (4) Provide a FY 2019-20 board-approved budget. SEE ACCOMPANYING DOCUMENTS							
6.	6. Financial Condition: Provide the following financial data for FY 2018-19							
	Total margin (net income/total revenue):	075						
	Debt to asset ratio (total liabilities/total assets):	.40						
	Debt service coverage ratio (net income+depreciation+interest expense)/ (principal+interest payments):	-45,706						
	Current asset ratio (current assets/current liabilities):	.50						
	Days of (unrestricted cash/((total expenditures-depreciation)/365)):	3.31						
	Cash flow (change in cash balance):	-484,473						



7. **Governing Board:** Consistent with C.G.S. § 10-66bb(d)(3)(A), provide the following information for all governing board members. The governing board should include teachers and parents and guardians of students enrolled in the school, and the chairperson of the local or regional board of education of the town in which the charter school is located and which has jurisdiction over a school that resembles the approximate grade configuration of the charter school, or the designee of such chairperson, provided such designee is a member of the board of education or the superintendent of schools for the school district, or the superintendents designee.

Name:	Occupation:	Board Role/Term:	Mailing/Email:	Background Check:
Claire Foerster	Education Advocate	President	19 Bermuda Road Westport, CT 06880 boardpresident@nbfa cademy.org	⊠ Yes □ No
Christine King	Math Consultant; NBFA parent	Vice President	1375 Chopsey Hill Road Bridgeport, CT 06606 Christine@ckingeduca tion.com	⊠ Yes □ No
Don Foley	Finance Executive	Treasurer	77 Club Road Riverside, CT 06878 Donald.e.foley@gmail .com	⊠ Yes □ No
Rachel Gordon	Education Advocate	Secretary	4 Glenwood Lane Westport, CT 06880 rae@gordon.net	⊠ Yes □ No
Mary Humphries	NBFA Teacher	Member	144A Good Hill Road Weston, CT 06883 mhumphries@nbfaca demy.org	⊠ Yes □ No
Janet Brown-Clayton	Asst. Supt. of Schools, Bridgeport	Member	Address not yet known jbrownclayton@bridg eportedu.net	⊠ Yes □ No
David Schlakman	Development Consultant	Member	77 Roton Avenue Rowayton, CT 06853 dcschlakman@gmail.c om	⊠ Yes □ No
Mylena Teixeira	Banker	Member	7 Riverview Drive Bridgeport, CT 06606 Myl.teixeira@gmail.co m	⊠ Yes □ No
Craig Johnson	Environmental Lawyer	Member	77 Nod Hill Road Wilton, CT 06897 Craigjohnson77@gmai L.com	⊠ Yes □ No



8. **Renewal Terms and Other Issues:** Provide a progress update on terms established in the charter school's most recent renewal; summarize actions taken and progress data to substantiate efforts to address such terms. Provide an update on how the charter school is addressing or plans to address the issues noted. The chart below is pre-populated to include terms documented in the school's last renewal resolution or issues identified by the CSDE.

Standard/Indicator:	Term or Condition:	Progress Update:
1.1 Academic Achievement	One of the school's Performance Index rates (1a1d.) and all Average Percentage of Growth Targets Achieved, (2a2d.) in the 2017-18 Next Generation Accountability Report have slipped below Bridgeport, the host district.	NBFA's Performance Index rate, Average Percent of Growth Targets Achieved and Next Generation Accountability Report outpaced the Bridgeport district in 2018-2019. Additionally, NBFA outpaced the state in the percentage of students meeting growth target in ELA and math. NBFA's math growth rate exceeded that of the state.
1.4 Chronic Absenteeism	The school's chronic absenteeism rate for the 2016-17 school year was 10.3%, while the state average was 9.9%. The school's rate for the 2017-18 school year was 13.7%, which remains above the state average of 10.7%.	NBFA reduced its SY 2017-18 chronic absentee rate from 13.7% to 12.2%, including Pre-K students. Without Pre-K students, NBFA's 2018-2019 chronic absenteeism rate is 11%.



9. **Stewardship, Governance, and Management Best Practices:** In 250 words or less, summarize processes established in the areas of **stewardship, governance, and management** (e.g., financial management, reporting compliance, sustaining financial viability, and school operations), to ensure the school is financially viable and organizationally healthy and strong. Describe the strategy and its impact on the school referencing quantitative and qualitative data. Provide evidence of collaboration with local school districts in this area, as appropriate.

Despite a loss of revenue due to a one-time dip in enrollment and private donations, NBFA managed its budget through tight fiscal control over costs and by tapping into its reserves to cover expenses one month during FY2019. Those funds were quickly recovered and returned to the reserve account.

With no meaningful changes to the size of staff and administration, future operating expense increases will stem primarily from annual increases in salaries and benefits. Salary increases should approximate no more than 2-3% in the low inflation environment in which NBFA operates. The benefit costs will be managed by increasing medical and dental coverage contribution percentages for staff.

In addition, health insurance cost increases will be limited by establishing a base level of coverage that NBFA will

provide. Employees will pay additional for any selection above base level coverage. Other expense increases should mirror inflation and be controllable. NBFA conservatively manages cash flow to cover expenses on a monthly basis. NBFA's financials are audited annually. The school has consistently received a clean audit.



PART 4: STUDENT POPULATION																			
10. Enrollment and Demographic Data: Provide 2018-19 student demographic and enrollment information.																			
Grades Served: Pre-K - 8 Student Enrollment: 482																			
%	Free/Re	duced-l	Price Lui	nch:		91% %			% Black:				% Black:				59%		
%	Special	Education	on:			13% %		% Hispanic:				% Hispanic:				20%			
%	% Limited English Proficiency:			:	2.4%			% Caucasian:					109	%					
2018-19 Enrollment by Grade Level:																			
PK	K	1	2	3	4	5	6	5	7	8	9	10	13	1	12	Total			
46	53	61	58	60	57	45	4	5	28	29						482			

11. **Enrollment Efforts:** Summarize the school's efforts to attract, enroll, and retain a diverse and representative student population, including minority students, low-income students, English learners, and students with disabilities.

NBFA's charter does not require it to make specific efforts to attract and retain special populations. Nevertheless, ongoing outreach and community partnerships create a natural demand for enrollment that reflects Bridgeport's changing demographic. NBFA's Black/African American population and Latino populations are shrinking while its Caucasian population is on the rise. Additionally, NBFA is seeing an increase in South American and Haitian immigrants. More than anything, these demographic shifts have impacted the school's English Language Learner population. NBFA now enrolls 12, or 2.4%, ELL students, whose primary language is Spanish or Haitian Creole. Additionally, NBFA maintains a special education population of 16% and another 5% under a 504 plan. Most NBFA students, 91%, qualify for free or reduced-price lunch. These children are supported through NBFA's academic program.

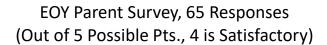
12. Waitlist Data: Provide waitlist totals below, illustrating demand and community support for the school.

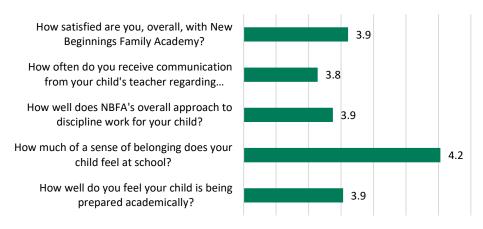
2018-19 Waitlist:	2019-20 Waitlist:
175	328



13. **Student Population Best Practice:** In 250 words or less, summarize systems used in the area of student population (e.g., family and community engagement, recruitment processes, retention strategies), to ensure the school promotes equity by effectively attracting, enrolling and retaining students particularly among targeted populations. Include a brief narrative on the school's unique model and describe the strategy and its impact on the school referencing quantitative and qualitative data. Provide evidence of collaboration with local school districts in this area, as appropriate.

New Beginnings Family Academy offers an innovative charter school model that provides families choice even within the city's charter sector. Families that select NBFA do so because they have a keen sense of their child's unique needs and/or interests and are looking for an emotionally responsive environment that respects students' individualized learning styles. They also embrace NBFA's commitment to partnering with families on a deep and intimate level to address any underlying issues that may stand in the way of their child's future success. In a 2018-19 EOY parent satisfaction survey, NBFA parents' level of overall satisfaction with the school was 3.9 out of an average score of 4, which is satisfactory. On the question of belonging, parents rated the school 4.2 out of an average satisfaction score of 4.





By using child development best practices to ameliorate impediments to learning, NBFA keeps "suspendable" kids in school learning. During the 2018-19 year, NBFA had a suspension rate of less than 1% due to the use of emotionally responsive techniques and Restorative Justice. NBFA has also completely eliminated the use of restraint and seclusion.



NBFA classrooms are integrated, arts-infused, engaging places where student voice is amplified and self-expression is welcomed. NBFA students enjoy coming to school, resulting in a significantly lower chronic absenteeism rate of roughly 11% (not including Pre-K students) than that of the host district at roughly 18.8%. Active, fun, theme-based lessons driven by student interests and enhanced by community field trips keep children engaged and desirous of school.

Overall, NBFA works strategically to retain students by providing a cutting edge, student-centered model; through its philosophical handling of behaviors that might otherwise warrant suspension; through concerted efforts to engage families through programs, workshops and events organized by the school's full-time Family Services Coordinator; and by educating families on school and state attendance expectations.

APPENDIX B: 2020-22 TWO YEAR PRELIMINARY ENROLLMENT REQUEST



Directions: On an annual basis, charter schools must submit an enrollment request for the following school year. Consistent with C.G.S. § 10-66bb(c), the State Board of Education considers enrollment requests in the context of each school's charter and record of student achievement.

C.G.S. § 10-66bb(c)(2) places an enrollment cap on the number of students that a state charter school may enroll. However, charter schools with a demonstrated record of achievement may seek a waiver. If the school submitted 2020-21 and enrollment request 2021-22 requires an enrollment waiver, please specify that below.

1. Complete the table below providing the school's enrollment and growth history. Submit an enrollment														
School Actual Enrollment:														
PK	K	1	2	3	4	5	6	7	8	9	10	11	12	Total
55	59	57	64	57	47	54	33	39	33					498
46	53	61	58	60	57	45	45	28	29					482
54	57	59	54	60	62	53	38	40	27					504
				202	0-2022	Two \	ear Er	rollme	nt Rec	quests:				
PK	K	1	2	3	4	5	6	7	8	9	10	11	12	Total
54	54	54	72	72	54	54	45	30	30					519
54	54	54	54	72	72	54	45	45	30					534
 2. Based on the requests entered above, is the school seeking a waiver to the enrollment cap described in C.G.S. § 10-66bb(c)(2), no state charter school shall enroll more than two hundred fifty students, or in the case of a kindergarten to grade eight, inclusive, school, more than three hundred students, or twenty-five per cent of the enrollment of the school district in which the state charter school is to be located, whichever is less. 3. Provide a rationale for the enrollment request(s), by school year, including a synopsis of all relevant 														
	PK 55 46 54 PK 54 on the red in C. d fifty shan three in whice	PK K 55 59 46 53 54 57 PK K 54 54 54 54 on the requests ed in C.G.S. § 1 d fifty students nan three hundin which the st	PK K 1 55 59 57 46 53 61 54 57 59 PK K 1 54 54 54 54 54 54 on the requests entered in C.G.S. § 10-66bbd diffty students, or in the part of the state chain which the state chain	PK K 1 2 55 59 57 64 46 53 61 58 54 57 59 54 PK K 1 2 PK K 1 2 54 54 54 54 72 54 54 54 54 on the requests entered aboved in C.G.S. § 10-66bb(c)(2), d fifty students, or in the case and three hundred students, in which the state charter sc	PK K 1 2 3 55 59 57 64 57 46 53 61 58 60 54 57 59 54 60 PK K 1 2 3 55 59 57 64 57 46 53 61 58 60 54 57 59 54 60 PK K 1 2 3 54 54 54 72 72 54 54 54 54 72 72 on the requests entered above, is the ed in C.G.S. § 10-66bb(c)(2), no state of iffy students, or in the case of a known three hundred students, or twentin which the state charter school is	PK K 1 2 3 4 55 59 57 64 57 47 46 53 61 58 60 57 54 57 59 54 60 62 2020-2022 PK K 1 2 3 4 54 54 54 72 72 54 54 54 54 54 72 72 on the requests entered above, is the school ed in C.G.S. § 10-66bb(c)(2), no state charted fifty students, or in the case of a kindergal and three hundred students, or twenty-five in which the state charter school is to be loced.	Section Sect	Section Sect	Section Sect	Section Sect	Section Sect	Section Sect	Section Sect	Section Sect

Provide a rationale for the enrollment request(s), by school year, including a synopsis of all relevant assumptions.

Rationale

NBFA's elementary school is comprised of Pre-K through 6th grade in one building with severe space limitations, no indoor or outdoor PE space, no green space and limited parking. NBFA currently rents space at a local community center and buses its students over daily for physical education.

In 2020-21, NBFA's middle school will comprise 6th – 8th grades and relocate to a satellite location just 1.5 miles away from its existing campus. The satellite location has 10 available classrooms, indoor gymnasium for PE, outdoor play space, greenery and plenty of parking.

In so doing, NBFA will free up classrooms at its existing location, allowing the school to serve 414 students in Pre-K through 5th grades.

Assumptions

- 1. NBFA elementary class sizes average 18 students.
- 2. NBFA averages 3 classrooms per grade, Pre-K through 1st.

- CSDE

 CONSIGNATO FOR PLATFON
- 3. There are fluctuations in the number of classrooms per grade in upper elementary due to attrition and/or physical space on the second floor of NBFA's existing building.
- 4. NBFA experiences its highest attrition numbers in 6th grade when parents opt for schools that will serve their children through 12th grade.
- 5. Nevertheless, NBFA's waitlist has always exceeded its capacity in grades 6-8.
- 6. In the past, NBFA has strategically NOT backfilled in middle school due to serious space constraints.

 This has left scores of middle school children on NBFA's waitlist.
- NBFA will pursue a material change request and waiver of its enrollment cap to backfill middle school and reduce the number of families not served in that grade band.
- 8. The satellite location will allow NBFA to serve 15 more students in grades 6-8 in 2021 and up to 30 more in 2022.
- 4. Summarize the school's plans to successfully expand and accommodate the needs of the students served (e.g., programming, staffing, facilities, and class size).

NBFA's Elementary School serves 414 students in Pre-K through 6th grade students in 23 classrooms in its two-story, 54,000-square foot building owned by the NBFA Board of Directors.

Three years ago, NBFA refurbished a 3,000-square foot annex adjacent to the main building and created a temporary space for up to 85-7th and 8th grade students. However, because the space is so tight, NBFA has strategically under-enrolled in those two grades, leaving dozens of children on its middle school waitlist. Looking ahead, NBFA has identified a satellite location to house its Middle School, which would comprise 6th-8th grade students beginning in the 2020-2021 academic year. This facility has the capacity to accommodate up to 165 students in 10 classrooms. Negotiations are underway for the NBFA Board of Directors to lease this facility, contingent upon approval of a material change request by the CSDE. Thus, NBFA will request a waiver of its enrollment cap to accommodate more students on its middle school waitlist, beginning in 2020-21.

APPENDIX C: CHARTER SCHOOL PERFORMANCE FRAMEWORK

The Connecticut State Department of Education's (CSDE) charter school performance framework promotes clear and transparent expectations for all charter schools. The four performance standards are central to measuring schools' efficacy and viability, and align to state law and national best practices among charter school authorizers, as accumulated by the National Association of Charter School Authorizers. Within each standard area, the framework identifies a series of indicators used to evaluate charter schools. The framework drives the CSDE's charter school accountability systems and processes, including initial approval decisions, annual monitoring, and renewal determinations.

Performance Standards:

- 1. School Performance: Is the school a successful model resulting in strong student outcomes and a positive school climate?
- 2. Stewardship, Governance, and Management: Is the school financially and organizationally healthy and viable?
- **3. Student Population:** Is the school promoting equity by effectively attracting, enrolling, and retaining students, particularly among targeted populations?
- 4. Legal Compliance: Is the school acting in compliance with applicable laws and regulations?

Performance Standards:	Performance Indicators:
1. School Performance	1.1. Academic Achievement a. ELA Performance Index – All Students b. ELA Performance Index – High Needs Students c. Math Performance Index – High Needs Students d. Math Performance Index – High Needs Students e. Science Performance Index – High Needs Students f. Science Performance Index – High Needs Students 1.2. Academic Growth a. ELA Academic Growth – All Students b. ELA Academic Growth – High Needs Students c. Math Academic Growth – High Needs Students d. Math Academic Growth – High Needs Students e. Progress toward English Language Proficiency – Literacy f. Progress toward English Language Proficiency - Oral 1.3. Participation Rates (a. All Students, b. High Needs) 1.4. Chronic Absenteeism (a. All Students, b. High Needs) 1.5. Preparation for Postsecondary and Career Readiness - % Taking Courses 1.6. Preparation for Postsecondary and Career Readiness - % Passing Exams 1.7. On-track to High School Graduation 1.8. 4-year Adjusted Cohort Graduation 1.9. 6-year Adjusted Cohort Graduation 1.10. Postsecondary Entrance Rate (All Students) 1.11. Physical Fitness 1.12. Arts Access
Stewardship, Governance, and Management	2.1. Financial Management2.2. Financial Reporting2.3. Financial Viability2.4. Governance and Management2.5. Facility
3. Student Population	3.1. Recruitment and Enrollment Process3.2. Waitlist and Enrollment Data3.3. Demographic Representation3.4. Family and Community Support3.5. School Culture and Climate
4. Legal Compliance	 4.1. Open Meetings and Information Management 4.2. Students with Disabilities 4.3. English Learners 4.4. Rights of Students 4.5. Teacher/Staff Credentials 4.6. Employee Rights



APPENDIX D: STATEMENT OF ASSURANCES

It is imperative that charter schools – as with all other public schools – adopt and uphold the highest ethical and legal standards while delivering excellent academic opportunities for students and their families.

As the authorized representative of **New Beginnings Family Academy,** to the best of my knowledge, I affirm that:

- 1. Pursuant to C.G.S.A. § 10-66rr, all board members and staff have satisfactorily completed background checks, including a state and national criminal records checks and a record check of the Department of Children and Families child abuse and neglect registry.
- 2. Pursuant to C.G.S.A. § 10-66rr, if applicable, all charter school management organization (CMO) governing board members and staff members, who performs a service involving direct student contact have satisfactorily completed background checks, as described in (1).
- **3.** All contractors doing business with the school, who performs a service involving direct student contact have satisfactorily completed background checks, as described in (1).
- **4.** Records of any and all background checks described above, are on file at **New Beginnings Family Academy** and available for random audit by the Connecticut State Department of Education (CSDE).
- 5. Pursuant to C.G.S.A. § 10-6600, New Beginnings Family Academy Governing Board has adopted written anti-nepotism and conflict of interest policies consistent with state law and best practices in nonprofit corporate governance, and pursuant to 10-66bb(d), that no member or employee of the Governing Board has a personal or financial interest in any asset, real or personal, of the charter school.
- **6.** Pursuant to C.G.S.A. § 10-6600, each member of a governing council of a state or local charter school shall complete training related to charter school governing council responsibilities and best practices at least once during the term of the charter, and that no board member of **New Beginnings Family Academy** serves on the board of another charter school or CMO.
- **7.** All public funds received by **New Beginnings Family Academy** have been, or are being, expended prudently and in a manner required by law.
- **8.** All Governing Board meetings are open and accessible to the public, and that **New Beginnings Family Academy** has posted, and continues to post, on any Internet website that the Governing Board operates, the schedule, agenda, and minutes of each Governing Board meeting, including any meeting of a subcommittee of the Governing Board.
- **9. New Beginnings Family Academy** does not discriminate in any employment practice, education program, or educational activity on the basis of race, color, religious creed, sex, age, national origin, ancestry, marital status, sexual orientation, gender identity or expression, disability, or any other basis prohibited by Connecticut state and/or federal nondiscrimination laws.
- **10. New Beginnings Family Academy** does not operate any school location outside the scope of its approved charter or subsequent State Board of Education approval.



By signing this Statement of Assurances on behalf of the Governing Board of **New Beginnings Family Academy**, I acknowledge that I understand the terms contained herein and affirm the validity of each statement to the best of my knowledge. I further understand that **New Beginnings Family Academy** may be subject to random audit by the CSDE to verify these statements.

Signature:	Larry	
Name of Board Chairperson:	DONALD E. FOLEY	
Date:	OctoBer 18, 2019	

NEW BEGINNINGS FAMILY ACADEMY, INC. STATEMENTS of FINANCIAL POSITION June 30, 2018 and 2017

	2018	2017
ASSETS		
Cash Grants receivable Other receivables Due from related party Prepaid expenses Property, plant and equipment, net Interest in net assets of Friends of New Beginnings Family Academy, Inc.	\$ 1,338,390 79,067 66,755 - 119,325 5,498,723	\$ 649,282 63,554 106,958 22,570 90,585 2,548,495 1,936,000
Total assets	\$ 7,102,260	\$ 5,417,444
LIABILITIES AND NET ASSETS		
Liabilities Accounts payable Accrued expenses Capital lease obligation Mortgage payable Total liabilities	\$ 144,110 492,580 58,849 2,045,000 2,740,539	\$ 85,907 467,145 73,775 - 626,827
Net Assets Unrestricted Temporarily restricted	3,580,420 781,301	2,836,017 1,954,600
Total net assets	4,361,721	4,790,617
Total liabilities and net assets	\$ 7,102,260	\$ 5,417,444

NEW BEGINNINGS FAMILY ACADEMY, INC. STATEMENTS of ACTIVITIES For the years ended June 30, 2018 and 2017

·

		2018		2017		
	Temporarily Unrestricted Restricted Total		Unrestricted Temporarily Restricted		Total	
Revenues and other support: Federal and state financial assistance Contributions Interest income Special event (Gala) Change in interest in net assets of Friends of	\$ 6,039,802 780,804 23	\$ - 63,273 - -	\$ 6,039,802 844,077 23	\$ 6,047,306 1,143,301 8 181,150	\$ - 8,046 - -	\$ 6,047,306 1,151,347 8 181,150
New Beginnings Family Academy, Inc. Other Net assets released from restrictions	- 141,337 1,237,103	531 - (1,237,103)	531 141,337 	- 104,566 80,546	5,000 - <u>(80,546)</u>	5,000 104,566
Total revenues and other support	8,199,069	(1,173,299)	7,025,770	7,556,877	(67,500)	7,489,377
Expenses: Instruction General and administrative Auxiliary services Development Total expenses	6,066,875 610,762 500,229 276,800 7,454,666	- - - -	6,066,875 610,762 500,229 276,800 7,454,666	5,783,198 1,193,284 571,174 371,886 7,919,542	- - - - -	5,783,198 1,193,284 571,174 371,886 7,919,542
Change in net assets	744,403	(1,173,299)	(428,896)	(362,665)	(67,500)	(430,165)
Net assets, beginning of year	2,836,017	1,954,600	4,790,617	3,198,682	2,022,100	5,220,782
Net assets, end of year	\$ 3,580,420	\$ 781,301	\$ 4,361,721	\$ 2,836,017	\$ 1,954,600	\$ 4,790,617

NEW BEGINNINGS FAMILY ACADEMY, INC. STATEMENTS of FUNCTIONAL EXPENSES For the years ended June 30, 2018 and 2017

2018 2017 Auxiliary Auxiliary General and General and Instruction Administrative Services Development Total Instruction Administrative Services Development Total Salary and wages \$ 3,681,096 \$ 327,630 \$ 141,558 \$ 214,601 \$ 4,364,885 \$ 3,346,755 \$ 764,477 157,564 \$ 214,630 \$ 4,483,426 \$ Employee benefits 758,696 57,650 51,710 39,057 907,113 655,665 170,156 57,557 47,772 931,150 Payroll taxes 192,883 31,148 13,458 20,403 257,892 206,470 48,310 14,980 13,563 283,323 Staff recruiting 3,010 3,010 2,921 2,921 32,153 32,153 23,481 23,481 Legal fees 1,914 6,009 7,656 Postage and shipping 2,003 8,012 5,742 20,299 398,639 Occupancy 385,678 405,977 398,639 Equipment rental and maintenance 38,338 860 39,198 33,014 1,661 34,675 Travel 155 622 182 959 2,029 483 2,512 38,850 38,850 68,618 68,618 Transportation Depreciation and amortization 324,661 17,087 341,748 318,600 6,724 325,324 Other fees 15,033 2,520 17,553 11,458 2,370 13,828 395,564 17,755 437,950 39,063 477,013 Outside services 413,319 Professional fees 38,650 38,650 42,165 42,165 Security 18,570 977 19,547 14,324 14,324 Insurance 48,149 12,037 60,186 46,785 12,893 648 60,326 3,517 2,047 2,047 Interest 3,517 Testing and evaluation 581 581 1,574 1,574 Instructional supplies 50,588 50,588 84,228 84,228 Other supplies 851 6,797 7,648 2,191 7,580 9,771 Custodial supplies 23,898 1,258 25,156 20,159 20,159 23,569 23,569 61,696 61,696 Payroll service Food service 286,706 286,706 333,493 333,493 9,428 Other activities 9,204 9,204 9,428 -37,093 Student activities 24,717 24,717 37,093 Office 33,242 17,385 2,557 53,184 80,429 15,453 20,861 116,743 Bad debts 16,595 4,149 20,744 Special event expenses (Gala) 73,929 73,929 \$ 371,886 Total \$ 6,066,875 \$ 610,762 \$ 500,229 \$ 276,800 \$ 7,454,666 \$ 5,783,198 \$ 1,193,284 \$ 571,174 \$ 7,919,542

NEW BEGINNINGS FAMILY ACADEMY, INC. STATEMENTS of CASH FLOWS For the years ended June 30, 2018 and 2017

		2018		2017
Cash Flows from Operating Activities:				
Change in net assets Adjustments to reconcile change in net assets to net cash provided by operating activities:	(\$	428,896)	(\$	430,165)
Depreciation and amortization		341,748		325,324
Bad debts		20,744		-
(Increase) decrease in assets: Grants receivable	1	15,513)	1	6,986)
Other receivables	(19,459	(124,257
Due from related party		22,570	(6,274)
Prepaid expenses	(28,740)	`	229,034
Interest in net assets of Friends of New Beginnings	`	, ,		,
Family Academy, Inc.		707,835	(5,000)
Increase (decrease) in liabilities:				
Accounts payable		58,203		77,428
Accrued expenses		25,435		11,578)
Net cash provided by operating activities		722,845		296,040
Cash Flows from Investing Activities:				
Purchase of property, plant and equipment	_(18,811)	(330,883)
Net cash used by investing activities	(18,811)	(330,883)
Cash Flows from Financing Activities:				
Principal payments on obligation under capital lease	(14,926)	(7,174)
. p. p.,		<u> </u>		
Net cash used by investing activities		14,926)	(7,174)
Change in cash		689,108	(42,017)
Cash, beginning of year		649,282		691,299
Cash, end of year	\$	1,338,390	\$	649,282
Supplemental Disclosure of Cash Flow Information: Cash paid during the year for interest	\$	3,517	\$	2,047
Supplemental Schedule of Noncash Investing and Financing Activities: Property, plant and equipment, net transferred from Friends of	.	2 272 165	.	
New Beginnings Family Academy, Inc. Mortgage payable assumed from Friends of New Beginnings	\$	3,273,165	\$	-
Family Academy, Inc.	\$	2,045,000	\$	_
Purchase of equipment with proceeds of capital lease obligation	\$	-	\$	80,949
-				

NEW BEGINNINGS FAMILY ACADEMY, INC. NOTES to FINANCIAL STATEMENTS June 30, 2018 and 2017

1 - Nature of Activities

New Beginnings Family Academy, Inc. (NBFA) is a not-for-profit organization incorporated under the Nonstock Corporation Act of Connecticut. The Connecticut State Board of Education issued NBFA a charter that permits NBFA to operate a school in Bridgeport, Connecticut. NBFA's charter was renewed in 2018, and is effective through June 30, 2021. NBFA provides full day pre-kindergarten and kindergarten, and grades one through eight, with an emphasis on combining academic standards and promoting a positive self-image. The primary sources of revenue for NBFA are federal and state grants.

2 - Summary of Significant Accounting Policies

Basis of Accounting

NBFA prepares its financial statements in accordance with U.S. generally accepted accounting principles, which involves the application of accrual accounting; consequently, revenues and gains are recognized when earned, and expenses and losses are recognized when incurred.

Estimates

Management uses estimates and assumptions in preparing financial statements. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities, and the reported revenues and expenses. Actual results could differ from those estimates.

Financial Statement Presentation

NBFA reports information regarding its financial position and activities according to three classes of net assets:

Unrestricted net assets - Net assets that are not subject to donor-imposed stipulations and are distributed subject to the Board of Directors' authorization. Income and appreciation can be expended.

Temporarily restricted net assets - Net assets subject to donor-imposed stipulations and the right to invade principal. Income and appreciation can be expended.

Permanently restricted net assets - Net assets subject to donor-imposed restrictions which stipulate that the principal remain in perpetuity. NBFA does not have any permanently restricted net assets.

Contributions

Contributions received are recorded as unrestricted, temporarily restricted, or permanently restricted support depending on the existence and/or nature of any donor restrictions.

Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in temporarily or permanently restricted net assets, depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restrictions.

Grants Receivable

Grants receivable are stated at the amount management expects to collect from outstanding balances. This estimate is based on management's assessments of the creditworthiness of its grantors, the aged basis of its receivables, as well as current economic conditions and historical information. The carrying value of grants receivable approximates fair value.

Property, Plant and Equipment

Property, plant and equipment are recorded at cost less accumulated depreciation. Depreciation is computed using the straight-line method over the estimated useful lives of the related assets. Expenditures for major renewals and replacements, and equipment costing over one thousand dollars are capitalized.

Donations of property and equipment are recorded as support at their estimated fair value. Such donations are reported as unrestricted support unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted support. Absent donor stipulations regarding how long those donated assets must be maintained, NBFA reports expirations of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. NBFA reclassifies temporarily restricted net assets to unrestricted net assets at that time.

Income Taxes

NBFA is a nonprofit organization exempt from federal income taxes under Internal Revenue Code Section 501(c)(3) and is not considered a private foundation. Certain activities not directly related to NBFA's tax-exempt purpose are subject to taxation as unrelated business income, however, a provision for unrelated business income tax was not required. As of June 30, 2018 and 2017, NBFA believes it does not have any uncertain tax positions.

The income tax returns for NBFA for the years ending June 30, 2015, 2016, 2017 and 2018 are subject to examination by Federal and State tax jurisdictions, generally for three years after filing.

Expense Allocation

The costs of providing various programs and other activities have been summarized on a functional basis in the Statements of Activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.

Subsequent Events

Management has evaluated subsequent events through December 3, 2018, the date on which the financial statements were available to be issued.

Reclassifications

Certain 2017 amounts have been reclassified to conform with the 2018 presentation.

3 - Contributed Services

NBFA recognizes contributions for services received if they create or enhance nonfinancial assets or required specialized skills and would typically need to be purchased if not provided by donation. General volunteer services do not meet the criteria for recognition in the financial statements; however, substantial numbers of volunteers have donated significant amounts of time to NBFA.

Special education and other services with a fair value of \$95,307 and \$132,572 were received from the City of Bridgeport Board of Education for the years ended June 30, 2018 and 2017, respectively, and have been recorded as contribution support with an offsetting expense included as part of outside services.

4 - Property, Plant and Equipment

The following is a summary of property, plant and equipment at June 30:

		2018	 2017
Building Building improvements Furniture and equipment Leasehold improvements	\$	2,049,125 6,066,995 887,583	\$ - - 871,272 3,446,543
Less, Accumulated depreciation	(9,003,703 3,507,480)	 4,317,815 1,769,320)
Construction in progress		5,496,223 2,500	2,548,495 -
Net property, plant and equipment	\$	5,498,723	\$ 2,548,495

Depreciation and amortization expense for the years ended June 30, 2018 and 2017 was \$341,748 and \$325,324, respectively.

5 - Demand Note Payable

As of June 30, 2018 and 2017, NBFA had a \$500,000 secured line of credit available for its use at variable interest rates based on the bank's prime rate plus 1%. The line of credit is secured by substantially all of NBFA's assets, and is subject to annual review and renewal. There were no borrowings at June 30, 2018 and 2017.

6 - Capital Lease Obligation

NBFA entered into a capital lease for the purchase of copiers. The equipment covered by this lease totaled \$80,949 at June 30, 2018 and 2017, and it is included in property, plant and equipment. The assets under the lease are depreciated over their estimated useful lives. Depreciation of assets under the capital lease is included in depreciation expense for the years ended June 30, 2018 and 2017. Accumulated depreciation of assets under the capital lease amounted to \$23,745 and \$9,444 at June 30, 2018 and 2017, respectively. Interest expense amounted to \$3,517 and \$2,047 for the years ended June 30, 2018 and 2017, respectively.

Future minimum payments under the capital lease as of June 30, 2018 for the years ending June 30 are as follows:

2019	\$	18,443
2020		18,443
2021		18,443
2022		9,221
Total minimum lease payments		64,550
Less, amount representing interest	(5,701)
Net minimum lease payments	\$	58,849

7 - Mortgage Payable

In conjunction with the transfer of the net assets of Friends of New Beginnings Family Academy, Inc. as of June 30, 2018, NBFA assumed the mortgage liability of the property. The mortgage, amounting to \$2,045,000 at June 30, 2018, bears interest at 2.875% and currently requires no principal payments.

8 - Net Assets

Temporarily restricted net assets at June 30 are available for the following purposes:

	2018	2017
Friends of New Beginnings Family Academy's net assets Student wellness Capital campaign Capital improvements Afterschool transportation	\$ - 18,028 500,000 200,000 11,120	\$ 1,936,000 18,600 - - -
Capacity building Books for classrooms	50,653 1,500	-
	\$ 781,301	\$ 1,954,600

9 - Retirement Plan

All certified administrators and teachers participate in the Connecticut Teachers' Retirement System that is administered by the State. The Plan requires mandatory contributions by employees of 7.25% of their eligible annual compensation. The State of Connecticut provides the remaining funding of retirement benefits.

10 - Net Assets Released from Restrictions

The sources of net assets released from temporary donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of events specified by the donor were as follows at June 30:

	2018	2017
Friends of New Beginnings Family Academy's net assets Capacity building Student wellness	\$ 1,236,531 - 572	\$ - 75,000 5,546
	\$ 1,237,103	\$ 80,546

11 - Related Party Transactions

Friends of New Beginnings Family Academy, Inc. (Friends) was formed to function as a supporting organization in furtherance of the activities, programs and goals of NBFA. NBFA was the sole beneficiary of the activities of Friends, and therefore recorded the net operating activities and distributions of Friends in its temporarily restricted net assets. NBFA did not have influence to such an extent that it could determine the timing and amount of distributions from Friends, and therefore the amounts not transferred were temporarily restricted net assets until distributions were made to NBFA. At June 30, 2018, Friends transferred all of their net assets to NBFA, at which point the net assets were released from temporarily restricted net assets into unrestricted net assets.

NBFA leases its facility from Friends under an operating lease that was terminated at June 30, 2018. Rent expense under this lease amounted to \$126,202 and \$123,931 for the years ended June 30, 2018 and 2017, respectively.

At times NBFA pays certain operating expenses of Friends and Friends receives contributions on behalf of NBFA. Payments of these items from Friends to NBFA amounted to \$16,296 for the year ended June 30, 2017. The amount due from Friends amounted to \$22,570 at June 30, 2017.

12 - Concentration of Credit Risk

NBFA maintains its cash in bank deposit accounts which at times may exceed federally insured limits. NBFA has not experienced any losses in such accounts. NBFA believes it is not exposed to any significant credit risk on cash.

13 - Contingent Liabilities

The use of grants in programs is subject to future review by the grantors. Such reviews may result in additional liabilities to the grantors for unexpended funds which were restricted to use in certain programs. Any such additional liabilities are not expected by management to be material and have not been reflected in the financial statements.

Fiscal 2020 Approved Budget Narrative:

Income:

1- Per Pupil;

Budget is set at 499 seats at 11,250 each.

2- Title I & II;

Budget is based on FY19 approved amounts. FY20 grants will not be approved until September.

The Title IV grant in not included in the budget because it may not be available.

3- State Grants;

The security grant is availble every 2 years. We will submit another application for FY21.

4- Special Education reimbursement from the City of Bridgeport;

We will be reimbursed for 2 teachers at 65k each per MOU.

5- Student meals;

Budget amounts are based on 350 breakfast and 450 lunch meals served daily.

6- Development;

Fund Raising amount is very conservative and subject to change.

Expenditures:

1- Personnel;

There will be a total of 93 positions. 40 certified Teachers, 3 certified Social Workers, 1 non certified Guest teacher, 26 Instructional Assistants, 1 Nurse, 2 Restorative Justice Coordinators, 1 Maintenance, 5 Cafeteria, 7 Administrators, and 7 Office staff. Certified Teachers are back on the STEP scale per the contract. All other staff increases are at 3%. 10 month employees will be working a full schedule once again at 35 hrs. per week. Payroll taxes are budgeted at 5%. Employee benefits are expected to increase 15 to 25%. The budget is set at a 20% increase.

2- Student meals:

Expenses are based on the same daily meals as the revenue above.

3- Contracted Services;

We anticipate having a lower need for Legal services. Budget includes fees for Math Tutors.

IT service expenses are budgeted at the high cost due to pending approval of Erate grant in September.

Afterschool transportation expenses are expected to increase by 4%. We will have 3 interns from Quinnipiac once again.

4- Purchased Services;

Professional development expenses include Bank Street, Metamorphosis, some conferences and other.

We anticipate a modest 2% increase for the Burglar and Fire alarm services and 5% for General Liability insurance. Field trips will continue be local and in state.

5- Supplies;

We have good cost controls in place and will continue to monitor purchases closely to reduce expenses and waste.

6- Other Expenses;

We have a less expensive copier lease with Canon. We're not having a GALA which will greatly reduce Development expenses. Some other expenses are budgeted at the same amount as FY19 or lower.

7- Depreciation;

The depreciation expenses are based on the updated schedule and have increased due to the transfer of the Building.

8- Capital Expenditures;

We need to replace the fences around the playground and blacktop for security reasons.

NEW BEGINNINGS FAMILY ACADEMY: FY19 Actuals With Budget And 2019-20 Approved Budget

	FY 19 Unaudited Actuals as of 6/30/19	FY 19 Budget	FY 20 Approved Budget
REVENUE			
Per Pupil	5,422,500	5,456,250	5,613,750
Titles I to V	248,085	232,029	232,990
State Grants	44,895	35,556	-
SPED Reimburse-Bpt	127,923	130,000	175,066
Student Meals	341,715	364,162	415,156
E-Rate	289	12,768	1,780
Development	401,872	741,080	450,000
Parent Fees	10,821	5,000	5,000
Interest	492	20	500
Billboard Revenue	29,099	29,099	29,948
TOTAL REVENUE	6,627,692	7,005,964	6,924,190
EXPENDITURES			
Personnel			
Salaries and Benefits			
Teachers	1,889,933	1,946,766	2,442,861
Instructional Assistants	498,789	489,550	680,191
Support Services	108,674	110,266	118,232
Substitutes	97,105	90,172	38,815
Maintenance & Food Services	173,554	182,545	196,312
Office Staff	348,932	348,884	328,640
Administration	784,725	787,671	731,264
Total Salaries	3,901,711	3,955,854	4,536,316
Benefits and Taxes			
Payroll Taxes	148,801	158,234	226,816
Employee Benefits	1,097,412	1,043,180	1,393,470
Total Personnel	5,147,925	5,157,269	6,156,602
Student Meals	340,672	332,056	383,457

240,744

Contracted Services

334,570

266,703

350,295	244,815	274,828
 296,032	289,350	296,482
 127,767	143,372	115,418
169,963	230,648	110,580
 444,519	324,438	465,992
 8,830	20,000	10,000
\$ 7,126,747 (499,055) \$	7,076,517 (70,554)	8,080,063 (1,155,872)
\$	296,032 127,767 169,963 444,519 8,830 7,126,747	296,032 289,350 127,767 143,372 169,963 230,648 444,519 324,438 8,830 20,000 7,126,747 7,076,517

EXTENSION GRANTED TO MAY 15, 2019

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

Form **990**

▶ 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

A F	or the 2	2017 calendar year, or tax year beginning JUL 1, 2017 and 6	ending J	UN 30, 2018	t'	
	Check if	C Name of organization		D Employer identifica	ition number	
a						
	Address change	NEW BEGINNINGS FAMILY ACADEMY, INC.		**_**	+021/	
	Name change	Doing business as			-0214	
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	04 2007	
	Final return/	184 GARDEN STREET			84-2897 6,929,932.	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$		
	Amende	BRIDGEPORT, CT 06605		H(a) Is this a group retu	ım	
	Applica-	F Name and address of principal officer:RONELLE SWAGERTY		for subordinates?	Yes X No	
	pending	SAME AS C ABOVE		H(b) Are all subordinates incli		
1	Tax-exer	npt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) c	or 527		st. (see instructions)	
JI	Website	NBFACADEMY.ORG	1000	H(c) Group exemption	number	
K	Form of o	rganization: X Corporation Trust Association Other	L Year	of formation: 1999 M	State of legal domicile. C.1	
	art 1 6	Summany			A CADDIMY	
-	1 B	riefly describe the organization's mission or most significant activities: NEW	BEGINN	INGS FAMILY	ACADEMI	
Activities & Governance	T	POWIDES THE STUDENTS A MEANINGFUL, HIGH	-QUALI	TY EDUCATION	THROUGH	
Ē	2 0	theck this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net ass	ets.	
Še	3 N	lumber of voting members of the governing body (Part VI, line 1a)			8	
Ğ	A N	lumber of independent voting members of the governing body (Part VI, line 1b)		4	128	
ος.	5 T	otal number of individuals employed in calendar year 2017 (Part V, line 2a)		5	28	
ij.	6 T	otal number of volunteers (estimate if necessary)				
Ę	7 a T	otal unrelated business revenue from Part VIII, column (C), line 12	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0.	
ĕ	bN	let unrelated business taxable income from Form 990-T, line 34			0.	
-			-	Prior Year	Current Year	
4)	8 0	Contributions and grants (Part VIII, line 1h)		7,323,841.	6,923,085.	
Revenue	9 P	Program service revenue (Part VIII, line 2g)		10,831.	6,824.	
Š	10 1	evestment income (Part VIII, column (A), lines 3, 4, and 7d)		8.	23.	
ď	111 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-56,804.	0.	
	12 T	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,277,876.	6,929,932.	
_	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
	14 E	Benefits paid to or for members (Part IX, column (A), line 4)		0.		
u	11	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,697,900.	5,529,890.	
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
ē	ь	Total fundraising expenses (Part IX, column (D), line 25)	00.		1 000 460	
ŭ	1 1/ (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,015,141.	1,829,469.	
	18 3	Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25)		7,713,041.	7,359,359.	
	19 F	Revenue less expenses. Subtract line 18 from line 12		-435,165.	-429,427.	
Jo.			В	eginning of Current Year	End of Year	
Ses	20	Fotal assets (Part X, line 16)		5,417,444.	7,102,260.	
ASS	21	Fotal liabilities (Part X, line 26)		626,827.	2,740,539.	
Net Assets	22 1	Net assets or fund balances. Subtract line 21 from line 20		4,790,617.	4,361,721.	
) II	Signature Block			t the said belief it in	
Un	der pena	ties of perjury, I declare that I have examined this return, including accompanying schedule	es and stater	nents, and to the best of my	knowledge and belief, it is	
tru	e, correct	i, and complete. Declaration of preparer (other than officer) is based on all information of w	vhich prepare	r has any knowledge.		
_				Date		
Si	gn	Signature of officer		Date		
	ere	RONELLE SWAGERTY, CEO				
		Type or print name and title		Data Lohark C] PTIN	
		Print/Type preparer's name Preparer's signature		Date Check		
Pa	id	LOUIS A. CRISCUOLO		self-employe	**-***0830	
Pr	eparer	Firm's name SEWARD AND MONDE, C.P.A.'S		Firm's EIN	n n = n n 0 0 0 0	
	e Only	Firm's address 296 STATE STREET			2 240 0241	
	1	NORTH HAVEN, CT 064/3-2165	4	Phone no. 20		
M	ay the IF	as discuss this return with the preparer shown above? (see instructions)			Yes No Form 990 (2017)	
-		and the second s	lione		FORM 330 (2017)	

NEW BEGINNINGS FAMILY ACADEMY, INC. Form 990 (2017) Part IV Checklist of Required Schedules No Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A 2 X Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 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 X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III 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? X 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 X 11d Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? Х If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 X 14b or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Form 990 (2017)

complete Schedule G, Part III

			Yes	No
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			- CONTO
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			oug
	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, Ilne 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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	_	-
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
þ	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			v
	complete Schedule L, Part II	26	-	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	0.7		v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			l'
	instructions for applicable filing thresholds, conditions, and exceptions):	000		v
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		Α
C	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 more than \$25,000 in norreast contributions: if res, complete schedule in	25		41
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		
٠.	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	Х	
35a	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?			
	If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			

Par	t 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			T	Yes	No
		1a	31			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1b	0	- 1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		ole gaming	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	porta	Die gaming	1c	х	
	(gambling) winnings to prize winners?			-10		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a	128			
	filed for the calendar year ending with or within the year covered by this return			2b	x	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns to the case of t	119:				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	30,000		3a		X
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	0		3b		
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	author	ity over a	U.S.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	aumor	nty over, a	4a		Х
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	119:	70		
b	If "Yes," enter the name of the foreign country:		to (EBAD)			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	CCOUN	is (FDAN).	5a		x
5a	Wee the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5b		X
	Did any tayable party notify the organization that it was or is a party to a prohibited tax shelter transa	CHOIL		5c		
С	It was "to line 5g or 5h, did the organization file Form 8886-T?			ناد		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne orga	amzation solicit	6a		х
	eavising that were not tax deductible as charitable contributions?			Ua		
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions c	or gitts	6b		
	were not tax deductible?			GU		
7	Organizations that may receive deductible contributions under section 170(c).	- viano I	provided to the payor?	7a		X
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	(vices (of Ovided to the payor:	7b		
b	If "Ves " did the organization notify the donor of the value of the goods or services provided?		*********	10		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	Julied	7c		X
	to file Form 8282?	7d	1	70		
d	If "Yes," indicate the number of Forms 8282 filed during the year		H+2	7e	-	X
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contra	CI f	7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?	200 as required?	79		
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm o	Sie a Form 1098-C2	7h		
h	If the organization received a contribution of cars, boats, airplanes, or other venicles, did the organization	auon	ile a roini 1030 o:	7.0		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	u by ii	16	В		
	sponsoring organization have excess business holdings at any time during the year?			-		1
9	Sponsoring organizations maintaining donor advised funds.			9a		
а				9b		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	*******		30		1
10	Section 501(c)(7) organizations. Enter:	100	ĺ			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		1		
b		100		1		
11	Section 501(c)(12) organizations. Enter:	11a	1			
а	Gross income from members or shareholders	118		1		
b		441			-	
	amounts due or received from them.)	11b		12a		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization fling Form 990 in lieu of Form	12b	i -	1.20	1	2000
-b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a	1	
a	Is the organization licensed to issue qualified health plans in more than one state?			100		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	13b	T			
	organization is licensed to issue qualified health plans	9988		1		
c	Enter the amount of reserves on hand			14a		X
148	Did the organization receive any payments for indoor tanning services during the tax year?	No. of Contract of the		14b		
_1	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Scheduler	100				0 (2017)
						, ,

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				X
Sec	tion A. Governing Body and Management				
			ŀ	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9			
	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 0.		-		
b		8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		- 1		
	officer, director, trustee, or key employee?	2	_		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		-1		
	of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			Х
6	Did the organization have members or stockholders?	6			Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
	more members of the governing body?	78	a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	71	b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
а	The governing body?	8:	а	X	
b	Each committee with authority to act on behalf of the governing body?	81	b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10)a		X
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11	la		X
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	12	2a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12	2b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				12
	in Schedule O how this was done	12	2c	X	
13	Did the organization have a written whistleblower policy?	1:	3	X	
14	Did the organization have a written document retention and destruction policy?		4		X
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	15	ā	X	
b	Other officers or key employees of the organization		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	1			System
	taxable entity during the year?	. 16	Sa		X
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	3b		
Sec	ction C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	/) avai	ilabl	е	
	for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	ınd fir	nand	ial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records:				
	LUIS CARTAGENA, COO & CFO - (203) 384-2897				
	184 GARDEN STREET, BRIDGEPORT, CT 06605				
70000	72.00 47	F	orm	990	(2017

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

 \mathbf{x}

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

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

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter 0 in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of

reportable compensation from the organization and any related organizations. • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organizatio (A) Name and Title	(B) Average hours per week	(do	not c	Pos heck	itior		one nan	(D) Reportable compensation from	Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)		Institutional trustee	Оfficer	Key employes	Highest compensated employee	For mer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) CLAIRE FOESTER PRESIDENT	4.00	x		x				0.	0.	0.
(2) CHRISTINE KING VICE PRESIDENT	4.00	x		x				0.	0.	0.
(3) DON FOLEY TREASURER	4.00	x		х				0.	0.	0.
(4) RACHEL GORDON SECRETARY	4.00	x		x				0.	0.	0.
(5) MARY HUMPHRIES DIRECTOR	37.50	x						93,333.	0.	7,769.
(6) CRAIG JOHNSON DIRECTOR	4.00	x						0.	0.	0.
(7) JOHN LISCHNER DIRECTOR	4.00	x						0.	0.	0.
(8) DAVID SCHLAKMAN DIRECTOR	4.00	x						0.	0.	0.
(9) MYLENA TEIXEIRA DIRECTOR	4.00	x						0.	0.	0.
(10) RONELLE P. SWAGERTY	37.50			x				154,034.	0.	21,001.
(11) LUIS CARTAGENA COO & CFO	37.50			x				93,246.	0.	20,463.
(12) AJUMOKE B. NATHAN-SAINGBE CHIEF ACADEMIC OFFICER	37.50	-		L		x		105,220.	0.	20,981.
	Name of							1.100001		
			-	-	-					
					+		-			
		1	_	1	L		1_			Form 990 (201

732007 11-28-17

Form 990 (2017)

Par	t VII Section A. Officers, Directors, Tru (A) Name and title					ompensated Employee (D) Reportable	(E) Reportable	(F		(F)	d			
	Name and the	hours per week (list any hours for related organizations below line)	stee or director	, unle cer an	ss pe	rson	is bot	n an tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISo	Н	com fro orga	ount o other pensat om the anizati i relate nizatio	tion e on ed
											_			
_														
-									41-1					
_														
	2-1		-											
			-											
									445 022			7	0,2	1.4
С	Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Section A		core			*****	A A A	445,833. 0. 445,833.		0. 0.		0,2	0.
2	Total number of individuals (including but compensation from the organization	t not limited to t	hose	e list	ed a	bov	re) w	ho r	eceived more than \$100	0,000 of reportable	e 		Yes	No
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J fo	r such individua	1							************	eritz.	3		x
4	For any individual listed on line 1a, is the and related organizations greater than \$ Did any person listed on line 1a receive of the second sec	50,000? If "Yes	, " C	ompi	ete	Sch	edui	e J	for such individual			4	x	
Sec	rendered to the organization? If "Yes," continuous B. Independent Contractors	mplete Schedu	le J	for s	uch	per	rson	*****				5		Х
1	Complete this table for your five highest the organization. Report compensation for	compensated in	ndep vear	end	ent i	con with	tract or v	ors vithi	that received more than in the organization's tax	\$100,000 of com year.	pens	ation	from	
	(A) Name and busine								(B) Description of		C	(Compe	C) nsatio	n
P.	EFERRED MEAL SYSTEMS, O. BOX 74008679, CHIC	AGO, IL	60	67	4-	86	79	m	STUDENT MEAL PROFESSIONAL			20	1,7	28
11	NK STREET COLLEGE OF 2TH STREET, ROOM 712, L SERVICES LLC	NEW YOR	K,	N	Y	10	02		DEVELOPMENT				5,0	
		GEPORT,	CI	0	66	04			MAINTENANCE			10	2,3	43
_														
2	Total number of independent contractor \$100,000 of compensation from the orga		not	limite	ed to	o th	ose i	iste	d above) who received t	more than				

Form 990 (2017)

		Check if Schedule O conta	ins a response	or note to any line	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue exclude from tax under sections 512 - 514
and Other Similar Amounts	b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions)	1b 1c 1d	040,202.				
and Orner Si	g	All other contributions, gifts, grants similar amounts not included abov Noncash contributions included in lines. Total. Add lines 1a-1f	e 1f 1a-1f; \$,923,085.			
2		STUDENT/OTHER A		900000	6,824.	6,824.		
Kevenue	C							
		All other program service rever Total, Add lines 2a-2f			6,824.			
3	3	Investment income (including other similar amounts)	dividends, inter	est, and proceeds	23.			2:
5		Royalties	(i) Real	(ii) Personal				
	b	Less: rental expenses		•				
1	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other				
	С	and sales expenses Gain or (loss) Net gain or (loss)						
	8 a	Gross income from fundraising including \$ contributions reported on line Part IV, line 18	g events (not of 1c). See	a				
		Less: direct expenses Net income or (loss) from fund	****************	>				
	9 a	Gross income from gaming at Part IV, line 19	ctivities. See	а				
1	С	Less: direct expenses Net income or (loss) from gan Gross sales of inventory, less	ning activities	b >				
		and allowances		b				
		Miscellaneous Revenu		Business Code				
1	1 a							
	d e 12	All other revenue Total. Add lines 11a-11d Total revenue. See instructions.			6,929,932	6,824.		0. 2

Form 990 (2017) NEW BEGINNING
Part IX Statement of Functional Expenses

Do 1	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations		ахренова	general expenses	- CARPOLICO E
1	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	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	403,970.	122,079.	263,716.	18,175
8	Compensation not included above, to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,061,858.	3,762,154.	101,178.	198,526
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	806,170.	748,827.	20,386.	36,957
10	Payroll taxes	257,892.	206,341.	31,148.	20,403
11	Fees for services (non-employees):				
а	Management				
b	Legal	32,153.		32,153.	
C	Accounting	38,650.		38,650.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	255,306.	229,237.	26,069.	
12	Advertising and promotion			04 505	0.555
13	Office expenses	183,520.	159,457.	21,506.	2,557
14	Information technology	86,275.	71,020.	15,255.	
15	Royalties	107 504	404 040	01 076	
16	Occupancy	425,524.	404,248.	21,276.	100
17	Travel	959.	155.	622.	182
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	255	0.55		
19	Conferences, conventions, and meetings	266.	266.		
20	Interest	3,517.	3,517.		
21	Payments to affiliates	241 740	224 661	17,087.	
22	Depreciation, depletion, and amortization	341,748.	324,661.	12,037.	
23	Insurance	60,186.	48,149.	12,037.	
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 0.) FOOD SERVICES	286,706.	286,706.		
a b	CONTRACTOR & CONTRACTOR	63,567.	63,567.		
C	DAD DEDM	20,744.	16,595.	4,149.	
d	OMITTO TOTAL	17,553.	15,033.	2,520.	
_	All other expenses	12,795.	9,785.	3,010.	
25	Total functional expenses. Add lines 1 through 24e	7,359,359.	6,471,797.	610,762.	276,800
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)				

		Check if Schedule O contains a response or note to any line in this Part X	(A)	1	(0)
			Beginning of year		End of year
_	1	Cash - non-interest-bearing	649,282.	1	1,338,390.
		Savings and temporary cash investments		2	TO 000
-		Pledges and grants receivable, net	63,554.	3	79,067.
	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 instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
1	8	Inventories for sale or use		8	110 225
	9	Prepaid expenses and deferred charges	90,585.	9	119,325.
		Land buildings and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 9,006,203.		10000	F 400 723
	b	Less: accumulated depreciation 10b 3,507,480.	2,548,495.	10c	5,498,723.
1	11	Investments - publicly traded securities		11	
- 1	12	Investments - other securities. See Part IV, line 11		12	
1	13	Investments - program-related. See Part IV, line 11		13	
-	14	Intangible assets	0 005 500	14	66,755.
1	15	Other assets. See Part IV, line 11	2,065,528. 5,417,444.	15	7,102,260
	16	Total assets. Add lines 1 through 15 (must equal line 34)	553,052.		636,690
	17	Accounts payable and accrued expenses	555,054.	18	030,030
	18	Grants payable		19	
	19	Deferred revenue		20	
	20	Tax-exempt bond liabilities		21	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
3	22	Loans and other payables to current and former officers, directors, trustees,			
LIADIIINES		key employees, highest compensated employees, and disqualified persons.		22	
9		Complete Part II of Schedule L		23	2,045,000
۱ ۱	23	Secured mortgages and notes payable to unrelated third parties		24	2/020/00
	24	Unsecured notes and loans payable to unrelated third parties			
	25	Other liabilities (including federal income tax, payables to related third		1	
		parties, and other liabilities not included on lines 17-24). Complete Part X of	73,775.	25	58,849
		Schedule D	626,827.	26	2,740,539
_	26	Total liabilities, Add lines 17 through 25			
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		1 1	
ß		complete lines 27 through 29, and lines 33 and 34.	2,836,017.	27	3,580,420
Ĭ	27	Unrestricted net assets	1,954,600.		781,301
ğ	28	Temporarily restricted net assets Permanently restricted net assets		29	
2	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here			
2		Organizations that do not follow SFAS 117 (ASS 330), Glicok Horo F		1	
ō		and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
200	30	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund balances	31	Paid-in or capital surplus, or land, building, or equipment tand Retained earnings, endowment, accumulated income, or other funds		32	
er E	32	Total net assets or fund balances	4,790,617	33	4,361,721
-	33	Total liabilities and net assets/fund balances	5,417,444		7,102,260

Part 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)	Form	990 (2017) NEW BEGINNINGS FAMILY ACADEMY, INC.	**-**	*8214	Pag	_{je} 12
Total revenue (must equal Part VIII, column (A), line 12) 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 -429, 427. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4, 790, 617. Net unrealized gains (losses) on investments 5 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Cither changes in net assets or fund balances (explain in Schedule O) 9 531. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Cther 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? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements and selection of an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were sudited on a separate basis, consolidated basis or both: X Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements and selection of an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were sudited on a separate basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight for oversight process or select						
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 -429, 427. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 531. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accual 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 and selection of an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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 compliation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year,		Check if Schedule O contains a response or note to any line in this Part XI	manyanana		***	X
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 -429, 427. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 531. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accual 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 and selection of an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. c If "Yes," check a box below to indicate whether the financial statements for the year were audited on a 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 compliation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year,						~ ~
Revenue less expenses. Subtract line 2 from line 1 Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Revenue less expenses. Net unrealized gains (losses) on investments Net unrealized gains (losses) on investments Prior period adjustments Prior period adjustments Prior period adjustments Revenue less sets or fund balances (explain in Schedule O) Ret assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Cther if the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Reparate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. Were the organization's financial statements and the prior year or heaven and the prior year or heaven and the prior year or heaven and the prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements and selection of the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If the organization of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection proces	1	Total revenue (must equal Part VIII, column (A), line 12)	-			
A Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 12 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 13 Were the organization's financial statements compiled or reviewed by an independent accountant? 14 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 Donaldated basis Both consolidated and separate basis 15 Were the organization's financial statements audited by an independent accountant? 16 Yes, "check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis Both consolidated and separate basis. 16 Were the organization's financial statements audited by an independent accountant? 17 Yes, "check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 18 Yes and year year year and year year year year year year year year	2	Total expenses (must equal Part IX, column (A), line 25)				
Separate basis, consolidated basis, or both: Separate basis Consolidated basis Consoli	3					
B Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Accounting method used to prepare the Form 990:	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,790	, 6	17.
Prior period adjustments Prior period adjust	5	Net unrealized gains (losses) on investments			_	
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Part XII Financial Statements and prior year or checked "Other," explain in Schedule O. 28 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a	6	Donated services and use of facilities				
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 531. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 4,361,721. Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	7	Investment expenses	7			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 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. Were the organization's financial statements compiled or reviewed by an independent accountant? Separate basis, consolidated basis, or both: Separate basis Consolidated basis or both: 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, or both: X Separate basis Consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis C if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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? 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	8		8		1-1-	
Column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	9	Other changes in net assets or fund balances (explain in Schedule O)	9		5	<u>31.</u>
Column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990:	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990:			10	4,361	.,7	<u>21.</u>
Accounting method used to prepare the Form 990:	Pa					
1 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response or note to any line in this Part XII	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			بيا
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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 Were the organization's financial statements audited by an independent accountant? 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 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b					Yes	No
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 Were the organization's financial statements audited by an independent accountant? 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 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	1	Accounting method used to prepare the Form 990: Cash X Accrual Cther				
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 Were the organization's financial statements audited by an independent accountant? 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 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b				1 1		L
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	2a			2a		_X_
Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 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 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 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 3b		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	- 1		
b Were the organization's financial statements audited by an independent accountant? 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 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		separate basis, consolidated basis, or both:				
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 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		Separate basis Consolidated basis Both consolidated and separate basis			- 9	
consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	b			2b	<u>X</u>	
X Separate basis		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		consolidated basis, or both:				11 1
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b		X Separate basis Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
Act and OMB Circular A-133? 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 3a X		review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
Act and OMB Circular A-133? 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 3a X		If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
Act and OMB Circular A-133? 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 3b	За					
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		Act and OMB Circular A-133?		3a		X
or audits, explain why in Schedule O and describe any steps taken to undergo such audits	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	_		
				3b		

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

Open to Public Inspection

Name of the organization

NEW BEGINNINGS FAMILY ACADEMY, INC.

Employer identification number **-***8214

De 1		harity Status	Il organizations must cor	nplete this	part.) See	instructions.	
Part I	Reason for Public C	marity otatas (or lines 1 through 12 ch	eck only o	ne box.)		
he orga	anization is not a private found. A church, convention of chu	ation decause it is. (i	n of churches described	in section	170(b)(1)	(A)(i).	
1 🟣	¬	Irches, or associatio	Hach Schedule F (Form	990 or 990)-EZ).)		
2 <u>X</u>	¬	hannital contino oraș	mization described ID Sec	ction 1700))(1)(A)(III)		
3 📙	 A hospital or a cooperative A medical research organization 	nospital service orga etian appreted in cor	signation with a hospital	described i	in section	170(b)(1)(A)(iii). Enter t	he hospital's name,
4		allon operated in cor	national with a transfer				
_	city, and state: An organization operated for	with a bonofit of a col	lege or university owned	or operate	d by a go	vemmental unit describe	ed in
5 🗀	An organization operated to	emplote Part II \	lego of dilitorony contra				
	section 170(b)(1)(A)(iv). (C A federal, state, or local gov	omplete rait II.)	nontal unit described in s	ection 170)(b)(1)(A)(v	v).	
6	A federal, state, or local government An organization that norma	ernment or governi	ntial part of its support fr	om a gove	rnmental u	unit or from the general p	oublic described in
7	An organization that norma	ily receives a substa	IIIIai pair oi no sappeni				
_	section 170(b)(1)(A)(vi). (Co	omplete Part II.)	4VAVvi\ /Complete Part	11.)			
8 _	A community trust describe An agricultural research org	o in section 170(b)	in coction 170/h)(1)(A)(ii	x) operated	d in conjur	nction with a land-grant of	college
9	 An agricultural research orgon or university or a non-land-g 	janization described	ulture (see instructions)	Enter the r	name, city,	and state of the college	or
		rant college of agric	ulture (see matractions).	Litto, Lite	2. 55.		
	university: An organization that norma	u - 1 - 14\ 0 - 1	than 22 1/3% of its sun	nort from o	ontributio	ns, membership fees, ar	nd gross receipts from
10 _	An organization that normal activities related to its exen	lly receives: (1) more	t to cortain exceptions	and (2) no	more than	33 1/3% of its support	from gross investment
	activities related to its exen income and unrelated busin	npt functions - subje	/loss section 511 tax) fro	m busines	ses acqui	red by the organization	after June 30, 1975.
	income and unrelated busin	ness taxable income	(less section of rax) inc	ari baca ico		,	
	See section 509(a)(2). (Co	mpiete Part III.)	ively to test for nublic sa	fetv. See s	ection 50	9(a)(4).	
11	An organization organized An organization organized	and operated exclus	ively for the benefit of to	perform th	ne function	ns of, or to carry out the	purposes of one or
12	Morganization organized in more publicly supported or	and operated exclus	nd in section 509(a)(1) 0	section 5	i09(a)(2). 5	See section 509(a)(3). C	heck the box in
	lines 12a through 12d that	describes the type (of supporting organization	and com	plete lines	12e, 12f, and 12g.	
	Type I. A supporting orga	describes the type of	upervised or controlled	bv its supr	orted org	anization(s), typically by	giving
а	the supported organizati	ariization operated, s	outarly appoint or elect s	maiority o	f the direc	tors or trustees of the s	upporting
	organization. You must	on(s) the power to re	ections A and B.				
	Type II. A supporting org	complete rait iv, o	t or controlled in connect	ion with its	supporte	ed organization(s), by ha	ving
b	control or management of	anization supervised	anization vested in the s	ame perso	ns that co	ntrol or manage the sup	ported
	organization(s). You must	of the supporting org	Sections A and C				
	organization(s). You must	ereted A supporting	o organization operated	in connect	ion with, a	and functionally integrate	ed with,
С	its supported organization	egrated. A supporting	s) You must complete i	Part IV. Se	ctions A,	D, and E.	
	Type III non-functional	on(s) (see instruction	onting organization oper	ated in cor	nnection v	vith its supported organi	zation(s)
d	that is not functionally in	tograted. The organi	zation generally must sat	isfy a distr	ibution re	quirement and an attent	iveness
	requirement (see instruc	tegrated. The organi	molete Part IV. Sections	A and D.	and Part	V.	
	Check this box if the org	enization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III	
е	functionally integrated, of	anización receivou a	nally integrated support	ing organiz	ation.		
	functionally integrated, t Enter the number of supported	organizations	Strainy integration only				
T .	enter the number of supported Provide the following information	on about the support	ed organization(s).				
g_	(i) Name of supported	(ii) EIN	(III) Type or organization	(iv) is the orga in your governi	nization listed no document?	(v) Amount of monetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
			Score (cos monses)				
				E			
-							
-							
Total			to etiens for Earm 990	or 990-F7	792021 10	-08-17 Schedule A (Fo	rm 990 or 990-EZ) 201

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 792021 10-08-17 Schedule A (F 13

Schedule A (Form 990 or 990-EZ) 2017 NEW BEGINNINGS FAMILY ACADEMY, INC. **-***82

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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
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						
4 Total. Add lines 1 through 3						
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support	-	1	r	T - 20 200	1	T Control
Calendar year (or fiscal year beginning in) ► 🏻	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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		<u> </u>			10	
12 Gross receipts from related activities,	•		and for outly on fifth t		12	
13 First five years. If the Form 990 is for						
organization, check this box and stop Section C. Computation of Publi	c Support Pe	ercentage			***************************************	
14 Public support percentage for 2017 (li			column (fl)		14	9
15 Public support percentage from 2016					15	9
16a 33 1/3% support test - 2017. If the o						
stop here. The organization qualifies a	-					
b 33 1/3% support test - 2016. If the o						
and stop here. The organization quali						
17a 10% -facts-and-circumstances test						
and if the organization meets the "fact						
meets the "facts-and-circumstances"		· ·	•	· ·		
b 10% -facts-and-circumstances test	_			_		
more, and if the organization meets th						
organization meets the "facts-and-circ						(2)
18 Private foundation. If the organization		-				
					edule A (Form 99	

Schedule A (Form 990 or 990-EZ) 2017 NEW BEGINNINGS FAMILY ACADEMY, 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.)

Section A. Public Support	120010	(h) 004.4	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calendar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(6) 2015	(0) 2010	10,2011	
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				-		
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)				-		
Section B. Total Support	1.10010	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2013	(6) 2014	(6) 2010	(6) 25 15		
9 Amounts from line 6			-			
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
activities not included in line 10b,						
whether or not the business is			ŀ			
regularly carried on			-			
12 Other income. Do not include gain		-				
or loss from the sale of capital assets (Explain in Part VI.)						_
40 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4					1	
13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is fo	r the organization	's first, second, th	ird, fourth, or fifth	tax year as a sect	ion 501(c)(3) orga	anization,
check this how and stop here						PL
Section C. Computation of Pub	ic Support Pe	ercentage			, , ,	
	line 8 column (f)	divided by line 13	, column (f))		15	
 Public support percentage for 2017 Public support percentage from 2010 	Schedule A Par	t III. line 15		*************	16	
Section D. Computation of Inve	stment Incor	ne Percentag	е			
17 Investment income percentage for 2	ner (inc 10c col	ump (f) divided by	line 13 column (fi)	1	17	
17 Investment income percentage for 2	Jif (line 100, cold	Dort III line 17	1110 10, 00.0 (7)		18	
18 Investment income percentage from	2016 Schedule A	, Part III, IIIIe 17	u an line 14 and li	ne 15 is more than		ne 17 is not
18 Investment income percentage from 19a 33 1/3% support tests - 2017. If the	organization did	not check the bo	x on line 14, and ii	the 10 is more than	ization	▶ □
the political about this boy s	and stop here. Th	ne organization du	ialities as a publici	y supported digan	Zation	*********
a new control tanks 0048 If the	organization did	not check a box	on line 14 or line 1	ya, and line loisi	HOLE MAIL 22 152	70, and _
" 40 to 4 mars than 22 1/20% oh	ack this hox and s	stop here. The or	ganization qualities	s as a publicly sup	ported organizati	********
20 Private foundation. If the organization	on did not check	a box on line 14,	19a, or 19b, check	this box and see	nstructions	
20 11100 100100000				So	hedule A (Form	990 or 990-EZ) 20

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.)

Sec	tion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing		100	-110
•	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		
20	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Sa	(b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
U	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		
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
C	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	Зс		
4	Was any supported organization not organized in the United States ("foreign supported organization")? If			
48	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
D	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		
	Did the organization support any foreign supported organization that does not have an IRS determination			
C	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)			
		4c		
-	purposes. Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	- 10		
ba	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).	5a		
	Type I or Type II only. Was any added or substituted supported organization part of a class already			
D	designated in the organization's organizing document?	5b		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
0	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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
'	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	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?			
٥	If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).	8		
92	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
90	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		
_	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
Ü	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10~	Was the organization subject to the excess business holdings rules of section 4943 because of section			
iva	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
ь	to the first that the territory of the School of C. Form 4720 to			
	determine whether the organization had excess business holdings.)	10b		

732024 10-06-17

instructions).

Schedule A (Form 990 or 990-EZ) 2017 NEW BEGINNINGS FAMILY ACADEMY, INC. **-***8214 Page 7 Part V Type I!I Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Current Year Section D - Distributions 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 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 10 Line 8 amount divided by line 9 amount (ii) (i) Distributable Underdistributions Excess Distributions Amount for 2017 Section E - Distribution Allocations (see instructions) Pre-2017 Distributable amount for 2017 from Section C, line 6 1 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2017 3 b From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2017 from Section D, a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2018. Add lines 3j and 4c. Breakdown of line 7: a Excess from 2013 Excess from 2014 c Excess from 2015 d Excess from 2016 e Excess from 2017

Part VI	(Form 990 or 990-EZ) 2017 NEW BEGINNINGS FAMILY ACADEMY, INC. 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.)

SCHEDULE D

(Form 990)

Department of the Treesury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public

Employer identification number

OMB No. 1545-0047

Inspection

ed:IIC	NEW BEGINNINGS FAMILY ACADI	EMY, INC.		**-***8214
Par		ther Similar Funds or		
-	organization answered Tes Off Form 990, Factor, into 3.	r advised funds	(b) Fur	ds and other accounts
	Total number at end of year			
1	Aggregate value of contributions to (during year)			
	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)			
	Aggregate value of grants from (during year) Aggregate value at end of year			
4	Did the organization inform all donors and donor advisors in writing that the a	ssets held in donor advised fu	ınds	
5	are the organization's property, subject to the organization's exclusive legal of	ontrol?		Yes No
_	Did the organization inform all grantees, donors, and donor advisors in writing	that grant funds can be used	only	
6	for charitable purposes and not for the benefit of the donor or donor advisor,	or for any other purpose conf	erring	
	impermissible private benefit?	or rectangle and party		Yes No
Dav		ered "Yes" on Form 990, Part	V, line 7	•0
Par	Purpose(s) of conservation easements held by the organization (check all tha	t apply).		
1	Purpose(s) of conservation easements field by the organization (cross) Preservation of land for public use (e.g., recreation or education)	Preservation of a historica	lly impo	rtant land area
	Protection of natural habitat	Preservation of a certified		
. 1	Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation	contribution in the form of a	conserv	ation easement on the last
2				Held at the End of the Tax Yea
	day of the tax year.		2a	
а	Total number of conservation easements		2b	
Ь	Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included	in (a)		
С	Number of conservation easements on a certified historic structure included Number of conservation easements included in (c) acquired after 7/25/06, ar	nd not on a historic structure		
d	Number of conservation easements included in (c) acquired after 7725/50, at	a not on a motorio en actare	2d	
	listed in the National Register	shed or terminated by the ord		n during the tax
3		med, or terminated by the eng		
	year >	d D		
4	Number of states where property subject to conservation easement is locate Does the organization have a written policy regarding the periodic monitoring	inspection handling of		
5	violations, and enforcement of the conservation easements it holds?	, mepeetieri, rianianing or		Yes No
	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations.	ations and enforcing conserva	ation ea	sements during the year
6	Staff and volunteer nours devoted to monitoring, inspecting, narraining or volunt	21,0110, 2110 01110 01119		
	Amount of expenses incurred in monitoring, inspecting, handling of violations	and enforcing conservation	easeme	ents during the year
7		s, and officeroning content and		
	▶ \$	nuirements of section 170(h)(4)(B)(i)	
8	Does each conservation easement reported on line 2(d) above satisfy the room	Administration of occurrent to the African	N=10	Yes No
	and section 170(h)(4)(B)(ii)?	its revenue and expense sta	tement.	and balance sheet, and
9	In Part XIII, describe how the organization reports conservation easements in include, if applicable, the text of the footnote to the organization's financial s	tatements that describes the	organiza	ation's accounting for
	The state of the s			
D-	conservation easements. rt III Organizations Maintaining Collections of Art, Histori	ical Treasures, or Othe	r Simi	lar Assets.
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 8.		
_	If the organization elected, as permitted under SFAS 116 (ASC 958), not to r	eport in its revenue statement	and ba	lance sheet works of art,
1a	historical treasures, or other similar assets held for public exhibition, educati	on or research in furtherance	of publi	c service, provide, in Part XIII
	historical treasures, or other similar assets neid for public exhibition, educati	on, or respectively larger states	O. p	
	the text of the footnote to its financial statements that describes these items	rt in ite revenue statement and	d baland	e sheet works of art, historic
þ	If the organization elected, as permitted under SFAS 116 (ASC 958), to repo	earch in furtherance of public	service	provide the following amoun
	treasures, or other similar assets held for public exhibition, education, or res	satci iii tutti erance oi public	3017100,	provide the renaming and
	relating to these items:			8
	(i) Revenue included on Form 990, Part VIII, line 1			8
	(ii) Assets included in Form 990, Part X	oimiler appote for financial co	in provi	Ψ
2	If the organization received or held works of art, historical treasures, or other	similar assets for financial ga	ιι, μισν	
	the following amounts required to be reported under SFAS 116 (ASC 958) re	nating to these items:		¢
а	Revenue included on Form 990, Part VIII, line 1		9945 5555	Ψ
b	Assets included in Form 990, Part X	//////////////////////////////////////		Schedule D (Form 990) 20
∟HA	For Paperwork Reduction Act Notice, see the Instructions for Form 990	•		Scriedule D (i Oith 880) 20

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)	Scheo		(Form 990) 2017 NEW BEG:	INNINGS FAN	MILY t. Histo	ACADEN	MY, INC	Other		* * 8214 ets(contin		ge 2
Content Cont			the organization's acquisition, accession	on, and other records	s, check	any of the f	ollowing that a	are a sig	nificant use of it	s collection	items	š
Scholarly research Chter Preservation for future generations Preservation for future generations Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.												
Preservation for future generations Preservation for future generations Provide a description of the originated in collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the originated in collection of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization is collection? Part IVI Excrow and Custodial Arrangements. Complete if the origination answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X. Is listed organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X. Is listed organization an agent, trustee, custodial or other intermediary for contributions or other assets not included on Form 990, Part X. Beginning balance Beginning balance Beginning balance Collection during the year Is editing balance Both the origination include an amount on Form 990, Part X, line 21, for escrew or custodial account tability? Ves No 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 origination has been provided on Part XIII. Beginning of year balance (a) Current year (b) Prior year (c) Prior year (c) Two years back (d) Three years back (d) Three years back (d) Three years back (e) Four years back (f) Three years back (g) Four years back (g) Four years back (g) Four years back (g) Four years back (g) In origination of the originalization state of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Part VI Land, Buildings, and Equipment Complete if the originalizations slisted as required on Schedule R? Description of property (a) Cost or other basis (other) (b) C		`—		d				ns				
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Dump the year, did the organization solicit or receive donations of art, historical treasurus, or other similar assests to be sold to raise funds after than 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. 1s is the organization an agent, frustee, custodian or other intermediaty for contributions or other assets not included on Form 990, Part X, line 21. 1s is the organization an agent, frustee, custodian or other intermediaty for contributions or other assets not included on Form 990, Part X, line 21. 1s is the organization an agent, frustee, custodian or other intermediaty for contributions or other assets not included on Form 990, Part X, line 21. 1s is the organization in the part XIII and complete the following table: □ Describitions during the year □ 1d □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	b		Scholarly research	е	o	ther						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold for raise funder starter than to be maintained as part of the organization collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yee" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, rustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? In 10 in Form 990, Part X? In 10 in Form 990, Part X? In 20 in Form 990, Part X in 20 in Form 990, Part X, line 21, for each your custodial account liability? In 20 in Hongring the year In 20 in Hongring the year In 20 in Hongring the year In 21 in Hongring the year In 22 in Bid the organization include an amount on Form 990, Part X, line 21, for each your custodial account liability? In 30 in Hongring the year in Hongring experiment in Part XIII. Check here if the organization include an amount on Form 990, Part X, line 21, for each your custodial account liability? In 30 in Hongring the year in Hongring experiment in Part XIII. Check here if the organization answered "Yee" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yee" on Form 990, Part X, line 10. Beginning of year balance On Not investment earnings, gains, and losses of Check years balance (line 1g, column (e)) held as: Beginning of year balance Other expenditures for facilities and programs A Administrative expenses Find of year balance Other expenditures for facilities and programs In 'Yes' on line 3e(i), are the related organizations listed as required on Schedule P? A Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yee" on Form 990, Part X, line 11. See Form 990, Part X, line 10. Conspictor if the organization answered "Yee" on Form 990, Part X, line 1	C		Preservation for future generations									
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold for raise funder starter than to be maintained as part of the organization collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yee" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, rustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? In 10 in Form 990, Part X? In 10 in Form 990, Part X? In 20 in Form 990, Part X in 20 in Form 990, Part X, line 21, for each your custodial account liability? In 20 in Hongring the year In 20 in Hongring the year In 20 in Hongring the year In 21 in Hongring the year In 22 in Bid the organization include an amount on Form 990, Part X, line 21, for each your custodial account liability? In 30 in Hongring the year in Hongring experiment in Part XIII. Check here if the organization include an amount on Form 990, Part X, line 21, for each your custodial account liability? In 30 in Hongring the year in Hongring experiment in Part XIII. Check here if the organization answered "Yee" on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered "Yee" on Form 990, Part X, line 10. Beginning of year balance On Not investment earnings, gains, and losses of Check years balance (line 1g, column (e)) held as: Beginning of year balance Other expenditures for facilities and programs A Administrative expenses Find of year balance Other expenditures for facilities and programs In 'Yes' on line 3e(i), are the related organizations listed as required on Schedule P? A Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yee" on Form 990, Part X, line 11. See Form 990, Part X, line 10. Conspictor if the organization answered "Yee" on Form 990, Part X, line 1	4	Provid	le a description of the organization's co	ollections and explain	n how the	y further th	e organizatior	ı's exem	npt purpose in P	art XIII.		
to be sold to raise funds rather than to be maintained 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. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b It "yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1	5	During	the year, did the organization solicit o	r receive donations of	of art, hist	orical treas	sures, or other	similar	assets	_		ť
Part V Escrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X? Ves No no Hard Yes, explain the arrangement in Part XIII and complete the following table:		to be	sold to raise funds rather than to be ma	aintained as part of t	he organi	zation's co	llection?		L			No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form '90, Part X'? b If 'Yes,' explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 110 121 E Ending balance 122 Did the organization include an amount on Form 990, Part X, line 21, for earow or custodial account liability? Yes No If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Reginning of year balance C Not investment earnings, gains, and losses G Grants or scholarships C Other expenditures for facilities and or year load or quasi-endowment ▶ 9/6 D Permeter for facilities and or year balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 9/6 D Permorarily restricted endowment ▶ 9/6 D Permorari	Par	t IV	Escrow and Custodial Arran reported an amount on Form 990, Par	gements. Comple t X, line 21.	ete if the o	organization	n answered "Y	'es" on l	Form 990, Part I	V, line 9, or		
on Form 980, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year f Ending balance Distributions during the year e Distributions during the year g Distributions during the year e Distributions during the year f Ending balance Distributions during the year g Distributions during the year e Distributions during the year g Distributions during the year e Distributions during the year g Distributions during the year e Distributions during the year g Distribution 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 X, line 10. Current year (b) Prior year (c) Two years back (d) Three years back (e) Four	1a	Is the	organization an agent, trustee, custodi	ian or other intermed	liary for c	ontributions	s or other asse	ets not i	ncluded		_	1
b If "Yes," explain the arrangement in Part XIII and complete the following table: Baginning balance										Yes		No
beginning balance d Additions during the year e Distributions during the year 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 organization has been provided on Part XIII Beginning of year balance (a) Current year (b) Prior year (c) Twn years back (d) Three years back (e) Four years back 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 quasie-indowment ▶ % b Permanent endowment ▶ % 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 b) If 'Yes' on line 3ail), 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" or Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land b Buildings B Agn 15 , 120 . 2, 759, 941 . 5, 356 , 179 . 2 Leasehold improvements 8 87 , 583 . 747 , 539 . 140,044 . 6 Equipment 8 87 , 583 . 747 , 539 . 140,044 . 6 Equipment 9 Column (d) must equal Form 990, Part X, column (B), line 10c.) 5 4 98 , 723 .	b	If "Ye	s," explain the arrangement in Part XIII	and complete the fo	llowing ta	ble:						
d Additions during the year										Amoun	t	
d Additions during the year	С	Begin	ning balance						. 1c			
e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Yes No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Indowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, 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 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: a Board designated or quasi-endowment ▶ % 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 b 1f "Yes" 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. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds. Land B Bellidings B 116, 120 2, 2,759,941 5,356,179 . 2,500 2,500 2,500 . Potatal Add lines 1a through 1e, Column (d) must equal Form 990, Part X, column (li), line 10c. 5,498,723 . 5,498,723 . 5,498,723 .												
f Ending balance												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?												-
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. 18 Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (e) Four years back (d) Three years back (e) Four years bac	2a	Did th	ne organization include an amount on F	orm 990, Part X, line	21, for es	scrow or cu	istodial accou	nt liabili	ty?L	Yes	-	No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. A Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	b	If "Ye	s," explain the arrangement in Part XIII.	Check here if the ex	planation	has been	provided on P	Part XIII				
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 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 ▶	_		Endowment Funds. Complete	f the organization an	swered "	Yes" on Fo	rm 990, Part I	V, line 1	0.			- 15
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				(a) Current year	(b) Pr	ior year	(c) Two years	back (d) Three years bar	k (e) Four	years	pack
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 ▶ % b Permanent endowment ▶ % c Temporarily restricted endowment ▶ % 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 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land B Buildings 8, 116, 120, 2,759,941, 5,356,179, c Leasehold improvements d Equipment e Other Other. State of accidence in a province of the organization in the possession of the organization in the possession of the organization in that are held and administered for the organization yes Yes No 3a(ii) Sa(ii) 3a(ii) 3a(iii)	1a	Begin	ning of year balance								_	
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: a Board designated or quasi-endowment % b Permanent endowment % 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 (ii) related 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 8, 116, 120, 2, 759, 941, 5, 356, 179, c Leasehold improvements d Equipment e Other 2, 500, 5, 498, 723.	b	Contr	ibutions									_
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: a Board designated or quasi-endowment % b Permanent endowment % 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 (ii) related 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 8, 116, 120, 2, 759, 941, 5, 356, 179, c Leasehold improvements d Equipment e Other 2, 500, 5, 498, 723.	C											
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											
and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (al)) 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 ▶												
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment % b Permanent endowment % c Temporarily restricted endowment % 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 b If "Yes" on line 3a(ii), are the related organization's 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 c Leasehold improvements d Equipment Equipment 887,583. 747,539. 140,044. Cother 1a Land b Buildings c Leasehold improvements d Equipment 887,583. 747,539. 140,044. 2,500. Total Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 5,498,723.	f		-									
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶												
a Board designated or quasi-endowment ▶	_				ce (line 1g	, column (a	a)) held as:					
b Permanent endowment \	_											
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 (iii) related organizations (iv) unrelated organizations (iv) unr					_							
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 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 c Leasehold improvements d Equipment e Other Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) Yes No 3a(i) Sa(ii) Sa(_			%								
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 (other) b Buildings 8,116,120. 2,759,941. 5,356,179. c Leasehold improvements d Equipment e Other Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) > Ves No 3a(i) 3a(ii) 3a(ii) 3b 4 Columnization and Equipment (c) Accumulated depreciation (d) Book value 4 Buildings 8,116,120. 2,759,941. 5,356,179. 140,044.	·			ould equal 100%.								
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 (other) 1a Land b Buildings 8,116,120.2,759,941.5,356,179. c Leasehold improvements d Equipment 887,583.747,539.140,044. e Other Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 5,498,723.	32	Are ti	here endowment funds not in the possi	ession of the organiz	ation tha	t are held a	nd administer	ed for th	ne organization			
(ii) related organizations (iii) 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) Buildings Buildings C Leasehold improvements d Equipment Other 887,583. 747,539. 140,044. 2,500. Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	ou		toto officerment terrace moral and process	•							Yes	No
(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 (other) b Buildings c Leasehold improvements d Equipment e Other Other Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) \$\frac{3a(ii)}{3b}\$ \$\frac{3a(ii)}{3b}\$ \$\frac{3a(ii)}{3b}\$ \$\frac{3a(ii)}{3b}\$ \$\frac{3}{3b}\$ \$\frac{3}{3}\$ \$\frac{3}{3}\$			inrelated organizations				4 TO 1 TO			3a(i)		
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 (other) 1a Land b Buildings C Leasehold improvements d Equipment Other 887,583 747,539 140,044 2,500 Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 5 A 98,723												
A 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 basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) A time 11a. See Form 990, Part X, line 10. (d) Book value 8, 116, 120 . 2, 759, 941 . 5, 356, 179 . 887, 583 . 747, 539 . 140, 044 . 2, 500 . 5, 498, 723 .	_	(II) II	on line 3a(ii) are the related organiz	ations listed as requi	ired on S	chedule R?						
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 c Leasehold improvements d Equipment e Other Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) (d) Book value (d) Book value 1a Land 8, 116, 120. 2, 759, 941. 5, 356, 179. 140, 044. 2, 500.												
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) 1a Land Buildings C Leasehold improvements d Equipment Other Other Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) (b) Cost or other basis (c) Accumulated depreciation (c) Accumulated depreciation (d) Book value 1a Land 8,116,120. 2,759,941. 5,356,179. 140,044. 2,500.	_		Land, Buildings, and Equipr	nent.								
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation			Complete if the organization answers	ed "Yes" on Form 99	0. Part IV	, line 11a. S	See Form 990,	Part X,	line 10.			
basis (investment) basis (other) depreciation								(c) A	ccumulated	(d) Boo	ok valu	ie
1a Land 8,116,120. 2,759,941. 5,356,179. b Buildings 8,116,120. 2,759,941. 5,356,179. c Leasehold improvements 887,583. 747,539. 140,044. e Other 2,500. 2,500. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 5,498,723.			Description of property							``		
b Buildings 8,116,120. 2,759,941. 5,356,179. c Leasehold improvements d Equipment 887,583. 747,539. 140,044. e Other 2,500. 2,500. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 5,498,723.	_											
C Leasehold improvements d Equipment e Other Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ■ 887,583. 747,539. 140,044. 2,500. 2,500.						8 11	6 120.	2.	759.941.	5.35	6.1	79.
d Equipment 887,583. 747,539. 140,044. e Other 2,500. 2,500. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 5,498,723.						0,11	.0,120.					
e Other 2,500. 2,500. 2,500. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 5,498,723.			000000000000000000000000000000000000000	1000		8.9	7.583		747 539	14	0.0	44.
Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 5,498,723.		1275,7117		AV. A					,		2.5	00.
Total, Add lines 1a through 1e. (Column to) must equal form 350, fair X, column to), must respect to the state of the stat			F	COO D	t V activ	on (P) For				5.49		
	Tota	I. Add	lines 1a through 1e. (Column (d) must	equai rorm 990, Par	I A, COIUN	ni (b), line		***********	Sabar			

O state and accepts an entangent of the state of the stat	(b) Book value	11b. See Form 990, Part X, lir	Cost or end-of-year market value
a) Description of security or category (including name of security)	(b) BOOK Value	(c) Metrica of Valoation	and an order Contracting
Financial derivatives			
Closely-held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, lin	11c. See Form 990, Part X, li	ne 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	- 200 B 4 W/ Ro	a 444 Can Form 000 Part V	ine 15
Part IX Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11d. See Form 990, Part X, I	ine 15.
Part IX Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, lin Description	e 11d. See Form 990, Part X, I	ine 15. (b) Book value
Part IX Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, lin Description	e 11d. See Form 990, Part X, I	ine 15. (b) Book value
Complete if the organization answered "Yes" (a)	on Form 990, Part IV, lin Description	e 11d. See Form 990, Part X, I	ine 15. (b) Book value
Complete if the organization answered "Yes" (a) [1]	on Form 990, Part IV, lin Description	e 11d. See Form 990, Part X, I	ine 15. (b) Book value
Complete if the organization answered "Yes" (a) [1] (2) (3)	on Form 990, Part IV, lin Description	e 11d. See Form 990, Part X, I	ine 15. (b) Book value
Complete if the organization answered "Yes" (a) [2] (3) (4)	on Form 990, Part IV, lin Description	e 11d. See Form 990, Part X, I	(b) Book value
Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4)	on Form 990, Part IV, lin Description	e 11d. See Form 990, Part X, I	(b) Book value
Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5)	on Form 990, Part IV, lin Description	e 11d. See Form 990, Part X, I	ine 15. (b) Book value
Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6)	on Form 990, Part IV, lin Description	e 11d. See Form 990, Part X, I	ine 15. (b) Book value
Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, lin Description	e 11d. See Form 990, Part X, I	ine 15. (b) Book value
Complete if the organization answered "Yes" (a) E (1) (2) (3) (4) (5) (6) (7) (8)	Pescription		ine 15. (b) Book value
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Pescription		
Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (Old. (Column (b) must equal Form 990, Part X, col. (B) line (Part X Other Lightlities	Pescription	ne 11e or 11f. See Form 990, F	
Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	Pescription		(B) BOOK VALUE
Complete if the organization answered "Yes" (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Pescription	ne 11e or 11f. See Form 990, F	(B) BOOK VALUE
Complete if the organization answered "Yes" (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Pescription	ne 11e or 11f. See Form 990, F	
Complete if the organization answered "Yes" (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION	Pescription	ne 11e or 11f. See Form 990, F	
Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3)	Pescription	ne 11e or 11f. See Form 990, F	
Complete if the organization answered "Yes" (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) (4)	Pescription	ne 11e or 11f. See Form 990, F	
Complete if the organization answered "Yes" (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) (4) (5)	Pescription	ne 11e or 11f. See Form 990, F	
Complete if the organization answered "Yes" (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) (4) (5) (6)	Pescription	ne 11e or 11f. See Form 990, F	
Complete if the organization answered "Yes" (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) (4) (5)	Pescription	ne 11e or 11f. See Form 990, F	
Complete if the organization answered "Yes" (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) (4) (5) (6)	Pescription	ne 11e or 11f. See Form 990, F	
Complete if the organization answered "Yes" (a) E (1) (2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) CAPITAL LEASE OBLIGATION (3) (4) (5) (6) (7)	e 15.)	ne 11e or 11f. See Form 990, F	

732053 10-09-17

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

Schedule D (Form 990) 2017

1	Complete if the organization answered "Yes" on Form 990, Part IV, lin			1	7,025,770.
_	Total revenue, gains, and other support per audited financial statements				1,025,110.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a			
a	Net unrealized gains (losses) on investments		95,307.		
b	Donated services and use of facilities		22,20		
C	Recoveries of prior year grants Other (Describe in Part XIII.)		531.		
d	Add lines 2a through 2d			2e	95,838.
е 3	Subtract line 2e from line 1			3	6,929,932.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	48			
b	Other (Describe in Part XIII.)				
C	Add lines 4a and 4b			4c	0.
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	***************************************	5	6,929,932
Ра	t XII Reconciliation of Expenses per Audited Financial St	atements With	Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				
1	Total expenses and losses per audited financial statements			1	7,454,666
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
- a	Donated services and use of facilities	2a	95,307.		
b	Prior year adjustments				
C	Other losses				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	95,307
3	Subtract line 2e from line 1			3	7,359,359
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	î î			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)			_	
C	Add lines 4a and 4b	*******		4c	0
5					7 250 250
Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1. † XIII Supplemental Information.	8.)		5 4: Part	7,359,359
rov		8.)	and 2b; Part V, line		
rov	T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT XI, LINE 2D - OTHER ADJUSTMENTS:	8.) 4; Part IV, lines 1b ny additional infor	and 2b; Part V, line a		
PA.	TXIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	8.) 4; Part IV, lines 1b ny additional infor	and 2b; Part V, line a		
PA	T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT XI, LINE 2D - OTHER ADJUSTMENTS:	8.) 4; Part IV, lines 1b ny additional infor	and 2b; Part V, line a		
PA:	T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT XI, LINE 2D - OTHER ADJUSTMENTS: ANGE IN INTEREST IN NET ASSETS OF FRIEN	4; Part IV, lines 1b ny additional infor	and 2b; Part V, line amation.		
PA:	T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT XI, LINE 2D - OTHER ADJUSTMENTS: ANGE IN INTEREST IN NET ASSETS OF FRIENCEM 990, PART VI, SECTION C, LINE 19:	4; Part IV, lines 1b ny additional infor	and 2b; Part V, line amation.		X, line 2; Part XI,
'A'	T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT XI, LINE 2D - OTHER ADJUSTMENTS: ANGE IN INTEREST IN NET ASSETS OF FRIENCEM 990, PART VI, SECTION C, LINE 19:	4; Part IV, lines 1b ny additional infor	and 2b; Part V, line amation.		X, line 2; Part XI,
A.	T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT XI, LINE 2D - OTHER ADJUSTMENTS: ANGE IN INTEREST IN NET ASSETS OF FRIENCEM 990, PART VI, SECTION C, LINE 19:	4; Part IV, lines 1b ny additional infor	and 2b; Part V, line amation.		X, line 2; Part XI,
A.	T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT XI, LINE 2D - OTHER ADJUSTMENTS: ANGE IN INTEREST IN NET ASSETS OF FRIENCEM 990, PART VI, SECTION C, LINE 19:	4; Part IV, lines 1b ny additional infor	and 2b; Part V, line amation.		X, line 2; Part XI,
PA:	T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT XI, LINE 2D - OTHER ADJUSTMENTS: ANGE IN INTEREST IN NET ASSETS OF FRIENCEM 990, PART VI, SECTION C, LINE 19:	4; Part IV, lines 1b ny additional infor	and 2b; Part V, line amation.		X, line 2; Part XI,
PA:	T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a RT XI, LINE 2D - OTHER ADJUSTMENTS: ANGE IN INTEREST IN NET ASSETS OF FRIENCEM 990, PART VI, SECTION C, LINE 19:	4; Part IV, lines 1b ny additional infor	and 2b; Part V, line amation.		X, line 2; Part XI,

SCHEDULE E

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

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

Name of the organization

NEW BEGINNINGS FAMILY ACADEMY, INC.

Employer identification number **-**8214

Par			YES	NO
	is a similar to a realization and the statement in its charter, bylaws.			
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	X	
^	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its prochures,			
	estalogues, and other written communications with the public dealing with student admissions, programs, and scholarships:	2	X	
•	Les the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	assign of collection for students, or during the registration period if it has no solicitation program, in a way that makes	1		
	the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain.	_	x	
	If you need more space, use Part II	3		_
	THROUGH HANDBOOKS SENT TO STUDENTS AND PARENTS.			
	The state of the s			
4	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
a	Describe desumenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b		X
b	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions programs and scholarships?	4c	X	
	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
ŭ	If you appeared "No" to any of the above, please explain. If you need more space, use Part II.			١
	4B: NO SCHOLARSHIPS OR FINANCIAL ASSISTANCE HAVE BEEN AWARDED			
5	Does the organization discriminate by race in any way with respect to:	5a		X
а	Students' rights or privileges?	5b		X
b	Admissions policies?	5c		X
C	Employment of faculty or administrative staff?	5d		X
d	Scholarships or other financial assistance?	5e		X
е	Educational policies?	5f		X
f	Use of facilities?	5g		X
9	Athletic programs?	5h		X
h	Other extracurricular activities?			
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	x
b	Has the organization's right to such aid ever been revoked or suspended?	6b	-	+^
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.	1		
			10	1
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	l x	1

Schedule E (F	orm 990 or 9 Suppleme Also provide a	ntal Infor	mation.	Provide th	ne explan	FAN ations r	IILY AG	CADEN Part I, line	MY , INC es 3, 4d, 5h	, 6b, and 7, a			4 Page 2
LINE 6	- EXPL	ANATIO	N OF	GOVER	NMENT	FI	IANCIA	L AII):				
NBFA RE										E STAT	E OF	CT FO	R
OPERATI													
AND IV	, NATIO	NAL SC	HOOL	BREAK	FAST	AND	LUNCH	AND	FRESH	FRUIT	AND	VEGET	ABLES
PROGRAM	MS.												
											1		
-										-			
K u													
										-			
-													
2													

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NEW BEGINNINGS FAMILY ACADEMY, INC.

Employer identification number **-***8214

Par	t I Questions Regarding Compensation		Yes	No
	Visit a supplication provided any of the following to or for a person listed on Form 990.			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Housing allowance or residence for personal use	1 1		
1	Polymosts for business use of personal residence	1 1		
ļ	Travel to Companions	1 1	- 50	
	Tax indefinitionation and group apparatus charge and according to the property of the property	1 1		
ļ	Discretionary spending account	1 1		
	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			7.1
b	If any of the boxes on line I a are checked, did the organization losses a strategy of the boxes on line I a are checked, did the organization losses a strategy of the boxes on line I a are checked, did the organization losses a strategy of the boxes on line I a are checked, did the organization losses of the boxes on line I a are checked, did the organization losses of the boxes on line I a are checked, did the organization losses of the boxes on line I a are checked, did the organization losses of the boxes on line I a are checked, did the organization losses of the boxes on line I a are checked, did the organization losses of the boxes of the b	1b		
	reimbursement or provision of all of the expenses described above. Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
2	Did the organization require substantiation prior to reimbursing of allowing an acceptance on line 1a? trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	trustees, and officers, including the GEO/Executive Bilector, regularing the determinant			
_	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization to			
3	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	establish compensation of the CEO/Executive Brootst, sat supplies the Written employment contract Written employment contract			
	Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Form 990 of other biganizations			1
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization:			
	Pageivo a severance payment or change-of-control payment?	48		X
	Porticipate in or receive payment from a supplemental nonqualified retirement plan?	40		X
0	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	1		
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	1		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
	contingent on the revenues of:			x
а	The organization?	. <u>5a</u> 5b	-	X
ь	Any related organization?	. 50	1	- 22
	K IV-sall on line En or 5h describe in Part III	1		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		1	
	contingent on the net earnings of:	6a		x
а	The organization?		1	X
b	Any related organization?	. OD		+**
	Is Illication tipe for or 6h, describe in Part III		1	
7	For pareons listed on Form 990, Part VII. Section A, line 1a, did the organization provide any nontixed payments	7	1	x
	and the arith and any lines 5 and 62 if "Yes," describe in Part III	2	1	
8	Were any amounts reported on Form 990. Part VII, paid or accrued pursuant to a contract that was subject to the		1	x
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Fart in		1	
			1	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

-8214

NEW BEGINNINGS FAMILY ACADEMY, INC.

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

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

0. 21,001. 175,0 0. 0 0. 0 0. 0 0. 0 0. 0 0. 0 0. 0 0.			(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
NOMELLE P. SWAGERTY (1) 154,034, 0 0, 0 0, 0 0, 0 0, 0 0, 0 0, 0 0	(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	otner deferred compensation	Denems	(O) (NG)	
	RONELLE P	8		0	0		21,001.	175,03	
		3		0	0		0		
		6							
		0							
		3							
		9							
		8							
		€							
		8							
		8							
		9							
		(II)							
		<u>e</u>							
		(E)							
		9							
		<u>e</u>							
		(E)							
		<u>e</u>							
		8							
		<u>e</u>							
		€ (
		8							
								Schec	dule J (Form 990) 201

DEMY, INC.	
FAMILY ACAI	
BEGINNINGS	
NEW	
J (Form 990) 2017	
Schedule	

Page 3

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

APPROVE THE COMPENSATION AMOUNT. Schecke J Form 8809 2517	THE CEO IS GIVEN A YEARLY REVIEW LED BY THE CHAIR OF THE GOVERNANCE	
Schedde J (Form 890) 2017	HE COMPENSATION AMOUNT.	
Schedule J (Form 890) 2017		
Schedule J (Form 850) 2017		
Schedule J (Form 890) 2017		
Schedule J (Form 990) 2017		
Schedule J (Form 990) 2017		
Schedule J (Form 980) 2017		
Schedule J (Form 990) 2017		
Schedule J (Form 990) 2017		
Schedule J (Form 990) 2017		
Schedule J (Form 990) 2017		
Schedule J (Form 990) 2017		
Schedule J (Form 990) 2017		
Schedule J (Form 990) 2017		
Schedule J (Form 990) 2017		
	Schedule J (F	orm 990) 2017

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.

➤ 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

Employer identification number

NEW BEGINNINGS FAMILY ACADEMY, INC. *	*-***8214
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSIO	N:
EXPERIENCE-BASED LEARNING THAT HELPS DEVELOP ESSENTIAL SOCIA	L,
EMOTIONAL AND CRITICAL-THINKING SKILLS. THIS GIVES ALL CHILD	REN A
FOUNDATION TO ACHIEVE THEIR FULL POTENTIAL AT EVERY STAGE OF	LIFE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
EVERY STAGE OF LIFE.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE BOARD PRESIDENT AND TREASURER REVIEW THE FORM 990 BEFORE	IT IS FILED.
FORM 990, PART VI, SECTION B, LINE 12C:	للشاسليا
BOARD MEMBERS ARE REQUIRED TO DECLARE THEIR ASSOCIATION WITH	ANY
ORGANIZATION OR INDIVIDUAL CONSIDERED FOR PROVIDING GOODS OR	SERVICES TO
THE ACADEMY AND REFRAIN FROM DEBATING OR VOTING THEREON.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE CEO IS GIVEN A YEARLY REVIEW LED BY THE CHAIR OF THE GOV	ERNANCE
COMMITTEE. THE RESULTS ARE SHARED WITH THE BOARD OF DIRECTOR	S AND THEY
APPROVE THE COMPENSATION AMOUNT.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ACADEMY MAKES ITS CONFLICT OF INTEREST POLICY, ITS GOVER	NING DOCUMENTS
AND FINANCIAL STATEMENTS AVAILABLE UPON REQUEST.	

FORM 990, PART VII

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

Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

Schedule O (Form 990 or 990-EZ) (2017)			Page 2
Name of the organization	Employer id	entificat * * 8 2 1	tion number 4
NEW BEGINNINGS FAMILY ACADEMY, INC.			
DIRECTOR MARY HUMPHRIES IS PAID AS A TEACHER, NOT AS A D	IRECTOR.	SHE	IS
A TEACHER AT NBFA AND IS ON THE BOARD.			
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		_	
CHANGE IN INTEREST IN NET ASSETS OF FRIENDS OF NBFA			531
CIRENOE 221 2212 2000 2			
		-	
			-
		_	
		-	
2 37 7 7 7 7 7 7 7 8 7 8 7 7 7 7 1 3 7 1 7 1 7 1 7 1 7 1 7 1 7 1			

SCHEDULER (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

	0	
_	tion tion	
5	n to	
N.	Oper	

OMB No. 1545-0047

Employer identification number * * - * * * 8214

entity

Direct controlling Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. End-of-year assets **e** Total income ত Go to www.irs.gov/Form990 for instructions and the latest information. ত্ত Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) ত্র ► Attach to Form 990. INC. NEW BEGINNINGS FAMILY ACADEMY, Primary activity 9 9 Name, address, and EIN (if applicable) of disregarded entity Name of the organization Department of the Treasury internal Revenue Service Part Parti

Direct controlling Public charity status (if section 501(c)(3)) INE 12C, III-FI Exempt Code section 501(C)(3) Legal domicile (state or foreign country) CONNECTICUE LESSOR - RENTS BUILDING AT SIGNIFICANT DISCOUNT Primary activity FRIENDS OF NEW BEGINNINGS FAMILY ACADEMY INC. - 04-3733922, 184 GARDEN STREET Name, address, and ElN of related organization BRIDGEPORT, CT 06605

(g) Section 512(b)(13) controlled

No.

Yes

entity?

entify

×

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

-8214

Page 2

INC. Schedule R (Form 990) 2017 NEW BEGINNINGS FAMILY ACADEMY,

PartIII

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

Schedule R (Form 990) 2017 Section 512(b)(13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Code V-UBi General or Percentage amount in box partner? 20 of Schedule K-1 (Form 1065) Yes No 3 Percentage ownership 9 Ξ Share of end-of-year assets \equiv <u>(6</u> Dispropordonate Yes No allocations? Share of total income Ξ ε Share of end-of-year assets 6 Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from lax under sections 512-514) Ē **e** Legal domicile (state or foreign country) ত্ (d)
(Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>e</u> Part IV

732162 09-11-17

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				7	Yes	°
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more re	elated organizations listed	in Parts II-IV?		7	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X			<u>6</u>	•	×
b Gift. grant. or capital contribution to related organization(s)				\$		×
				5		×
			植物合物植物 医动脉管 医甲状腺炎 医甲状腺 经收益 医甲状腺素 医克勒氏 医甲状腺素 医克勒氏虫虫 医克勒氏虫虫虫虫虫虫虫虫虫虫虫虫虫虫虫虫虫虫虫虫虫虫虫虫虫虫虫虫虫虫虫虫虫虫虫虫	7		×
			***************************************		-	þ
e Loans or loan guarantees by related organization(s)				<u>a</u>	-	4
f Dividends from related organization(s)				¥	11100	×
_				5	11/2/04	×
Purchase of assets from related organization(s)				ŧ	W-27-4	×
				Ŧ		×
				Ę		×
k pase of facilities equipment or other assets from related organization(s)				¥	×	
	anization(s)			=		M
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ē		×
	ion(s)			ţ		×
				10		×
				đ		×
d Reimbursement baid by related organization(s) for expenses				10		×
				+		×
				t,	×	
If the answer to any of the above is "Yes," see the instructions for	who must complete t	his line, including covered	information on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	involved		
FRIENDS OF NEW BEGINNINGS FAMILY ACADEMY, (1) INC	M	126,202.BELOW	BELOW FAIR MARKET RENT			
(2)						
(6)						1
(4)						
(5)						
(9)						
732183 09-11-17	41		Schedi	Schedule R (Form 990) 2017	(066	2017

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37,

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Of continu	Primary activity	(c) Legal domicile	(d) Predominant income (related, unrelated,	(e) Are all partners sec. 501(c)(3)	Share of	(g) Share of end-of-vear	Olspropor- tionate	Distribute Code V-UBI General or Percentage functions and amounts in box 20 managing ownership	General or managing partner?	Percentage ownership
Or erruity		country)	excluded from tax und sections 512-514)	Ves No	income	assets	Yes No	(Form 1065)	Yes No	
				-						
				_						
							_			
							_			
							-			
									_	
									1	

Schedule R	(Form 990) 2017	NEW BEGINNINGS FAMILY ACADEMY, INC.	8214 Page 5
Part VII	Supplemental Inf	NEW BEGINNINGS FAMILY ACADEMY, INC. formation.	
17.30.5 17.	Cappionional infe	rmation for responses to questions on Schedule R. See instructions.	
	Provide additional mor	imation for responses to questions on ochedule 11. See instructions.	
-			
-			

732165 09-11-17