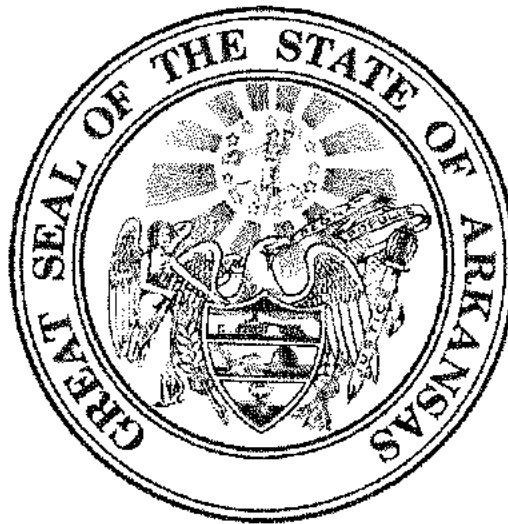




# ARKANSAS DEPARTMENT OF EDUCATION

## 2016 Application Open-Enrollment Public Charter School

**Deadline for Receipt of Submission: Thursday, April 28, 2016, 4:00 p.m.**  
Applications will not be accepted after this time.



**Name of Proposed Charter School:**

Connections Charter School

Any application that is substantially incomplete will not be forwarded to the authorizer for consideration. An application will be considered substantially incomplete if it does not provide enough information to enable staff at the Arkansas Department of Education to provide a meaningful review.

**Arkansas Department of Education**  
Charter School Office  
Four Capitol Mall  
Little Rock, AR 72201  
501.683.5313

**ARKANSAS DEPARTMENT OF EDUCATION  
2016 APPLICATION  
OPEN-ENROLLMENT PUBLIC CHARTER SCHOOL**

**A. GENERAL INFORMATION**

Name of Proposed Charter School: Connections Charter School

Grade Level(s) for the School: K-6 Student Enrollment Cap: 150

Name of Sponsoring Entity: Aretha Coleman

Other Charter Schools Sponsored by this Entity (Name and Location):

The applicant is an "eligible entity" under the following category (check one):

- ☐ a public institution of higher education;
- ☐ a private nonsectarian institution of higher education;
- ☐ a governmental entity; or
- ☒ an organization that is nonsectarian in its programs and operations, and is, or will be, exempt from taxation under Section 501(c)(3) of the Internal Revenue Code. (A copy of the entity's letter from the IRS reflecting tax exempt status or a copy of the entity's application for 501(c)(3) status must be included with the application. Articles of incorporation or a letter acknowledging non-profit status from the Secretary of State will not suffice.) To be eligible, an entity must hold or have applied for 501(c)(3) status at the time this charter application is filed. The entity must receive formal tax exempt status under §501(c)(3) of the Internal Revenue Code of 1986 prior to the first day of its operation with students.

**Non-profit entities without the required Internal Revenue Service documentation are not eligible to be awarded charters; therefore, any applications submitted without documentation showing that 501(c)(3) status has been applied for or received will not be reviewed.**

Name of Contact Person: Aretha Coleman

Address 162 Anna Lane City: West Memphis

ZIP: 72301 Daytime Phone Number: (870 ) 5142050 FAX: ( )

Email: charterschoolc@gmail.com

**Charter Site**

Address: Marion City: Marion

ZIP: 72364 Date of Proposed Opening: 08/01/2017

**Chief Operating Officer**

of Proposed Charter (if known): Aretha Coleman Title: Founder

Address: 162 Anna Lane City: West Memphis

ZIP: 72301 Daytime Phone Number: (870 ) 5142050

The proposed charter will be located in the Marion School District.

Provide a comprehensive list of all individuals, including but not limited to entity board members and charter school board members, involved in the organization and design of the proposed school as well as the proposed application process. Please note that Ark. Code Ann. §6-24-105 prohibits charter school board members from contracting with or being employed by the charter school except in certain limited circumstances.

Name: <u>Angela Jackson</u>	Position: <u>President</u>	State of Residence: <u>AR</u>
Name: <u>April Hopkins</u>	Position: <u>Vice President</u>	State of Residence: <u>AR</u>
Name: <u>Josie Bowman</u>	Position: <u>Secretary</u>	State of Residence: <u>AR</u>
Name: <u>LaShunda Martin</u>	Position: <u>Tresure</u>	State of Residence: <u>AR</u>
Name: _____	Position: _____	State of Residence: _____
Name: _____	Position: _____	State of Residence: _____
Name: _____	Position: _____	State of Residence: _____
Name: _____	Position: _____	State of Residence: _____
Name: _____	Position: _____	State of Residence: _____
Name: _____	Position: _____	State of Residence: _____
Name: _____	Position: _____	State of Residence: _____
Name: _____	Position: _____	State of Residence: _____
Name: _____	Position: _____	State of Residence: _____
Name: _____	Position: _____	State of Residence: _____

List the current K-12 student enrollment of the district where the proposed public charter school would be located.

115 (Total District Enrollment)

List the school districts from which the charter school expects to draw students.

<u>Marion School District</u>	<u>West Memphis School District</u>	<u>Earle School District</u>
_____	_____	_____
_____	_____	_____

## **B. EXECUTIVE SUMMARY**

Provide the mission statement of the proposed school.

### **Applicant Response:**

To prepare scholars for success by providing the highest level of academic excellence through rigorous standard base curriculum that develops critical thinking and problem solving skills in literacy and math through technology while creating a discovery and research base learning through science and social studies.

While we differentiate to the individual needs of scholars, we commit to maintaining a safe and healthy learning environment that will cultivate, encourage, and promote scholars to attain the highest level of education and become a rich valuable asset to the community.

Briefly describe the key programmatic features that the school will implement in order to accomplish the mission.

### **Applicant Response:**

Reading First is one of the most effective reading programs that I have done and identified its affects of positive outcomes when students first began to learn. It is a state federal education program that was mandated under the No Child Left Behind Act. It requires that schools funded by Reading First use "Scientifically based" reading. I think this program takes reading down to the basic and it is effectively.

For grades 3-6, I will use Read Right is a comprehensive system of small group reading instruction.

Envision Math is a new program that empowers every teacher and leaner according to its standards. It promotes focus, coherence, and rigor, envision math as it relates to common core standards.

### **C. NARRATIVE DESCRIPTION OF THE PROPOSED CHARTER SCHOOL**

The applicant for the proposed charter school, if approved by the authorizer, agrees to operate the educational program described below in accordance with the provisions described within this document, Arkansas Code Annotated §6-23-101 et seq., the State Board of Education Rules Governing Public Charter Schools, and the attached assurances.

Provide a narrative description of the various components of the proposed charter school by responding to the following prompts:

1. Describe the results of the public hearing, which was held for the purpose of assessing support for the establishment of this public charter school. Provide copies of supporting evidence.

#### **Applicant Response:**

The public hearing was held Thursday April 14 at the Hampton Inn in Marion, AR. The hearing lasted about a hour. There were some parents and community residence that attended the conference. The founder ARetha did a presentation entailing all details that was necessary at that time to discuss about the upcoming school. The presentation focused on programs and how smaller classrooms sizes are important.

Some of the parents were not familiar with a charter school and they wanted to know the basic information such as: what is the purpose, who qualifies for enrollment, is the teachers certified, must the students wear uniforms, and etc. There was not a lot of questions about structure, programs that will be implemented, stated assessment, or etc.

The notice of the public hearing was posted in the Evening Times Paper on March 22, March 29, and April 5, 2016. See attachments B for ads copies reflecting publication dates. Emails were sent to the superintendents.

Attach documentation to demonstrate that each of the following requirements of Arkansas Code Annotated §6-23-302 was met:

- A. The notice of the public hearing was published on a weekly basis for at least three (3) consecutive weeks prior to the date of the hearing in a newspaper having general circulation in the school district in which the school will likely be located.
- B. The notice of the public hearing was not published in the classified or legal notice section of the newspaper.
- C. ***The last publication date of the notice was no less than seven days prior to the public meeting.***
- D. Within seven calendar days following the first publication of the notice of the public hearing, emails announcing the public hearing were sent to the superintendent of each of the school districts from which the open- enrollment public charter school is likely to draw students for the purpose of enrollment and the superintendent of any district that is contiguous to the district in which the open-enrollment public charter school will be located.

2. Describe the governing structure of the open-enrollment charter school, including board composition, selection process, and responsibilities. Also describe the role of the administrators, faculty, parents, students, and community members in the leadership and decision-making of the school. As part of your response, answer the following specific questions:
- A. Identify what individual, job position(s), or entity(s) will have final decision-making authority for the school in the areas of (1) finance and purchasing; (2) student discipline; (3) hiring and firing of staff; and (4) hiring and firing of the school director or superintendent.
  - B. Specify how the final decision-maker(s) identified in response to (A)(3) will be selected or elected, including (1) length of term, (2) method of selection or election, and (3) who will have the authority to participate in the selection or election process.
  - C. Explain how and to what extent the school's leadership will be accountable to parents.

**Applicant Response:**

Connections Charter School will be incorporated as an Arkansas nonprofit organization. The existing non-profit management organization, Connections Charter has submitted its application for 501 (c)3 status to the Internal Revenue Service. See Attachment A.

**Board Composition:**

A Board of Directors will govern the school. Board members are being recruited. Connections is seeking civic or educational local leaders who are involved in educational reform or have experience evaluating senior executives, and are, therefore, highly qualified to evaluate the school leader.

Connections board members will be representative of the community in which the school is located. They will have a diverse set of professional skills and practical work experience in the area of education, public/non-profit and/or for-profit administration or operations, community development, finance, and law. Parents who meet or supplement these criteria will be considered for board membership.

**Responsibilities of the Board of Directors:**

**Governance:** The board is responsible for:

- Formulation and supervision of overall school policy
- Approval of and monitoring the school's annual budget
- Supporting the school's mission and purposes
- Monitoring, evaluating, and holding management accountable for school performance
- Approval of the school leadership teams and assessment of their performance
- Ensuring effective organizational planning and sound board policy
- Ensuring adequate resources
- Management of resources effectively
- Enhancing public standing
- Recruitment and orientation of new board members and assessing board performance

**Board Committee:** Connections plans to form the following committee structure:

- Discipline Committee to oversee the handling of matters relating to students discipline. The discipline committee may recommend Codes of Conduct for adoption by the Board of Trustees and may, by majority vote of the members of the Discipline committee, approve on behalf of the Board of Trustees expulsions of students from Connections.
- Finance Committee to oversee the financial management of Connections. The finance Committee shall

recommend an annual budget of adoption by the Board of Trustees and may, by majority vote of the members of the Finance committee, accept the annual audit of financial statements on behalf of the Board of Trustees. -Personal Committee, which may include persons who are not Trustees but shall not include any person who is also an employee of Connections to make recommendations to the Board of Trustees with respect to the hiring, retention, and eventual retirement, and compensation of school leaders.

**Oversight:**

The board will have login access to Connections performance management dashboard system. The system provides real-time input on enrollment, attendance, discipline, interim assessment results, and summative assessment results. The board will also receive a standard monthly financial reporting package that include a statement of budget vs. actual financial package will reviewed in detail by the board treasurer or finance committee prior to each monthly board meeting.

**Meeting of Board of Directors:**

The board will meet monthly throughout the year, usually at the school. Date, time, and place of all board meetings will be included in the school calendar that parents receive. The calendar will also be on the school website. Meetings of the board shall open to the public to ensure members of the community are able to communicate their concerns to the Board. Any person may speak at an open meeting of the Board. To the fullest extent allowed by law, all such discussions shall take place in an open meeting.

**Role of Administration:**

Connections leadership team has not been selected. Job descriptions are attached. When selected, the team will include the founder, the dean of students. Deans are instructional leaders of the school and act in concert with the founder to ensure that instructional goals are met. They are responsible for driving the school's mission and guiding staff to ensure a positive achievement focus and school culture among teachers, staff, and students. Deans are assigned a cohort of teachers for observation, evaluation, and development. They guide staff to achieve high performance through data analysis, goal setting, providing meaningful feedback, and constructive evaluations.

**Parental Involvement:**

Parents will have a voice working with the board and dean through the school Family Accountability Committee (FAC). The committee will help bring parents into the fold by fostering formal and informal opportunities to engage with school staff, other parents and other community members on school programming. The Family Action Committee will provide opportunities for all parents to be an active part of the school's culture and model the core values. There will also be leadership opportunities within the FAC.

3. Give the mission statement for the proposed charter school.

**Applicant Response:**

To prepare scholars for success by providing the highest level of academic excellence through rigorous standard base curriculum that develops critical thinking and problem solving skills in literacy and math through technology while creating a discovery and research base learning through science and social studies.

While we differentiate to the individual needs of scholars, we commit to maintaining a safe and healthy learning environment that will cultivate, encourage, and promote scholars to attain the highest level of education and become a rich valuable asset to the community.

4. Describe the educational need for the school by responding to the following prompts.

Complete the following charts to include the most recent literacy and mathematics performance assessment data and graduation rates available for the district in which the charter would be located and the schools closest to the proposed charter.

DISTRICT DATA - DISTRICT IN WHICH THE CHARTER WOULD BE LOCATED			
District Name	Marion School District		
District Status	Achievement		
	LITERACY ESEA Report Percentage Achieving or Advanced	MATH ESEA Report Percentage Achieving or Advanced	Graduation Rate Report Card Percent Graduated
All Students (Combined)	44.52	59.93	83.04
Targeted Achievement Gap Group	35.96	51.47	75.57
African American	32.54	47.62	74.87
Hispanic	53.85	69.23	87.11
White/Caucasian	52.9	67.74	89.57
Economically Disadvantaged	36.18	52	45.94
English Language Learners/ Limited English Proficient	RV	RV	RV
Students with Disabilities	18.52	29.63	45.94



CAMPUS DATA - ELEMENTARY SCHOOL CLOSEST TO THE PROPOSED CHARTER LOCATION		
District Name	West Memphis School District	
Campus Name	Wonder Elementary	
Grade Levels	3	
Campus Status	k-6	
	LITERACY ESEA Report Percentage Achieving or Advanced	MATH ESEA Report Percentage Achieving or Advanced
All Students (Combined)	34.15	34.15
Targeted Achievement Gap Group	33.33	30.77
African American	32.5	32.5
Hispanic	rv	rv
White/Caucasian	rv	rv
Economically Disadvantaged	34.21	31.58
English Language Learners/ Limited English Proficient	rv	rv
Students with Disabilities	rv	rv

CAMPUS DATA - MIDDLE SCHOOL CLOSEST TO THE PROPOSED CHARTER LOCATION		
District Name	West Memphis School District	
Campus Name	Wonder Jr. High	
Grade Levels	7	
Campus Status	7-9	
	LITERACY ESEA Report Percentage Achieving or Advanced	MATH ESEA Report Percentage Achieving or Advanced
All Students (Combined)	25.5	15.3
Targeted Achievement Gap Group	25.5	15.3
African American	25.5	15.3
Hispanic	rv	rv
White/Caucasian	rv	rv
Economically Disadvantaged	25.5	15.3
English Language Learners/ Limited English Proficient	rv	rv
Students with Disabilities	7.69	0

CAMPUS DATA - HIGH SCHOOL CLOSEST TO THE PROPOSED CHARTER LOCATION			
District Name	Earle School District		
Campus Name	Earle School		
Grade Levels	K-12		
Campus Status	K-12		
	LITERACY ESEA Report Percentage Achieving or Advanced	MATH ESEA Report Percentage Achieving or Advanced	Graduation Rate Report Card Percent Graduated
All Students (Combined)	645	654	61
Targeted Achievement Gap Group	631	631	61
African American	223	196	60
Hispanic	0	0	0
White/Caucasian	0	0	0
Economically Disadvantaged	228	204	61
English Language Learners/ Limited English Proficient	0	0	0
Students with Disabilities	4	49	10

Explain the educational need for the charter in light of the academic performance by the district in which the charter would be located and at the schools closest to the charter and other significant factors. Be certain to include the source for information presented.

**Applicant Response:**

Connections will be located in Marion, AR will be an open enrollment charter school and students from other districts may enroll. Earle and West Memphis made little progress in strengthening academic outcomes for its students, particularly low-income students of color. The district did not meet AMO in any ares, for any sub groups. West Memphis and Earle School District is rated "Needs Improvement" in both literacy and math 2015.

Overall, Crittenden County have a limited choice of high quality schools

If the performance of students at schools and or/districts not noted in the previous charts demonstrate the need for the charter, provide the student performance data and its source and explain.

**Applicant Response:**

In Crittenden County, the majority of the schools are adjacent to the homes district of the proposed charter. According to the data provided by the Arkansas Department of Education all of these were Needs Improvement Status on the 2015. All three districts missed their AMO's in both literacy and math.

In West Memphis School District, 24.91% of students were retain in grades K-6 2014 school year. Earle School District has been on School Improvement for over three years and they are currently still under school improvement.

Describe the innovations that will distinguish the charter from other schools. The term "innovation" should be interpreted to mean "innovative teaching methods." The applicant may list as few or as many innovative teaching methods as they deem appropriate for their proposed charter.

**Applicant Response:**

The purpose of the school is to give each student a smaller community within which he/she can grow and learn throughout his/her tenure in the charter. Smaller learning communities allow for differentiated instruction and the creation of individual learning plans so that each student will be well prepared to excel.

The organizational structure of Connections will be unique and conducive to delivering a message of achievement, in that it will create smaller clusters of students within the larger school community. These smaller learning communities group students that are in similar positions with respect to academic and personal development. Using this structure, the school leadership is able to target students effectively using the best practices, teaching, and disciplinary techniques that have been proven to be most effective for students of a given age group. The school may have many grade levels, students still feel like they are in a small community of like-minded students.

Connections will have the mind set of change starts with the creation of a positive learning environment and does not sacrifice the need for long-term transformation in order to realize short-term gains. Connections will moto will put emphasis on having the infrastructure in place so that a performance and results-oriented culture flourishes and school leadership acts in ways that are fully supportive of, and responsive to, academic and instructional needs. Connections anticipates on effective changes in the lives of students in Crittenden County.

**Curriculum and Education Program:**

The frameworks will ensure that teachers make informed decisions about the specific texts, performance tasks, and other resources that will be included within a unit in order to provide cultural relevancy. The curriculum

resource materials will be reviewed by Connections committee to ensure cultural relevancy in content, and equity of access for second language learners

5. On the following table, list the specific measurable goals in reading, English, and mathematics, based on the state mandated assessments, and any other assessment tools if used, for improving student academic achievement for each year of the public charter school's initial five-year period. For each goal, include the following:
- The tool to be used to measure the academic performance;
  - The level of performance that will demonstrate success; and
  - The timeframe for the achievement of the goal.

GOAL	Assessment Instrument for Measuring Performance	Performance Level that Demonstrates Achievement	When Attainment of the Goal Will Be Assessed
To increase individual student performance in Reading as compared to the state average	State assessment	Students will meet or exceed the state average reading performance	Annually
To increase individual student performance in Math as compared to the state average	State Assessment	Students will meet or exceed the state average math performance	Annually

Explain how the attainment of the goals will demonstrate that the charter is meeting the identified educational need for the school and fulfilling its mission.

**Applicant Response:**

Connections attainment of the goal is the smaller classroom sizes. Teachers will be able to teach with less distractions. Smaller classroom are great indicators that more instructional time will be extended for students. More hands on with from the teacher will be given to students. By addressing academic deficits early in elementary and exceeding district average academic performance with a more at risk population Connection will help students to excel.

6. For elementary charter schools, provide a daily schedule for all grade levels indicating the classes that will be provided for a one week time period.  
For secondary schools, provide required and elective courses for every grade level. If the school plans to phase in grade levels, include expansion grade levels by year with courses to be offered.
7. Provide a description of curriculum, programs, and instructional methods used to support core classes. ***Include all associated costs in the proposed budget.***

**Applicant Response:**

**Curriculum:**

The curriculum is foundation of the core academic subjects. The curriculum is what will be taught to students and how it will be taught. The curriculum is the base line of what the students will learn.

Programs that Connections will implement will be what format of teaching teachers will use. Once the programs are distinguished it will be what leads the learning. The programs determines how the curriculum is taught.

The instructional methods that will be used will vary from class to class. Teachers will use at their own discretion on how to facilitate his/her class. The different instructional teaching methods include, but are not limited to: whole group, small group, peer teaching, class discussion, bulletin board, and etc. Connections teachers' will be able to make a cognitive shift to become diagnosticians who skillfully determine the appropriate instructional "prescription" to ensure that students meet the standards and gradually release responsibility to students for ownership of their learning.

8. Describe the process that will be used to ensure all curriculum materials used in the educational program are aligned with the Arkansas Curriculum Frameworks and the state standards as adopted, and periodically revised, by the State Board of Education.

**Applicant Response:**

The curriculum will be designed to adhere to all the requirements of Arkansas Curriculum Frameworks. Specific training will be provided on instructional training. Professional Development will be used to enhance teachers' knowledge in implementation of educational programs affect the curriculum.

9. Describe the manner in which the school will make provisions for the following student services, even in each area for which a waiver is requested:

A) Guidance program;

**Applicant Response:**

Connections will connect with local mental health facilities that will help assist with governing the mental health need of students. There will be a mental health counselor that will do at least 3 hours a week for any treatments as need. The counselors will be devoted to students with mental health/ social and emotional challenges and disorders.

B) Health services;

**Applicant Response:**

Connections will comply with all state law regulations in regard to responding to any medical need of a student by having a prn nurse on call. The nurse will give annual CPR training to all staff.

The nurse may also teach some health education. He/She will coordinate with local agencies, hospitals, physicians, and organizations that have as their missions to improve children's or community health in order to make sure that all students have access to the care that they need.

C) Media center;

**Applicant Response:**

Connections will not have a media center. However, Connections will have laptops or ipads available for Internet basic for research. There will be classroom libraries.

D) Special education, including appropriate state assessments for special education students;

**Applicant Response:**

Connections will be aligned with the Least Restrictive Environment requirement under the Individual with Disability Education Improvement Act (IDEA: Section 300, 114-3000, 117 and 300.320) Specifically, during the 2016/17 school year, Connections will provide only a resource classroom, which is the cornerstone of IDEA. Friendship offers a program that includes both instructional support and related services that are determined by the team to ensure that students meet both instructional support and related services that are determined by the team to ensure students meet academic and social goals.

The final decision about a student's ability to make progress within the school base setting is th responsibility of the team. There are multiple methods for making a determination about the student's location and placement of services. The IEP can be enhanced to include additional supports or supplemental services, or the IEP team can request support from the Academic Affairs Office to conduct a panel review of the student's file and provide additional programming ideas.

E) Transportation;

**Applicant Response:**

Connections will not provide daily transportation for students getting to and from school. It will be the parents' responsibility to provide transportation for students.

**F) Alternative education, including Alternative Learning Environments;**

**Applicant Response:**

Connections will educate all students who choose our school. Connection will make necessary accommodations for students who need support beyond the provided by the general curriculum program. the guidance program, our devotion to parallel cultures of respect and achievement, and our arts infusion all help us connect with students who are struggling and make them successful. We will seek to meet individual needs with individual plans as needed. At times, this may include steps such as providing students with an aide, making space available for small groups, or offering extra help.

**G) English Language Learner (ELL) instruction; and**

**Applicant Response:**

Connections will accommodate students with multiple levels of ability such as learning styles in the classroom. the curriculum will support teaching to accommodate all needs of students. The curriculum supports teachers in internalizing and gaining ownership over its content by guiding their thinking as they make instructional decisions about how best to lead the full range of students in their classrooms to achieve the rigor of the standards as measured by their post-assessments.

**H) Gifted and Talented Program.**

**Applicant Response:**

Connections will implement a gifted and talented program that will be provided per teacher. Connections will promote students' high achieving academic success.

10. Describe the geographical area to be served by the charter. List all school districts within the geographical area likely to be affected by the open-enrollment public charter school.

**Applicant Response:**

Connections will be in Marion, Arkansas. It is the center point surround West Memphis, Earle, Turrell, and Crawfordsville, but it is in the metropolitan area of Memphis. Marion is the located in eastern Crittenden County. Marion according to United States Census Bureau, has a total area of 20.5 square miles, of which 20.4 square miles, or 0.37 %, is water

11. Describe the plan for the school officials to provide an annual report to parents, the community, and the authorizer that demonstrates the progress made by the charter school during any previous academic year in meeting its academic performance objectives. (*See ADE Rules Governing Standards for Accreditation of Arkansas Public Schools and School Districts.*)

**Applicant Response:**

Connections will report annual school wide progress on high stakes, state mandated assessments to the school community each year. This report will be made available to parents during open houses and back-to-school nights, on the school website, and also to any parent or community member requesting the information.

Graduation criteria will be communicated regularly to parents and students. At the beginning of the school year, they will receive information regarding promotion and graduation requirements during orientation and open house sessions.

The school will publish an Annual Report in compliance with ADE Rules reflecting academic progress for the previous year and progress towards meeting network goals.



12. Complete the following table with data about the district in which the charter proposes to locate and projections for the charter school.

**Applicant Response:**

School District in Which the Charter is to be Located			Percentage of Students Projected at the Charter				
	2015-2016		2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
	Number	%	%	%	%	%	%
All	150						
Two or More Races			0				
Asian			1	2	3	4	5
Black			60	61	62	63	64
Hispanic			5	6	7	8	9
Native American/ Native Alaskan			0	0	0	0	0
Native Hawaiian/ Pacific Islander			0	0	0	0	0
White			34	35	36	37	38
Free and Reduced Lunch			100	100	100	100	100
Data Below from 2014-2015 Cycle 4 Report							
Migrant							
LEP							
Gifted & Talented			15	20	25	30	35
Special Education			1	2	3	4	5
Title I							
			2017-2018	2018-2019	2019-2020	2020-2021	2021-2022
Grades to be Offered at the Charter							
Enrollment Cap at the Charter			5	10	15	20	25

Describe the enrollment criteria and recruitment processes, that will provide an equal opportunity for all parents and students to learn about and apply for admission to the proposed public charter school.

**Applicant Response:**

The enrollment criteria will be first come first serve no student will be denied admission based on race, ethnicity, national origin, gender, or aptitude. Connections will enroll new students every year. The recruitment process will be advertisement via: newspaper, television, flyers, social media, radio, and/or billboards starting January 1 of every year. Connections will accept applications on March 15, of each year for one month. There will be a one time non refundable application fee upon admission. After, students have been selected the parents will receive phone call stating the acceptance of the student. The parent will have 24 hours to submit the non refundable application fee with a money order only.

Check which of the following enrollment preferences, as permissible in Arkansas Code Annotated §6-23-306(14)(C), would be allowed at the charter school.

- ☒ 1. Children of founding members of the charter
- ☐ 2. Siblings of enrolled students
- ☐ 3. No enrollment preferences (No other boxes may be checked in order to select this option.)

If box 1 and/or 2 are checked, explain the policy.

**Applicant Response:**

Connections will honor all children to any board member of Connections granting the children first selection in acceptance into Connections.

It is affirmed that a random, anonymous student selection method will be utilized in the event that more students apply for admission to the open-enrollment public charter school than can be accommodated under the terms of the charter, except as allowed for in Arkansas Code Annotated §6-23-306(14)(C).

- ☒ Yes
- ☐ No

Describe procedures for conducting the an annual single lottery enrollment process, including the timeline for enrolling, the date of the lottery, and the way in which students will be placed on waiting lists, and the process for notifying parents about each child's selection or order on the waiting list. Explain how the charter will ensure that the lottery process is transparent to the public.

**Applicant Response:**

If Connections receives more than the enrollment forms than available seats, the school will conduct a randomized lottery, as required by law. This lottery must be observed or conducted by an outside third party. Students who meet the previously stated preference criteria are exempted from this lottery. These exempted students are taken out of the lottery and are enroll in the grade for which their is to be a lottery are assigned a lottery number. Lottery numbers will be randomly pulled and assigned seats. Students names are then matched back to their lottery numbers. This process is repeated for all applicable grades. All students whose lottery number fall number fall within the target number are enrolled. All other students are placed, in order, onto a wait list.

If it is believed that the use of a weighted lottery is required by federal court or administrative order, explain and furnish a copy of the order.

**Applicant Response:**

A weighed lottery is not necessary.

Explain how students leaving the charter during the school year will impact students on the waiting list.

**Applicant Response:**

Students leaving the charter during the school year will impact students on the waiting list determination on getting a seat in the school. Depending on the time of year a student leave the school can open an opportunity for a student on the waiting list to get a seat in at that particular time. Connections will not permit any new student after February 29 of every year. Any student on the waiting list can get a seat before February 29. After, this date it will allow teacher and staff to better prepare students for the upcoming standard state test.

13. Name any founders or board members of the proposed charter's sponsoring entity, management company staff, and/or leaders of the proposed charter who have any prior involvement in the operation of one or more other charter schools and complete a Prior Charter Involvement **template** for each individual listed.

**Applicant Response:**

No founders or board members of the proposed charter's sponsoring entity, management company staff, and/or leaders of the proposed charter that have any prior involvement in the operation of one or more other charter schools nor have a prior charter involvement template for each individual listed

14. Summarize the job descriptions of the school director and other key personnel by completing the information fields below for each position. Specify the salary range, qualifications, and job duties to be met by professional employees (administrators, teachers, and support staff) of the program.

**Applicant Response:**

**ADMINISTRATORS**

Administrator Position: Dean of School

Reports to: Founder

Salary Range: 40,000

**Minimum Qualifications Required**

Education Required:  
Bachelor Degree

Experience Required:  
5 years administration

Certification Required:  
n/a

**Job Duties: List up to 5 key duties this individual will perform.**

- Provide Instructional, operational and administrative leadership necessary to ensure the success of the school
- Organize, administers, supervises, and evaluates all aspect of the school design within the school and community

**Job Duties: List up to 5 key duties this individual will perform.**

- Responsible for planning improvements that customer satisfaction, students' performance, and financial management
  - All disciplinary disputes with students and staff
- 

## **TEACHERS**

**Teacher Position:** Classroom Teacher

**Reports to:** Dean of School

**Salary Range:** 25,000

### **Minimum Qualifications Required**

**Education Required:**  
Bachelor

**Experience Required:**  
1 years plus

**Certification Required:**  
n/a

**Job Duties: List up to 5 key duties this individual will perform.**

- Create Lesson Plans and modify accordingly throughout the year
  - Plans, Prepare, and deliver instruction while continuing educational hours
  - Manage students' behavior while keeping a safe environment and friendly classroom
  - Meet course and state wide performance goals
  - Maintain a professional relationship with students, parents, and staff while conducting one's self in a profession way
- 

## **SUPPORT STAFF**

**Support Staff Position:** Administrative Assistant

**Reports to:** Dean of School

**Salary Range:** 15,000

### **Minimum Qualifications Required**

**Education Required:**  
High School Diploma

**Experience Required:**  
2 years of experience

**Certification Required:**  
n/a

**Job Duties: List up to 5 key duties this individual will perform.**

- Fluent in MS Office, knowledge of business, knowledge of administrative procedures, and filing system
- Skill in typing and word processing
- Demonstrate ability to manage numerous task while meeting deadlines
- Excellent communicator
- Ability to establish and maintain effective working relationships

---

**Support Staff Position:** Paraprofessionals

**Reports to:** Teacher

**Salary Range:** 15,000

**Minimum Qualifications Required**

**Education Required:**  
High School Diploma

**Experience Required:**  
1

**Certification Required:**  
n/a

**Job Duties: List up to 5 key duties this individual will perform.**

- Assist teachers in any way possible
- Help supervise students
- Reinforce lesson plans and class/school rules
- Small group intervention
- Assistant with dismissal and lunch

---

**Support Staff Position:** Custodian

**Reports to:** Dean of School

**Salary Range:** 15,000

**Minimum Qualifications Required**

**Education Required:**  
High School Diploma

**Experience Required:**

1

**Certification Required:**

n/a

**Job Duties: List up to 5 key duties this individual will perform.**

- Able to work and understand industrial equipment
- Keeps building clean including restrooms, classrooms, windows, and etc.
- Daily morning grounds

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**Support Staff Position:** Cook

**Reports to:** Dean of School

**Salary Range:** 15,000

**Minimum Qualifications Required**

**Education Required:**

High School Diploma

**Experience Required:**

1

**Certification Required:**

n/a

**Job Duties: List up to 5 key duties this individual will perform.**

- able to prepare two meals per day and a snack
- able to use and understand heavy industrial equipment
- able to keep whole kitchen area clean
- able to maintain a pleasant relationship with students, staff, and parents

- 
15. Explain how the school will conduct its business office. Tell about business office personnel and describe the plan for managing procurement activities, and the process by which the school governance will adopt an annual budget.

**Applicant Response:**

Connections will comply with Ark. Code Ann 6-21-301 et seq regarding purchasing, and will competitively bid all contracts in excess of \$10,000. The board will adopt approval thresholds requiring board treasurer approval of all contracts in excess of \$5,000. and full board approval of contracts in excess of \$10,000. All payment and checks in excess of \$5,000 shall be signed by the board treasure or founder. The food service contract will be publicly bid in accordance with state and USDA regulations.

All finances shall be managed through APSCN. Connections board will review and approve the school's annual budget each year. Annually, school leaders will meet to review potential enrollment, staffing, and funding

scenarios, and discuss any new educational program initiatives. The budget model is comprehensive, allowing for person by person budgeting and detailed other than personnel projections. The team will try to optimize spending on school priorities. The finance team will make appropriate adjustments based on input from the board finance committee, and present a final version to the board, for the board's approval and adoption in June. All actions to adopt, finalize, amend, and implement the budget will be discussed and approved in an open meeting for the board and leaders.

The board will then receive a standard monthly financial reporting package that will include a financial dash board that include income statement, balance sheet, enrollment and staffing indicators, a contextual narrative summary of the school's finances, a year to date budget vs. actual comparison, a revised forecast for the balance of the year, a balance sheet and monthly cash flow projection.

Complete the budget template showing a balanced budget with realistic expectations of revenue and expenditures.

Provide the minimum number of students who must attend the charter in order for the school to be financially viable. Describe the method used to calculate this number. Tell who made the calculations and describe the financial expertise of the individuals who assisted in this assessment.

Describe the contingency plan if fewer students than necessary for financial viability enroll before the first day of school. Provide a detailed explanation of the ways in which the charter leaders will provide the education program outlined in the application to fewer students than determined necessary for financial viability or a date certain by which charter leaders will notify the parents, leaders of surrounding districts and open-enrollment charters, and staff at the Arkansas Department of Education that the school will not open as anticipated.

Explain how charter leaders will provide the education program outlined in the application if enough students for financial viability enroll and are admitted but fail to arrive when school begins.

Describe preparations to pay for any unexpected, but necessary and possibly urgent expenses.

Explain how the amounts of federal funds included in the budget were calculated.

**Applicant Response:**

Connections components include teacher and professional development, curriculum purchasing, human resource policies and employee benefits, financial systems are insurance, and most importantly, student recruiting. Connections will seek to confirm its decision to open, based on the projected enrollment, prior to the end of the previous school year.

In the event of a budget shortfall attributable to lower than expected student enrollment, Connections would seek to reduce non-mission critical non-personnel expenses, and adjust its staffing level to match the actual enrollment experience. Connections will also consider management fee until a time when enrollment had stabilized, or even advancing a working capital loan to Connections to maintain academic program integrity. This flexibility also would enable Connections to handle any unexpected or urgent expenses.



16. Describe the manner in which an annual audit of the financial and programmatic operations of the school will be conducted. If the school wishes to request that the authorizer allow a licensed accountant or licensed certified public accountant, rather than the Legislative Auditor, to perform the first-year audit, identify the accountant by name, firm, address, and phone number. The named accountant must meet the requirements of ADE Rules Governing Publicly Funded Educational Institution Audit Requirements, including the prohibition on auditors providing non-audit services (such as accounting or consulting services) to auditees. A school's preference as stated in this application may not be changed without prior approval of the authorizer.

**Applicant Response:**

Connections will use the Arkansas Public School Computer Network. Connections plans to have the Legislative Auditor and other government authorities in the proper format. Connections will have the Legislative Auditor perform its first year audit, and thereafter the government will continue with audits.

The school will perform a series of reconciliations, including monthly bank account reconciliations, throughout the year to ensure that employees are being paid their agreed upon amounts, that amounts paid are consistent with fore casted expenditures, that all payments to vendors are fully recorded in the school's accounting system and that all cash receipts are both recorded and consistent with amounts owed to it by state, federal, and local periodic inventories to ensure that the school has proper control over these physical assets. The finance team will also conduct a mid year audit to ensure accurate accounting and adherence to the school's adopted fiscal policies.

The board will utilize the following fiscal controls and financial management policies to remain informed and oversee the school's financial position:

- Review and approve the school's Accounting Policies and Procedures Manual: The Accounting Policies and Procedures Manual will be drafted by 4th Sector based on existing charter school best practices and using input from the school leader and finance committee. The base document is over 60 pages, including over 50 detailed Management, Payroll, Internal Controls, Property and Equipment, Accounting, Cash Management, Grants Management, Payroll, Internal Controls, Property and Equipment, Accounts Payable, and Management Reporting. The board will set appropriate thresholds for contract or purchase approval, check signing authority, bank account opening requirement, and asset capitalization.
- Meetings between the finance committee, school leader and the 4th Sector finance will meet monthly with the finance team and school leaders to review the school's financial records in detail, including the most recent variance report of actual versus budgeted revenues an expenditures and balance sheet data. The finance committee can express any concerns at this time and make additional report request as needed to ensure that they are comfortable with the financial information and financial condition of the school.
- The board will review the school's financial statements, including a balance sheet, income summary, detailed, detailed statements that compare actual versus budgeted expenses, statement of cash flow, and financial forecast at the monthly board meeting.
- The board will review and approve the school's annual budget each year.

17. It is affirmed that the public charter school will participate in the Arkansas Public School Computer Network, as required by state statute and by State Board of Education rule, for reporting **both education data and financial data, including grant funds or private donations received directly by the charter school.**

☒ Yes  
☐ No

18. Describe the facilities to be used. Give the present use of the facility. If the facility to be used for the school is a facility of a school district, describe the terms established by the local school board of the district stipulating the relationship between the proposed public charter school and the district pertaining to the use of the facility. Attach a copy of the agreement, signed by the president of the local school board, the chair or president of the governing body of the proposed open-enrollment public charter school, and the chief operating officer of the proposed charter. If the facility is not operated by a school district, attach a copy of the Facilities Utilization Agreement, signed by the entity owning or operating the facility and the chief operating officer of the proposed charter. A proposed lease may also be submitted but is not required. Please note that any lease or other debt must be approved by the Commissioner of Education.

**Applicant Response:**

Connections is currently in the process of securing a location. Connections has partnered with Crye Leike Realtor Company in perusing a location. We have viewed several properties; however, we have not made a final agreement.

Identify the owner(s) of the proposed facility and describe their relationship, if any, with:

- (1) Members of the local board of the public school district where the proposed open-enrollment public charter school will be located,
- (2) Employees of the public school district where the proposed open-enrollment public charter school will be located,
- (3) The eligible entity sponsoring the open-enrollment public charter school, or
- (4) Employees/directors/administrators of the sponsoring entity or proposed open-enrollment public charter school.

**Applicant Response:**

What ever build Connections secure No members of the board will have an interest or relationship with the lessor. No employees of the public school district, the open-enrollment charter school, or the sponsoring entity have a relationship with the lessor.

The facility will be in compliance with all requirements for accessibility in accordance with the Americans with Disabilities Act (ADA) and Individuals with Disabilities Education Act (IDEA) and all other state and federal laws and local zoning ordinances.

☒ Yes

☐ No

If the facility does not currently meet these requirements, provide a list of items that will need to be addressed to bring the facility into compliance. Also include a statement of permissible uses for the facility from the local zoning authority, and whether there are any alcohol sales within 1,000 feet of the facility.

**Applicant Response:**

The building will comply with all requirements for accessibility in accordance with ADA and IDEA regulations. There will be no compliance issues regarding ADA or IDEA requirements. If such issues do arise, they will promptly and properly addressed to meet all state, federal, and local requirements.

There will be no establishments that sell alcohol within 1,000 feet of the facility.

19. For each and every individual specifically identified by name in Section A of the application (the contact person, chief operating officer, board members, and other individuals), identify any family or financial relationship which may exist between that individual and:

- (A) Any other individual specifically identified by name in Section A of the application;
- (B) Any individual or entity with whom the sponsoring entity or charter school has contracted, or intends to contract, to provide any services or products for the proposed charter school; and/or
- (C) The owner(s) of the facilities to be used.

For the purpose of this prompt, an individual has a financial relationship with another individual or entity if he or she:

- (1) Receives compensation or benefits directly or indirectly from the entity or individual;
- (2) Is an officer, director, partner, employee, or owner of more than 5% of the shares of an entity that is a corporation, partnership, sole proprietorship, or LLC; and/or
- (3) Has a family member (spouse, sibling, parent or child, or the spouse employee, or owner of more than 5% of the shares of an entity that is a corporation, partnership, sole proprietorship, or LLC.

**Applicant Response:**

There is no family or financial relationship which may exist between any individuals identified in Section A.

Explain the procedures to be followed if a conflict of interest is identified. The procedures must ensure that all actions are in the best interest of the school and the students at the school.

**Applicant Response:**

All matters of concerns must be address in its order of protocol. If a parent has an issue with a teacher and needs to discuss a matter with a teacher, the parent must schedule a meeting with the teacher on the teacher's planning time. However, if the teacher feels the meeting will not follow accordingly, the teacher shall request the Dean of School to adjoin the meeting. If the meeting become a matter of concern and the teacher or Dean of School can't control the problem then someone needs to call the Marion Police Department for back up.

If there is a dispute between staff and no one is available to help dispute the problem the Marion Police will be called to on both parties.

If there is a dispute between students the teacher is responsible for resolving the problem with any physical contact is made. The Dean of School should be called immediately and the Dean of Student will handle the conflict from that point.

If an interested person may make a presentation at the Board or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transition or arrangement involving the possible conflict of interest. The board or committee shall, if appropriate, appoint a disinterest person or committee involving th possible conflict of interest. The board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transition or arrangement. After exercising due diligence, the Board or committee shall determine whether the Corporation can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest.

20. Describe the manner in which the school will make provisions for food services. State whether the proposed charter school will apply to participate in the federal National School Lunch program or other federal nutrition programs.

**Applicant Response:**

Connections will apply to participate in the federal National School Lunch program or other federal nutrition programs. Connections will comply with all applicable federal (U.S.D.A) and state regulations. Healthy nutritional standards are important and the school will use grants and partnerships to provide additional health education and high quality food standards.

21. Describe how the parents or guardians of the enrolled students and other members of the community will be involved with the school to positively impact the charter school's educational programs.

**Applicant Response:**

Parents will have a voice working with the board through the school Families Accountability Committee. The committee will help bring parents into the fold by fostering formal and informal opportunities to engage with school staff, other parents and other community members on school programming. The Families Accountability

Committee will provide opportunities for all parents to be an active part of the school's culture and model the core values. There will also be leadership opportunities within the FAC.

All parents will be encouraged to participate as volunteers within the school. The input we receive from the various stakeholders of our school will drive the success of the academic program, as students, parents, and community members alike will need to support our mission if we are to be successful as a school. Students will spend over six hours a day in school, but once they leave our campus, it will be up to the community and their parents to reinforce the academic program and the core values that we have worked hard to instill during the school day. If we want to count on the school's stakeholders to work with us to instill these values in our children, we must measure the extent to which those people believe we are succeeding. As this school will be a school of choice, parents and students who choose the school will be aware of our mission and what we hope to accomplish; therefore, it will be up to us to follow through on that promise.

22. Explain what the charter founders and other leaders are doing or will do to ensure the success of the charter school in perpetuity.

**Applicant Response:**

The founder and leaders will ensure the students make substantial academic progress and the school otherwise operates in compliance with applicable rules and regulations. The founder and leaders will represent at monthly meetings. At those meetings it will report on the school's academic, financial and operational performance, and solicit feedback for performance improvements.

The founder and leaders will evaluate the whole school annual basis, using an established set of rubrics and evaluation instruments. The founder and leaders will tap into its multi-state network of schools to attract the highest potential leaders and will invest significantly in the professional development of the teachers and leaders.

23. Describe the potential impact of the proposed public charter school on the efforts of affected public school district(s) to comply with court orders and statutory obligations to create and maintain a unitary system of desegregated public schools.

**Applicant Response:**

As required by Ark, Code Ann. Section 6-23 to carefully review the potential impacts its opening would have upon the efforts of the school district to comply with court orders and statutory obligations to create and maintain a unitary system of desegregated public schools. Granting of an open enrollment public charter for Connections can't be thought to be a negative impact on Crittenden County considering the need the charter by giving students and parents another alternative to bring forth education.

State mandated Test scores, retention, and low graduation rates are at this all time low in Crittenden County. There are emergency plans that the school have established and there have not been much of a change in progress of students. The exceptional need of a charter school is greatly needed in Crittenden County.

24. Complete the following table showing all sections of Title 6 of the Arkansas Code Annotated (Education Code) and State Board of Education rules, including the *Standards for Accreditation of Arkansas Public Schools and School Districts*, from which the public charter school seeks to be exempted in order to meet the goals of the school. Identify the specific statute, rule, or standard requested to be waived by title and number if applicable. Provide a rationale for each waiver requested that explains how the waiver will increase student achievement and how the increase in achievement will be measured.

**Applicant Response:**

**Waiver Topic:** Board of Director/School Board Election

**Statute/Standard/Rule to be Waived**

**Arkansas Code Annotated**

- 6-13-608
- 6-13-611
- 6-13-615
- 6-13-616
- 6-13-618
- 6-13-619(c)
- 6-13-620
- 6-13-621
- 6-13-628
- 6-13-630
- 6-13-631
- 6-13-633
- 6-13-634
- 6-13-635
- 6-13-629

**Standards for Accreditation**

- 

**Rationale for Waiver**

Connections seek exemption from these portions of the Eastern Code to the extent that it governs school board operations. Connections is requesting this waiver from these statutes, which are on their faces applicable only to school districts, to ensure that there is no confusion as to the applicability of the statutes to the governance structure of Connections.

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**Waiver Topic: Minimum Salaries for Classified Employees**

**Statute/Standard/Rule to be Waived**

Arkansas Code Annotated

- 6-17-2401
- 6-17-807
- 6-17-201(c)(2)
- 6-17-2201
- 6-17-2301(c)

**Rationale for Waiver**

We request a waiver from the specific salary minimum and salary schedule set by the State of Arkansas. We propose to use a compensation policy which will include salary schedule and is intended to be competitive in the marketplace and fair to all employees. Using the schedule will ensure that the school is able to pay teachers fairly and also balance its budget. Since, as a charter school, we bear the additional cost of rent and up fit for a facility, we must be quite conservative in budgeting.

**Waiver Topic: Class Size and Teaching Load**

**Statute/Standard/Rule to be Waived**

Arkansas Code Annotated

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Standards for Accreditation

- 10.02

**Rationale for Waiver**

Connections believe that the research on the benefit of reducing class size is mixed. While there are studies that suggest class sizes of less than 20 do improve student achievement, other studies question the validity of this data. Total enrollment will not exceed 500 K-6. Classroom size will not exceed 12 in K and 15 in all other grades except that the school may adjust the class size by 10% without exceeding the charter if circumstances require.

**Waiver Topic: Superintendent**

**Statute/Standard/Rule to be Waived**

Arkansas Code Annotated

- 6-17-427
- 6-13-609

Standards for Accreditation

- 15.01

**Rationale for Waiver**

Connections seeks exemption from these portions of the Education Code and the ADE Rules to allow Connection flexibility to utilize an Dean of School in fulfilling both superintendent and principal roles in concert with its companion waiver request concerning teacher and administrator licensure. This would



allow Connections to promote the most efficient use of human and financial resources in the school. Connections seeks exemption from these Education Code provisions and ADE Rules in order to have the flexibility to attract and retain an individual who is highly skilled and suitable to oversee Connections school. The individual selected will receive extensive training and professional development in order to successfully carry out the requirements of the position.

---

**Waiver Topic: Library Media Specialist**

**Statute/Standard/Rule to be Waived**

**Arkansas Code Annotated**

- 6-25-101

**Standards for Accreditation**

- 16.02

**ADE Rules**

- Standards for Accreditation

**Rationale for Waiver**

Connections request a wavier from this rule because while we will purchase classroom libraries but will be unable to support a media center in the school's opening years. Start-up expenses, combined with the conservative budgeting that makes that start up period much more likely to go smoothly, prevent us from investing in the media center and library professionals in the school's first few years. We would like the board, along with Connections to have the autonomy to make all staffing decisions in a way that best supports our arts-infused program

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**Waiver Topic: Alternative Learning Environment**

**Statute/Standard/Rule to be Waived**

**Arkansas Code Annotated**

- 6-15-1005(b)(5)
- 6-18-503(a)(1)(C)(i)
- 6-48-101

**Standards for Accreditation**

- 

**ADE Rules**

- ADE Rules Governing the Distribution of Student Special Needs Funding (all concerning the provision of an Alternative Learning Environment)

**Rationale for Waiver**

It is the intention and commitment of the founder of Connection to educate all students who choose our school. We will make necessary accommodations for students who need support beyond that provided by the general curriculum accommodation program. The guidance and respect and achievement, and our arts infusion all help us connect with students who are struggling and make them successful. Connection will seek to meet individual needs with individual plans as needed. At times, this may include steps such as providing students with an aide, making space available for small groups, or offering extra help. If a student's needs are such that his or her special education team recommends an out-of-district placement, we will follow all laws to ensure that the student's right are always protected.

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**Waiver Topic: Licensure**

**Statute/Standard/Rule to be Waived**

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**Arkansas Code Annotated**

- 6-15-1004
- 6-17-301
- 6-17-302
- 6-17-309
- 6-17-401
- 6-17-902
- 6-17-919

**ADE Rules**

- Section 15.02  
ADE Rules Governing Educator Licensure

**Rationale for Waiver**

Connections requests this set of waivers because we seek to provide a unique program. Connections selects educators based upon grit, classroom and culture management, high expectations, commitment to data-driven instruction, and past achievement. Continuous targeted support and development is critical in closing the achievement gap.

Connections request this set of waivers because we seek to provide a unique program. Connections will select educators based upon grit, classroom and culture management, high expectations, commitment to data-driven instruction, and past achievement. Continuous targeted support and development is critical in closing the achievement.

Connections want the Dean of School to have the autonomy to hire the best possible teachers, even if some of those candidates' qualifications do not include an Arkansas license. The school will be committed to recruiting and hiring quality staff members.

Connections will build human capital through annual training for all new Deans and other leadership team members. The training addresses the fundamental of school organization, student management, and student achievement. A year round leadership development program supports the growth of Dean in effective leadership.

Additional waivers relating to payment of certified teachers are requests so that we are able to appropriately compensate non-certified but highly Qualified teachers.

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Connections Charter School is a non-profit that has submitted its 1023 application for 501(c)3 to the Internal Revenue Service. Attached are the 1023 checklist, first, and signature pages of the application, and proof of delivery to the Internal Revenue Service

# Form 1023 Checklist

(Revised December 2013)

## Application for Recognition of Exemption under Section 501(c)(3) of the Internal Revenue Code

**Note.** Retain a copy of the completed Form 1023 in your permanent records. Refer to the General Instructions regarding Public Inspection of approved applications.

**Check each box to finish your application (Form 1023). Send this completed Checklist with your filled-in application. If you have not answered all the items below, your application may be returned to you as incomplete.**

- ☒ Assemble the application and materials in this order:
  - Form 1023 Checklist
  - Form 2848, *Power of Attorney and Declaration of Representative* (if filing)
  - Form 8821, *Tax Information Authorization* (if filing)
  - Expedite request (if requesting)
  - Application (Form 1023 and Schedules A through H, as required)
  - Articles of organization
  - Amendments to articles of organization in chronological order
  - Bylaws or other rules of operation and amendments
  - Documentation of nondiscriminatory policy for schools, as required by Schedule B
  - Form 5768, *Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation* (if filing)
  - All other attachments, including explanations, financial data, and printed materials or publications. Label each page with name and EIN.
- ☒ User fee payment placed in envelope on top of checklist. DO NOT STAPLE or otherwise attach your check or money order to your application. Instead, just place it in the envelope.
- ☒ Employer Identification Number (EIN)
- ☒ Completed Parts I through XI of the application, including any requested information and any required Schedules A through H.
  - You must provide specific details about your past, present, and planned activities.
  - Generalizations or failure to answer questions in the Form 1023 application will prevent us from recognizing you as tax exempt.
  - Describe your purposes and proposed activities in specific easily understood terms.
  - Financial information should correspond with proposed activities.
- ☐ Schedules. Submit only those schedules that apply to you and check either "Yes" or "No" below.

Schedule A Yes \_\_\_ No ☒

Schedule E Yes \_\_\_ No ☒

Schedule B Yes \_\_\_ No ☒

Schedule F Yes \_\_\_ No ☒

Schedule C Yes \_\_\_ No ☒

Schedule G Yes \_\_\_ No ☒

Schedule D Yes \_\_\_ No ☒

Schedule H Yes \_\_\_ No ☒

- ☒ An exact copy of your complete articles of organization (creating document). Absence of the proper purpose and dissolution clauses is the number one reason for delays in the issuance of determination letters.
- Location of Purpose Clause from Part III, line 1 (Page, Article and Paragraph Number) Attachment 1
  - Location of Dissolution Clause from Part III, line 2b or 2c (Page, Article and Paragraph Number) or by operation of state law Attachment 2
- ☒ Signature of an officer, director, trustee, or other official who is authorized to sign the application.
- Signature at Part XI of Form 1023.
- ☒ Your name on the application must be the same as your legal name as it appears in your articles of organization.

Send completed Form 1023, user fee payment, and all other required information, to:

Internal Revenue Service  
P.O. Box 192  
Covington, KY 41012-0192

If you are using express mail or a delivery service, send Form 1023, user fee payment, and attachments to:

Internal Revenue Service  
201 West Rivercenter Blvd.  
Attn: Extracting Stop 312  
Covington, KY 41011

**Application for Recognition of Exemption  
Under Section 501(c)(3) of the Internal Revenue Code**

► (Use with the June 2006 revision of the Instructions for Form 1023 and the current Notice 1382)

OMB No. 1545-0056  
Note. If exempt status is approved, this application will be open for public inspection.

Use the instructions to complete this application and for a definition of all **bold** items. For additional help, call IRS Exempt Organizations Customer Account Services toll-free at 1-877-829-5500. Visit our website at [www.irs.gov](http://www.irs.gov) for forms and publications. If the required information and documents are not submitted with payment of the appropriate user fee, the application may be returned to you.

Attach additional sheets to this application if you need more space to answer fully. Put your name and EIN on each sheet and identify each answer by Part and line number. Complete Parts I - XI of Form 1023 and submit only those Schedules (A through H) that apply to you.

**Part I Identification of Applicant**

<b>1</b> Full name of organization (exactly as it appears in your organizing document)		<b>2</b> c/o Name (if applicable)	
Connections Charter School			
<b>3</b> Mailing address (Number and street) (see instructions)		Room/Suite	<b>4</b> Employer Identification Number (EIN)
162 Anna Lane			81-0896508
City or town, state or country, and ZIP + 4		<b>5</b> Month the annual accounting period ends (01 - 12)	
West Memphis, AR 72301			
<b>6</b> Primary contact (officer, director, trustee, or <b>authorized representative</b> ) a Name:		<b>b</b> Phone: 870-514-2050	
ARetha Coleman		<b>c</b> Fax: (optional)	
<b>7</b> Are you represented by an authorized representative, such as an attorney or accountant? If "Yes," provide the authorized representative's name, and the name and address of the authorized representative's firm. Include a completed Form 2848, <i>Power of Attorney and Declaration of Representative</i> , with your application if you would like us to communicate with your representative.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>8</b> Was a person who is not one of your officers, directors, trustees, employees, or an authorized representative listed in line 7, paid, or promised payment, to help plan, manage, or advise you about the structure or activities of your organization, or about your financial or tax matters? If "Yes," provide the person's name, the name and address of the person's firm, the amounts paid or promised to be paid, and describe that person's role.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>9a</b> Organization's website:			
<b>b</b> Organization's email: (optional)			
<b>10</b> Certain organizations are not required to file an information return (Form 990 or Form 990-EZ). If you are granted tax-exemption, are you claiming to be excused from filing Form 990 or Form 990-EZ? If "Yes," explain. See the instructions for a description of organizations not required to file Form 990 or Form 990-EZ.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>11</b> Date incorporated if a corporation, or formed, if other than a corporation. (MM/DD/YYYY)		01 / 02 / 2016	
<b>12</b> Were you formed under the laws of a foreign country? If "Yes," state the country.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Part II Organizational Structure**

You must be a corporation (including a limited liability company), an unincorporated association, or a trust to be tax exempt. (See instructions.) **DO NOT file this form unless you can check "Yes" on lines 1, 2, 3, or 4.**

- 1 Are you a **corporation**? If "Yes," attach a copy of your articles of incorporation showing **certification of filing** with the appropriate state agency. Include copies of any amendments to your articles and be sure they also show state filing certification. ☐ Yes ☒ No
- 2 Are you a **limited liability company (LLC)**? If "Yes," attach a copy of your articles of organization showing **certification of filing** with the appropriate state agency. Also, if you adopted an operating agreement, attach a copy. Include copies of any amendments to your articles and be sure they show state filing certification. Refer to the instructions for circumstances when an LLC should not file its own exemption application. ☐ Yes ☒ No
- 3 Are you an **unincorporated association**? If "Yes," attach a copy of your articles of association, constitution, or other similar organizing document that is dated and includes at least two signatures. Include signed and dated copies of any amendments. ☐ Yes ☒ No
- 4a Are you a **trust**? If "Yes," attach a signed and dated copy of your trust agreement. Include signed and dated copies of any amendments. ☐ Yes ☒ No
- b Have you been funded? If "No," explain how you are formed without anything of value placed in trust. ☐ Yes ☒ No
- 5 Have you adopted **bylaws**? If "Yes," attach a current copy showing date of adoption. If "No," explain how your officers, directors, or trustees are selected. ☐ Yes ☒ No

**Part III Required Provisions in Your Organizing Document**

The following questions are designed to ensure that when you file this application, your organizing document contains the required provisions to meet the organizational test under section 501(c)(3). Unless you can check the boxes in both lines 1 and 2, your organizing document does not meet the organizational test. **DO NOT file this application until you have amended your organizing document.** Submit your original and amended organizing documents (showing state filing certification if you are a corporation or an LLC) with your application.

- 1 Section 501(c)(3) requires that your organizing document state your exempt purpose(s), such as charitable, religious, educational, and/or scientific purposes. Check the box to confirm that your organizing document meets this requirement. Describe specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document. Refer to the instructions for exempt purpose language. ☒
- Location of Purpose Clause (Page, Article, and Paragraph): **Attachment A**
- 2a Section 501(c)(3) requires that upon dissolution of your organization, your remaining assets must be used exclusively for exempt purposes, such as charitable, religious, educational, and/or scientific purposes. Check the box on line 2a to confirm that your organizing document meets this requirement by express provision for the distribution of assets upon dissolution. If you rely on state law for your dissolution provision, do not check the box on line 2a and go to line 2c. ☐
- b If you checked the box on line 2a, specify the location of your dissolution clause (Page, Article, and Paragraph). Do not complete line 2c if you checked box 2a.
- c See the instructions for information about the operation of state law in your particular state. Check this box if you rely on operation of state law for your dissolution provision and indicate the state: ☒

**Part IV Narrative Description of Your Activities**

Using an attachment, describe your *past, present, and planned* activities in a narrative. If you believe that you have already provided some of this information in response to other parts of this application, you may summarize that information here and refer to the specific parts of the application for supporting details. You may also attach representative copies of newsletters, brochures, or similar documents for supporting details to this narrative. Remember that if this application is approved, it will be open for public inspection. Therefore, your narrative description of activities should be thorough and accurate. Refer to the instructions for information that must be included in your description.

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors**

- 1a List the names, titles, and mailing addresses of all of your officers, directors, and trustees. For each person listed, state their total annual **compensation**, or proposed compensation, for all services to the organization, whether as an officer, employee, or other position. Use actual figures, if available. Enter "none" if no compensation is or will be paid. If additional space is needed, attach a separate sheet. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)
<b>Aretha Coleman</b>	<b>Founder</b>	<b>162 Anna Lane West Memphis, AR 72301</b>	<b>46,000</b>
<b>Angela Jackson</b>	<b>President</b>	<b>977 SFC 512 Heth, AR 72346</b>	<b>0</b>
<b>April Toney</b>	<b>Vice President</b>	<b>3221 Rosewood Dr. Southaven, MS</b>	<b>50,000</b>
<b>Josie Bowman</b>	<b>Secretary</b>	<b>1007 Rich Road West Memphis, AR</b>	<b>50,000</b>

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)**

- b** List the names, titles, and mailing addresses of each of your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation. Do not include officers, directors, or trustees listed in line 1a.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)

- c** List the names, names of businesses, and mailing addresses of your five highest compensated independent contractors that receive or will receive compensation of more than \$50,000 per year. Use the actual figure, if available. Refer to the instructions for information on what to include as compensation.

Name	Title	Mailing address	Compensation amount (annual actual or estimated)

The following "Yes" or "No" questions relate to *past, present, or planned* relationships, transactions, or agreements with your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, and 1c.

- 2a** Are any of your officers, directors, or trustees **related to each other through family or business relationships**? If "Yes," identify the individuals and explain the relationship. ☐ Yes ☒ No
- b** Do you have a business relationship with any of your officers, directors, or trustees other than through their position as an officer, director, or trustee? If "Yes," identify the individuals and describe the business relationship with each of your officers, directors, or trustees. ☐ Yes ☒ No
- c** Are any of your officers, directors, or trustees related to your highest compensated employees or highest compensated independent contractors listed on lines 1b or 1c through family or business relationships? If "Yes," identify the individuals and explain the relationship. ☐ Yes ☒ No

**3a** For each of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c, attach a list showing their name, qualifications, average hours worked, and duties.

- b** Do any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, or 1c receive compensation from any other organizations, whether tax exempt or taxable, that are related to you through **common control**? If "Yes," identify the individuals, explain the relationship between you and the other organization, and describe the compensation arrangement. ☐ Yes ☒ No

**4** In establishing the compensation for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed on lines 1a, 1b, and 1c, the following practices are recommended, although they are not required to obtain exemption. Answer "Yes" to all the practices you use.

- a** Do you or will the individuals that approve compensation arrangements follow a conflict of interest policy? ☐ Yes ☒ No
- b** Do you or will you approve compensation arrangements in advance of paying compensation? ☐ Yes ☒ No
- c** Do you or will you document in writing the date and terms of approved compensation arrangements? ☐ Yes ☒ No



**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)**

- d** Do you or will you record in writing the decision made by each individual who decided or voted on compensation arrangements? ☒ Yes ☐ No
- e** Do you or will you approve compensation arrangements based on information about compensation paid by **similarly situated** taxable or tax-exempt organizations for similar services, current compensation surveys compiled by independent firms, or actual written offers from similarly situated organizations? Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. ☒ Yes ☐ No
- f** Do you or will you record in writing both the information on which you relied to base your decision and its source? ☒ Yes ☐ No
- g** If you answered "No" to any item on lines 4a through 4f, describe how you set compensation that is **reasonable** for your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c.

**5a** Have you adopted a **conflict of interest policy** consistent with the sample conflict of interest policy in Appendix A to the instructions? If "Yes," provide a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," answer lines 5b and 5c. ☐ Yes ☒ No

**b** What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you for setting their own compensation?

**c** What procedures will you follow to assure that persons who have a conflict of interest will not have influence over you regarding business deals with themselves?

**Note.** A conflict of interest policy is recommended though it is not required to obtain exemption. Hospitals, see Schedule C, Section I, line 14.

**6a** Do you or will you compensate any of your officers, directors, trustees, highest compensated employees, and highest compensated independent contractors listed in lines 1a, 1b, or 1c through **non-fixed payments**, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are determined, who is eligible for such arrangements, whether you place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. ☐ Yes ☒ No

**b** Do you or will you compensate any of your employees, other than your officers, directors, trustees, or your five highest compensated employees who receive or will receive compensation of more than \$50,000 per year, through non-fixed payments, such as discretionary bonuses or revenue-based payments? If "Yes," describe all non-fixed compensation arrangements, including how the amounts are or will be determined, who is or will be eligible for such arrangements, whether you place or will place a limitation on total compensation, and how you determine or will determine that you pay no more than reasonable compensation for services. Refer to the instructions for Part V, lines 1a, 1b, and 1c, for information on what to include as compensation. ☐ Yes ☒ No

**7a** Do you or will you purchase any goods, services, or assets from any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such purchase that you made or intend to make, from whom you make or will make such purchases, how the terms are or will be negotiated at **arm's length**, and explain how you determine or will determine that you pay no more than **fair market value**. Attach copies of any written contracts or other agreements relating to such purchases. ☐ Yes ☒ No

**b** Do you or will you sell any goods, services, or assets to any of your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," describe any such sales that you made or intend to make, to whom you make or will make such sales, how the terms are or will be negotiated at **arm's length**, and explain how you determine or will determine you are or will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such sales. ☐ Yes ☒ No

**8a** Do you or will you have any leases, contracts, loans, or other agreements with your officers, directors, trustees, highest compensated employees, or highest compensated independent contractors listed in lines 1a, 1b, or 1c? If "Yes," provide the information requested in lines 8b through 8f. ☐ Yes ☒ No

**b** Describe any written or oral arrangements that you made or intend to make.

**c** Identify with whom you have or will have such arrangements.

**d** Explain how the terms are or will be negotiated at **arm's length**.

**e** Explain how you determine you pay no more than fair market value or you are paid at least fair market value.

**f** Attach copies of any signed leases, contracts, loans, or other agreements relating to such arrangements.

**9a** Do you or will you have any leases, contracts, loans, or other agreements with any organization in which any of your officers, directors, or trustees are also officers, directors, or trustees, or in which any individual officer, director, or trustee owns more than a 35% interest? If "Yes," provide the information requested in lines 9b through 9f. ☐ Yes ☒ No

**Part V Compensation and Other Financial Arrangements With Your Officers, Directors, Trustees, Employees, and Independent Contractors (Continued)**

- b** Describe any written or oral arrangements you made or intend to make.
- c** Identify with whom you have or will have such arrangements.
- d** Explain how the terms are or will be negotiated at arm's length.
- e** Explain how you determine or will determine you pay no more than fair market value or that you are paid at least fair market value.
- f** Attach a copy of any signed leases, contracts, loans, or other agreements relating to such arrangements.

**Part VI Your Members and Other Individuals and Organizations That Receive Benefits From You**

The following "Yes" or "No" questions relate to goods, services, and funds you provide to individuals and organizations as part of your activities. Your answers should pertain to *past, present, and planned* activities. (See instructions.)

- 1 a** In carrying out your exempt purposes, do you provide goods, services, or funds to individuals? If "Yes," describe each program that provides goods, services, or funds to individuals. ☐ Yes ☒ No
- b** In carrying out your exempt purposes, do you provide goods, services, or funds to organizations? If "Yes," describe each program that provides goods, services, or funds to organizations. ☐ Yes ☒ No
- 2** Do any of your programs limit the provision of goods, services, or funds to a specific individual or group of specific individuals? For example, answer "Yes," if goods, services, or funds are provided only for a particular individual, your members, individuals who work for a particular employer, or graduates of a particular school. If "Yes," explain the limitation and how recipients are selected for each program. ☐ Yes ☒ No
- 3** Do any individuals who receive goods, services, or funds through your programs have a family or business relationship with any officer, director, trustee, or with any of your highest compensated employees or highest compensated independent contractors listed in Part V, lines 1a, 1b, and 1c? If "Yes," explain how these related individuals are eligible for goods, services, or funds. ☐ Yes ☒ No

**Part VII Your History**

The following "Yes" or "No" questions relate to your history. (See instructions.)

- 1** Are you a **successor** to another organization? Answer "Yes," if you have taken or will take over the activities of another organization; you took over 25% or more of the fair market value of the net assets of another organization; or you were established upon the conversion of an organization from for-profit to non-profit status. If "Yes," complete Schedule G. ☐ Yes ☒ No
- 2** Are you submitting this application more than 27 months after the end of the month in which you were legally formed? If "Yes," complete Schedule E. ☐ Yes ☒ No

**Part VIII Your Specific Activities**

The following "Yes" or "No" questions relate to specific activities that you may conduct. Check the appropriate box. Your answers should pertain to *past, present, and planned* activities. (See instructions.)

- 1** Do you support or oppose candidates in **political campaigns** in any way? If "Yes," explain. ☐ Yes ☒ No
- 2 a** Do you attempt to **influence legislation**? If "Yes," explain how you attempt to influence legislation and complete line 2b. If "No," go to line 3a. ☐ Yes ☒ No
- b** Have you made or are you making an **election** to have your legislative activities measured by expenditures by filing Form 5768? If "Yes," attach a copy of the Form 5768 that was already filed or attach a completed Form 5768 that you are filing with this application. If "No," describe whether your attempts to influence legislation are a substantial part of your activities. Include the time and money spent on your attempts to influence legislation as compared to your total activities. ☐ Yes ☒ No
- 3 a** Do you or will you operate bingo or **gaming activities**? If "Yes," describe who conducts them, and list all revenue received or expected to be received and expenses paid or expected to be paid in operating these activities. **Revenue and expenses** should be provided for the time periods specified in Part IX, Financial Data. ☐ Yes ☒ No
- b** Do you or will you enter into contracts or other agreements with individuals or organizations to conduct bingo or gaming for you? If "Yes," describe any written or oral arrangements that you made or intend to make, identify with whom you have or will have such arrangements, explain how the terms are or will be negotiated at arm's length, and explain how you determine or will determine you pay no more than fair market value or you will be paid at least fair market value. Attach copies of any written contracts or other agreements relating to such arrangements. ☐ Yes ☒ No
- c** List the states and local jurisdictions, including Indian Reservations, in which you conduct or will conduct gaming or bingo.

**Part VIII Your Specific Activities (Continued)**

**4a** Do you or will you undertake fundraising? If "Yes," check all the fundraising programs you do or will conduct. (See instructions.) ☐ Yes ☒ No

- |   |  |
|---|--|
| <input type="checkbox"/> mail solicitations                         | <input type="checkbox"/> phone solicitations                                   |
| <input type="checkbox"/> email solicitations                        | <input type="checkbox"/> accept donations on your website                      |
| <input type="checkbox"/> personal solicitations                     | <input type="checkbox"/> receive donations from another organization's website |
| <input type="checkbox"/> vehicle, boat, plane, or similar donations | <input type="checkbox"/> government grant solicitations                        |
| <input type="checkbox"/> foundation grant solicitations             | <input type="checkbox"/> Other   |

Attach a description of each fundraising program.

**b** Do you or will you have written or oral contracts with any individuals or organizations to raise funds for you? If "Yes," describe these activities. Include all revenue and expenses from these activities and state who conducts them. Revenue and expenses should be provided for the time periods specified in Part IX, Financial Data. Also, attach a copy of any contracts or agreements. ☐ Yes ☒ No

**c** Do you or will you engage in fundraising activities for other organizations? If "Yes," describe these arrangements. Include a description of the organizations for which you raise funds and attach copies of all contracts or agreements. ☐ Yes ☒ No

**d** List all states and local jurisdictions in which you conduct fundraising. For each state or local jurisdiction listed, specify whether you fundraise for your own organization, you fundraise for another organization, or another organization fundraises for you.

**e** Do you or will you maintain separate accounts for any contributor under which the contributor has the right to advise on the use or distribution of funds? Answer "Yes" if the donor may provide advice on the types of investments, distributions from the types of investments, or the distribution from the donor's contribution account. If "Yes," describe this program, including the type of advice that may be provided and submit copies of any written materials provided to donors. ☐ Yes ☒ No

**5** Are you affiliated with a governmental unit? If "Yes," explain. ☐ Yes ☒ No

**6a** Do you or will you engage in economic development? If "Yes," describe your program. ☐ Yes ☒ No

**b** Describe in full who benefits from your economic development activities and how the activities promote exempt purposes.

**7a** Do or will persons other than your employees or volunteers develop your facilities? If "Yes," describe each facility, the role of the developer, and any business or family relationship(s) between the developer and your officers, directors, or trustees. ☐ Yes ☒ No

**b** Do or will persons other than your employees or volunteers manage your activities or facilities? If "Yes," describe each activity and facility, the role of the manager, and any business or family relationship(s) between the manager and your officers, directors, or trustees. ☐ Yes ☒ No

**c** If there is a business or family relationship between any manager or developer and your officers, directors, or trustees, identify the individuals, explain the relationship, describe how contracts are negotiated at arm's length so that you pay no more than fair market value, and submit a copy of any contracts or other agreements.

**8** Do you or will you enter into joint ventures, including partnerships or limited liability companies treated as partnerships, in which you share profits and losses with partners other than section 501(c)(3) organizations? If "Yes," describe the activities of these joint ventures in which you participate. ☐ Yes ☒ No

**9a** Are you applying for exemption as a childcare organization under section 501(k)? If "Yes," answer lines 9b through 9d. If "No," go to line 10. ☐ Yes ☒ No

**b** Do you provide child care so that parents or caretakers of children you care for can be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). ☐ Yes ☒ No

**c** Of the children for whom you provide child care, are 85% or more of them cared for by you to enable their parents or caretakers to be gainfully employed (see instructions)? If "No," explain how you qualify as a childcare organization described in section 501(k). ☐ Yes ☒ No

**d** Are your services available to the general public? If "No," describe the specific group of people for whom your activities are available. Also, see the instructions and explain how you qualify as a childcare organization described in section 501(k). ☒ Yes ☐ No

**10** Do you or will you publish, own, or have rights in music, literature, tapes, artworks, choreography, scientific discoveries, or other intellectual property? If "Yes," explain. Describe who owns or will own any copyrights, patents, or trademarks, whether fees are or will be charged, how the fees are determined, and how any items are or will be produced, distributed, and marketed. ☐ Yes ☒ No

**Part VIII Your Specific Activities (Continued)**

- 11** Do you or will you accept contributions of: real property; conservation easements; closely held securities; intellectual property such as patents, trademarks, and copyrights; works of music or art; licenses; royalties; automobiles, boats, planes, or other vehicles; or collectibles of any type? If "Yes," describe each type of contribution, any conditions imposed by the donor on the contribution, and any agreements with the donor regarding the contribution. ☒ **Yes** ☐ **No**
- 
- 12a** Do you or will you operate in a foreign country or countries? If "Yes," answer lines 12b through 12d. If "No," go to line 13a. ☐ **Yes** ☒ **No**
- b** Name the foreign countries and regions within the countries in which you operate.
- c** Describe your operations in each country and region in which you operate.
- d** Describe how your operations in each country and region further your exempt purposes.
- 
- 13a** Do you or will you make grants, loans, or other distributions to organization(s)? If "Yes," answer lines 13b through 13g. If "No," go to line 14a. ☐ **Yes** ☒ **No**
- b** Describe how your grants, loans, or other distributions to organizations further your exempt purposes.
- c** Do you have written contracts with each of these organizations? If "Yes," attach a copy of each contract. ☐ **Yes** ☐ **No**
- d** Identify each recipient organization and any relationship between you and the recipient organization.
- e** Describe the records you keep with respect to the grants, loans, or other distributions you make.
- f** Describe your selection process, including whether you do any of the following:
- (i)** Do you require an application form? If "Yes," attach a copy of the form. ☐ **Yes** ☐ **No**
- (ii)** Do you require a grant proposal? If "Yes," describe whether the grant proposal specifies your responsibilities and those of the grantee, obligates the grantee to use the grant funds only for the purposes for which the grant was made, provides for periodic written reports concerning the use of grant funds, requires a final written report and an accounting of how grant funds were used, and acknowledges your authority to withhold and/or recover grant funds in case such funds are, or appear to be, misused. ☐ **Yes** ☐ **No**
- g** Describe your procedures for oversight of distributions that assure you the resources are used to further your exempt purposes, including whether you require periodic and final reports on the use of resources.
- 
- 14a** Do you or will you make grants, loans, or other distributions to foreign organizations? If "Yes," answer lines 14b through 14f. If "No," go to line 15. ☐ **Yes** ☒ **No**
- b** Provide the name of each foreign organization, the country and regions within a country in which each foreign organization operates, and describe any relationship you have with each foreign organization.
- c** Does any foreign organization listed in line 14b accept contributions earmarked for a specific country or specific organization? If "Yes," list all earmarked organizations or countries. ☐ **Yes** ☐ **No**
- d** Do your contributors know that you have ultimate authority to use contributions made to you at your discretion for purposes consistent with your exempt purposes? If "Yes," describe how you relay this information to contributors. ☐ **Yes** ☐ **No**
- e** Do you or will you make pre-grant inquiries about the recipient organization? If "Yes," describe these inquiries, including whether you inquire about the recipient's financial status, its tax-exempt status under the Internal Revenue Code, its ability to accomplish the purpose for which the resources are provided, and other relevant information. ☐ **Yes** ☐ **No**
- f** Do you or will you use any additional procedures to ensure that your distributions to foreign organizations are used in furtherance of your exempt purposes? If "Yes," describe these procedures, including site visits by your employees or compliance checks by impartial experts, to verify that grant funds are being used appropriately. ☐ **Yes** ☐ **No**

**Part VIII Your Specific Activities (Continued)**

- 15 Do you have a **close connection** with any organizations? If "Yes," explain. ☐ Yes ☒ No
- 16 Are you applying for exemption as a **cooperative hospital service organization** under section 501(e)? If "Yes," explain. ☐ Yes ☒ No
- 17 Are you applying for exemption as a **cooperative service organization of operating educational organizations** under section 501(f)? If "Yes," explain. ☐ Yes ☒ No
- 18 Are you applying for exemption as a **charitable risk pool** under section 501(n)? If "Yes," explain. ☐ Yes ☒ No
- 19 Do you or will you operate a **school**? If "Yes," complete Schedule B. Answer "Yes," whether you operate a school as your main function or as a secondary activity. ☐ Yes ☒ No
- 20 Is your main function to provide **hospital or medical care**? If "Yes," complete Schedule C. ☐ Yes ☒ No
- 21 Do you or will you provide **low-income housing** or housing for the **elderly or handicapped**? If "Yes," complete Schedule F. ☐ Yes ☒ No
- 22 Do you or will you provide scholarships, fellowships, educational loans, or other educational grants to individuals, including grants for travel, study, or other similar purposes? If "Yes," complete Schedule H. ☐ Yes ☒ No
- Note.** Private foundations may use Schedule H to request advance approval of individual grant procedures.

**Part IX Financial Data**

For purposes of this schedule, years in existence refer to completed tax years. If in existence 4 or more years, complete the schedule for the most recent 4 tax years. If in existence more than 1 year but less than 4 years, complete the statements for each year in existence and provide projections of your likely revenues and expenses based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. If in existence less than 1 year, provide projections of your likely revenues and expenses for the current year and the 2 following years, based on a reasonable and good faith estimate of your future finances for a total of 3 years of financial information. (See instructions.)

**A. Statement of Revenues and Expenses**

	Type of revenue or expense	Current tax year	3 prior tax years or 2 succeeding tax years				(e) Provide Total for (a) through (d)
		(a) From 2016 To 2017	(b) From 2017 To 2018	(c) From 2018 To 2019	(d) From	To	
Revenues	1 Gifts, grants, and contributions received (do not include unusual grants)	10,000.00	10,000	10,000			30,000
	2 Membership fees received	3,750.00	3,750.00	3,750.00			11,250
	3 Gross investment income	50,000.00	50,000	50,000			150,000
	4 Net unrelated business income	25,000	25,000	25,000			75,000
	5 Taxes levied for your benefit	0	0	0			0
	6 Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)	0	0	0			0
	7 Any revenue not otherwise listed above or in lines 9-12 below (attach an itemized list)		0	0			30,000
	8 Total of lines 1 through 7	88,750	88,750	88,750			88,750
	9 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)	0	0	0			0
	10 Total of lines 8 and 9	0	0	0			0
Expenses	11 Net gain or loss on sale of capital assets (attach schedule and see instructions)	5,000	5,000	5,000			15,000
	12 Unusual grants	5,000	5,000	5,000			15,000
	13 Total Revenue Add lines 10 through 12	10,000	10,000	10,000			30,000
	14 Fundraising expenses	0	0	0	0		
	15 Contributions, gifts, grants, and similar amounts paid out (attach an itemized list)	0	0	0			
	16 Disbursements to or for the benefit of members (attach an itemized list)	0	0	0			
	17 Compensation of officers, directors, and trustees	0	0	0			
	18 Other salaries and wages	509,600	509,600	509,600			
	19 Interest expense	0	0	0			
	20 Occupancy (rent, utilities, etc.)	50,000	50,000	50,000			
	21 Depreciation and depletion	0	0	0			
	22 Professional fees	10,000	10,000	10,000			
	23 Any expense not otherwise classified, such as program services (attach itemized list)	0	0	0			
	24 Total Expenses Add lines 14 through 23	569,600	569,000	569,000			

**Part IX Financial Data (Continued)****B. Balance Sheet (for your most recently completed tax year)**

		Year End:
		(Whole dollars)
<b>Assets</b>		
1	Cash . . . . .	0
2	Accounts receivable, net . . . . .	0
3	Inventories . . . . .	100,000
4	Bonds and notes receivable (attach an itemized list) . . . . .	0
5	Corporate stocks (attach an itemized list) . . . . .	0
6	Loans receivable (attach an itemized list) . . . . .	100,000
7	Other investments (attach an itemized list) . . . . .	0
8	Depreciable and depletable assets (attach an itemized list) . . . . .	0
9	Land . . . . .	0
10	Other assets (attach an itemized list) . . . . .	200,000.00
11	<b>Total Assets (add lines 1 through 10)</b> . . . . .	<b>100,000</b>
<b>Liabilities</b>		
12	Accounts payable . . . . .	100,000
13	Contributions, gifts, grants, etc. payable . . . . .	100,000
14	Mortgages and notes payable (attach an itemized list) . . . . .	0
15	Other liabilities (attach an itemized list) . . . . .	50,000
16	<b>Total Liabilities (add lines 12 through 15)</b> . . . . .	<b>250,000</b>
<b>Fund Balances or Net Assets</b>		
17	<b>Total fund balances or net assets</b> . . . . .	<b>100,000</b>
18	<b>Total Liabilities and Fund Balances or Net Assets (add lines 16 and 17)</b> . . . . .	<b>50,000</b>
19	Have there been any substantial changes in your assets or liabilities since the end of the period shown above? If "Yes," explain.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**Part X Public Charity Status**

Part X is designed to classify you as an organization that is either a **private foundation** or a **public charity**. Public charity status is a more favorable tax status than private foundation status. If you are a private foundation, Part X is designed to further determine whether you are a **private operating foundation**. (See instructions.)

- 1a Are you a private foundation? If "Yes," go to line 1b. If "No," go to line 5 and proceed as instructed. If you are unsure, see the instructions. ☐ Yes ☒ No
- b As a private foundation, section 508(e) requires special provisions in your organizing document in addition to those that apply to all organizations described in section 501(c)(3). Check the box to confirm that your organizing document meets this requirement, whether by express provision or by reliance on operation of state law. Attach a statement that describes specifically where your organizing document meets this requirement, such as a reference to a particular article or section in your organizing document or by operation of state law. See the instructions, including Appendix B, for information about the special provisions that need to be contained in your organizing document. Go to line 2. ☐
- 2 Are you a private operating foundation? To be a private operating foundation you must engage directly in the active conduct of charitable, religious, educational, and similar activities, as opposed to indirectly carrying out these activities by providing grants to individuals or other organizations. If "Yes," go to line 3. If "No," go to the signature section of Part XI. ☐ Yes ☒ No
- 3 Have you existed for one or more years? If "Yes," attach financial information showing that you are a private operating foundation; go to the signature section of Part XI. If "No," continue to line 4. ☐ Yes ☒ No
- 4 Have you attached either (1) an affidavit or opinion of counsel, (including a written affidavit or opinion from a certified public accountant or accounting firm with expertise regarding this tax law matter), that sets forth facts concerning your operations and support to demonstrate that you are likely to satisfy the requirements to be classified as a private operating foundation; or (2) a statement describing your proposed operations as a private operating foundation? ☐ Yes ☒ No
- 5 If you answered "No" to line 1a, indicate the type of public charity status you are requesting by checking one of the choices below. You may check only one box.
- The organization is not a private foundation because it is:
- a 509(a)(1) and 170(b)(1)(A)(i)—a church or a convention or association of churches. Complete and attach Schedule A. ☒
- b 509(a)(1) and 170(b)(1)(A)(ii)—a school. Complete and attach Schedule B. ☐
- c 509(a)(1) and 170(b)(1)(A)(iii)—a hospital, a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital. Complete and attach Schedule C. ☐
- d 509(a)(3)—an organization supporting either one or more organizations described in line 5a through c, f, g, or h or a publicly supported section 501(c)(4), (5), or (6) organization. Complete and attach Schedule D. ☐

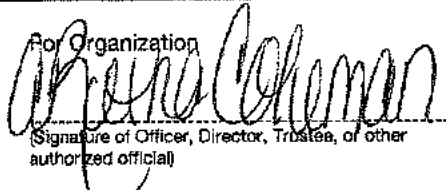
**Part X Public Charity Status (Continued)**

- e** 509(a)(4)—an organization organized and operated exclusively for testing for public safety. ☐
- f** 509(a)(1) and 170(b)(1)(A)(iv)—an organization operated for the benefit of a college or university that is owned or operated by a governmental unit. ☐
- g** 509(a)(1) and 170(b)(1)(A)(vi)—an organization that receives a substantial part of its financial support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public. ☐
- h** 509(a)(2)—an organization that normally receives not more than one-third of its financial support from gross investment income and receives more than one-third of its financial support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions). ☐
- i** A publicly supported organization, but unsure if it is described in 5g or 5h. The organization would like the IRS to decide the correct status. ☐

**6** If you checked box g, h, or i in question 5 above, you must request either an **advance** or a **definitive ruling** by selecting one of the boxes below. Refer to the instructions to determine which type of ruling you are eligible to receive.

- a Request for Advance Ruling:** By checking this box and signing the consent, pursuant to section 6501(c)(4) of the Code you request an advance ruling and agree to extend the statute of limitations on the assessment of excise tax under section 4940 of the Code. The tax will apply only if you do not establish public support status at the end of the 5-year advance ruling period. The assessment period will be extended for the 5 advance ruling years to 8 years, 4 months, and 15 days beyond the end of the first year. You have the right to refuse or limit the extension to a mutually agreed-upon period of time or issue(s). Publication 1035, *Extending the Tax Assessment Period*, provides a more detailed explanation of your rights and the consequences of the choices you make. You may obtain Publication 1035 free of charge from the IRS web site at [www.irs.gov](http://www.irs.gov) or by calling toll-free 1-800-829-3676. Signing this consent will not deprive you of any appeal rights to which you would otherwise be entitled. If you decide not to extend the statute of limitations, you are not eligible for an advance ruling. ☐

**Consent Fixing Period of Limitations Upon Assessment of Tax Under Section 4940 of the Internal Revenue Code**

For Organization  
  
 (Signature of Officer, Director, Trustee, or other authorized official)

ARetha Coleman  
 (Type or print name of signer)

4/28/16  
 (Date)

Founder  
 (Type or print title or authority of signer)

For IRS Use Only

IRS Director, Exempt Organizations

(Date)

- b Request for Definitive Ruling:** Check this box if you have completed one tax year of at least 8 full months and you are requesting a definitive ruling. To confirm your public support status, answer line 6b(i) if you checked box g in line 5 above. Answer line 6b(ii) if you checked box h in line 5 above. If you checked box i in line 5 above, answer both lines 6b(i) and (ii). ☐
- (i) (a)** Enter 2% of line 8, column (e) on Part IX-A, Statement of Revenues and Expenses. \_\_\_\_\_
- (b)** Attach a list showing the name and amount contributed by each person, company, or organization whose gifts totaled more than the 2% amount. If the answer is "None," check this box. ☐
- (ii) (a)** For each year amounts are included on lines 1, 2, and 9 of Part IX-A, Statement of Revenues and Expenses, attach a list showing the name of and amount received from each **disqualified person**. If the answer is "None," check this box. ☐
- (b)** For each year amounts are included on line 9 of Part IX-A, Statement of Revenues and Expenses, attach a list showing the name of and amount received from each payer, other than a disqualified person, whose payments were more than the larger of (1) 1% of line 10, Part IX-A, Statement of Revenues and Expenses, or (2) \$5,000. If the answer is "None," check this box. ☐

- 7** Did you receive any unusual grants during any of the years shown on Part IX-A, Statement of Revenues and Expenses? ☐ Yes ☒ No  
 If "Yes," attach a list including the name of the contributor, the date and amount of the grant, a brief description of the grant, and explain why it is unusual.



**Part XI User Fee Information**

You must include a user fee payment with this application. It will not be processed without your paid user fee. If your average annual gross receipts have exceeded or will exceed \$10,000 annually over a 4-year period, you must submit payment of \$850. If your gross receipts have not exceeded or will not exceed \$10,000 annually over a 4-year period, the required user fee payment is \$400. See instructions for Part XI, for a definition of **gross receipts** over a 4-year period. Your check or money order must be made payable to the United States Treasury. *User fees are subject to change. Check our website at [www.irs.gov](http://www.irs.gov) and type "User Fee" in the keyword box, or call Customer Account Services at 1-877-829-5500 for current information.*

- 1 Have your annual gross receipts averaged or are they expected to average not more than \$10,000? ☐ Yes ☒ No  
 If "Yes," check the box on line 2 and enclose a user fee payment of \$400 (Subject to change—see above).  
 If "No," check the box on line 3 and enclose a user fee payment of \$850 (Subject to change—see above).
- 2 Check the box if you have enclosed the reduced user fee payment of \$400 (Subject to change). ☐
- 3 Check the box if you have enclosed the user fee payment of \$850 (Subject to change). ☐

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

**Please  
Sign  
Here**

(Signature of Officer, Director, Trustee, or other  
authorized official)

**AREtha Coleman**

(Type or print name of signer)

**Connections Charter School**

(Type or print title or authority of signer)

(Date)

Form **1023** (Rev. 12-2013)

**Reminder:** Send the completed Form 1023 Checklist with your filled-in-application.

**Schedule A. Churches**

<b>1 a</b>	Do you have a written creed, statement of faith, or summary of beliefs? If "Yes," attach copies of relevant documents.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	Do you have a form of worship? If "Yes," describe your form of worship.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>2 a</b>	Do you have a formal code of doctrine and discipline? If "Yes," describe your code of doctrine and discipline.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	Do you have a distinct religious history? If "Yes," describe your religious history.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>c</b>	Do you have a literature of your own? If "Yes," describe your literature.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>3</b>	Describe the organization's religious hierarchy or ecclesiastical government.		
<b>4 a</b>	Do you have regularly scheduled religious services? If "Yes," describe the nature of the services and provide representative copies of relevant literature such as church bulletins.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	What is the average attendance at your regularly scheduled religious services?		
<b>5 a</b>	Do you have an established place of worship? If "Yes," refer to the instructions for the information required.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	Do you own the property where you have an established place of worship?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>6</b>	Do you have an established congregation or other regular membership group? If "No," refer to the instructions.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>7</b>	How many members do you have?		
<b>8 a</b>	Do you have a process by which an individual becomes a member? If "Yes," describe the process and complete lines 8b-8d, below.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	If you have members, do your members have voting rights, rights to participate in religious functions, or other rights? If "Yes," describe the rights your members have.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>c</b>	May your members be associated with another denomination or church?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>d</b>	Are all of your members part of the same family?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>9</b>	Do you conduct baptisms, weddings, funerals, etc.?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>10</b>	Do you have a school for the religious instruction of the young?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>11 a</b>	Do you have a minister or religious leader? If "Yes," describe this person's role and explain whether the minister or religious leader was ordained, commissioned, or licensed after a prescribed course of study.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>b</b>	Do you have schools for the preparation of your ordained ministers or religious leaders?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>12</b>	Is your minister or religious leader also one of your officers, directors, or trustees?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>13</b>	Do you ordain, commission, or license ministers or religious leaders? If "Yes," describe the requirements for ordination, commission, or licensure.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>14</b>	Are you part of a group of churches with similar beliefs and structures? If "Yes," explain. Include the name of the group of churches.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>15</b>	Do you issue church charters? If "Yes," describe the requirements for issuing a charter.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>16</b>	Did you pay a fee for a church charter? If "Yes," attach a copy of the charter.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>17</b>	Do you have other information you believe should be considered regarding your status as a church? If "Yes," explain.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

**Schedule B. Schools, Colleges, and Universities**

If you operate a school as an activity, complete Schedule B

**Section I Operational Information**

**1a** Do you normally have a regularly scheduled curriculum, a regular faculty of qualified teachers, a regularly enrolled student body, and facilities where your educational activities are regularly carried on? If "No," do not complete the remainder of Schedule B. ☒ **Yes** ☐ **No**

**b** Is the primary function of your school the presentation of formal instruction? If "Yes," describe your school in terms of whether it is an elementary, secondary, college, technical, or other type of school. If "No," do not complete the remainder of Schedule B. ☒ **Yes** ☐ **No**

**2a** Are you a public school because you are operated by a state or subdivision of a state? If "Yes," explain how you are operated by a state or subdivision of a state. Do not complete the remainder of Schedule B. ☐ **Yes** ☒ **No**

**b** Are you a public school because you are operated wholly or predominantly from government funds or property? If "Yes," explain how you are operated wholly or predominantly from government funds or property. Submit a copy of your funding agreement regarding government funding. Do not complete the remainder of Schedule B. ☐ **Yes** ☒ **No**

**3** In what public school district, county, and state are you located?

**Marion, AR**

**4** Were you formed or substantially expanded at the time of public school desegregation in the above school district or county? ☐ **Yes** ☒ **No**

**5** Has a state or federal administrative agency or judicial body ever determined that you are racially discriminatory? If "Yes," explain. ☐ **Yes** ☒ **No**

**6** Has your right to receive financial aid or assistance from a governmental agency ever been revoked or suspended? If "Yes," explain. ☐ **Yes** ☒ **No**

**7** Do you or will you contract with another organization to develop, build, market, or finance your facilities? If "Yes," explain how that entity is selected, explain how the terms of any contracts or other agreements are negotiated at arm's length, and explain how you determine that you will pay no more than fair market value for services. ☐ **Yes** ☒ **No**

**Note.** Make sure your answer is consistent with the information provided in Part VIII, line 7a.

**8** Do you or will you manage your activities or facilities through your own employees or volunteers? If "No," attach a statement describing the activities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and how these managers were or will be selected. Also, submit copies of any contracts, proposed contracts, or other agreements regarding the provision of management services for your activities or facilities. Explain how the terms of any contracts or other agreements were or will be negotiated, and explain how you determine you will pay no more than fair market value for services. ☒ **Yes** ☐ **No**

**Note.** Answer "Yes" if you manage or intend to manage your programs through your own employees or by using volunteers. Answer "No" if you engage or intend to engage a separate organization or independent contractor. Make sure your answer is consistent with the information provided in Part VIII, line 7b.

**Section II Establishment of Racially Nondiscriminatory Policy**Information required by **Revenue Procedure 75-50.**

**1** Have you adopted a racially nondiscriminatory policy as to students in your organizing document, bylaws, or by resolution of your governing body? If "Yes," state where the policy can be found or supply a copy of the policy. If "No," you must adopt a nondiscriminatory policy as to students before submitting this application. See Publication 557. ☒ **Yes** ☐ **No**

**2** Do your brochures, application forms, advertisements, and catalogues dealing with student admissions, programs, and scholarships contain a statement of your racially nondiscriminatory policy? ☐ **Yes** ☒ **No**

**a** If "Yes," attach a representative sample of each document.

**b** If "No," by checking the box to the right you agree that all future printed materials, including website content, will contain the required nondiscriminatory policy statement. ☒

**3** Have you published a notice of your nondiscriminatory policy in a newspaper of general circulation that serves all racial segments of the community? (See the instructions for specific requirements.) If "No," explain. ☒ **Yes** ☐ **No**

**4** Does or will the organization (or any department or division within it) discriminate in any way on the basis of race with respect to admissions; use of facilities or exercise of student privileges; faculty or administrative staff; or scholarship or loan programs? If "Yes," for any of the above, explain fully. ☐ **Yes** ☒ **No**

**Schedule B. Schools, Colleges, and Universities (Continued)**

- 5** Complete the table below to show the racial composition for the current academic year and projected for the next academic year, of: (a) the student body, (b) the faculty, and (c) the administrative staff. Provide actual numbers rather than percentages for each racial category.

If you are not operational, submit an estimate based on the best information available (such as the racial composition of the community served).

Racial Category	(a) Student Body		(b) Faculty		(c) Administrative Staff	
	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year
<b>Black</b>		60%		40%		40%
<b>Caucasian</b>		30%		50%		50%
<b>Hispanic</b>		8%		8%		5%
<b>Asian</b>		2%		2%		5%
<b>Other</b>						
<b>Total</b>						

- 6** In the table below, provide the number and amount of loans and scholarships awarded to students enrolled by racial categories.

Racial Category	Number of Loans		Amount of Loans		Number of Scholarships		Amount of Scholarships	
	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year	Current Year	Next Year
<b>Total</b>								

- 7 a** Attach a list of your incorporators, founders, board members, and donors of land or buildings, whether individuals or organizations.

- b** Do any of these individuals or organizations have an objective to maintain segregated public or private school education? If "Yes," explain. ☐ Yes ☒ No

- 8** Will you maintain records according to the non-discrimination provisions contained in Revenue Procedure 75-50? If "No," explain. (See Instructions.) ☒ Yes ☐ No

**Schedule C. Hospitals and Medical Research Organizations**

Check the box if you are a **hospital**. See the instructions for a definition of the term "hospital," which includes an organization whose principal purpose or function is providing **hospital or medical care**. Complete Section I below. ☐

Check the box if you are a **medical research organization** operated in conjunction with a hospital. See the instructions for a definition of the term "medical research organization," which refers to an organization whose principal purpose or function is medical research and which is directly engaged in the continuous active conduct of medical research in conjunction with a hospital. Complete Section II. ☐

**Section I Hospitals**

- 1a** Are all the doctors in the community eligible for staff privileges? If "No," give the reasons why and explain how the medical staff is selected. ☐ Yes ☒ No
- 2a** Do you or will you provide medical services to all individuals in your community who can pay for themselves or have private health insurance? If "No," explain. ☐ Yes ☒ No
- b** Do you or will you provide medical services to all individuals in your community who participate in Medicare? If "No," explain. ☐ Yes ☒ No
- c** Do you or will you provide medical services to all individuals in your community who participate in Medicaid? If "No," explain. ☐ Yes ☒ No
- 3a** Do you or will you require persons covered by Medicare or Medicaid to pay a deposit before receiving services? If "Yes," explain. ☐ Yes ☒ No
- b** Does the same deposit requirement, if any, apply to all other patients? If "No," explain. ☐ Yes ☒ No
- 4a** Do you or will you maintain a full-time emergency room? If "No," explain why you do not maintain a full-time emergency room. Also, describe any emergency services that you provide. ☐ Yes ☒ No
- b** Do you have a policy on providing emergency services to persons without apparent means to pay? If "Yes," provide a copy of the policy. ☐ Yes ☒ No
- c** Do you have any arrangements with police, fire, and voluntary ambulance services for the delivery or admission of emergency cases? If "Yes," describe the arrangements, including whether they are written or oral agreements. If written, submit copies of all such agreements. ☐ Yes ☒ No
- 5a** Do you provide for a portion of your services and facilities to be used for charity patients? If "Yes," answer 5b through 5e. ☐ Yes ☒ No
- b** Explain your policy regarding charity cases, including how you distinguish between charity care and bad debts. Submit a copy of your written policy.
- c** Provide data on your past experience in admitting charity patients, including amounts you expend for treating charity care patients and types of services you provide to charity care patients.
- d** Describe any arrangements you have with federal, state, or local governments or government agencies for paying for the cost of treating charity care patients. Submit copies of any written agreements.
- e** Do you provide services on a sliding fee schedule depending on financial ability to pay? If "Yes," submit your sliding fee schedule. ☐ Yes ☒ No
- 6a** Do you or will you carry on a formal program of medical training or medical research? If "Yes," describe such programs, including the type of programs offered, the scope of such programs, and affiliations with other hospitals or medical care providers with which you carry on the medical training or research programs. ☐ Yes ☒ No
- b** Do you or will you carry on a formal program of community education? If "Yes," describe such programs, including the type of programs offered, the scope of such programs, and affiliation with other hospitals or medical care providers with which you offer community education programs. ☐ Yes ☒ No
- 7** Do you or will you provide office space to physicians carrying on their own medical practices? If "Yes," describe the criteria for who may use the space, explain the means used to determine that you are paid at least fair market value, and submit representative lease agreements. ☐ Yes ☒ No
- 8** Is your board of directors comprised of a majority of individuals who are representative of the community you serve? Include a list of each board member's name and business, financial, or professional relationship with the hospital. Also, identify each board member who is representative of the community and describe how that individual is a community representative. ☐ Yes ☒ No
- 9** Do you participate in any joint ventures? If "Yes," state your ownership percentage in each joint venture, list your investment in each joint venture, describe the tax status of other participants in each joint venture (including whether they are section 501(c)(3) organizations), describe the activities of each joint venture, describe how you exercise control over the activities of each joint venture, and describe how each joint venture furthers your exempt purposes. Also, submit copies of all agreements. ☐ Yes ☒ No

**Note.** Make sure your answer is consistent with the information provided in Part VIII, line 8.

**Schedule C. Hospitals and Medical Research Organizations (Continued)****Section I Hospitals (Continued)**

- 10** Do you or will you manage your activities or facilities through your own employees or volunteers? If "No," attach a statement describing the activities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and how these managers were or will be selected. Also, submit copies of any contracts, proposed contracts, or other agreements regarding the provision of management services for your activities or facilities. Explain how the terms of any contracts or other agreements were or will be negotiated, and explain how you determine you will pay no more than fair market value for services. ☐ Yes ☒ No

**Note.** Answer "Yes" if you do manage or intend to manage your programs through your own employees or by using volunteers. Answer "No" if you engage or intend to engage a separate organization or independent contractor. Make sure your answer is consistent with the information provided in Part VIII, line 7b.

- 11** Do you or will you offer recruitment incentives to physicians? If "Yes," describe your recruitment incentives and attach copies of all written recruitment incentive policies. ☐ Yes ☒ No
- 12** Do you or will you lease equipment, assets, or office space from physicians who have a financial or professional relationship with you? If "Yes," explain how you establish a fair market value for the lease. ☐ Yes ☒ No
- 13** Have you purchased medical practices, ambulatory surgery centers, or other business assets from physicians or other persons with whom you have a business relationship, aside from the purchase? If "Yes," submit a copy of each purchase and sales contract and describe how you arrived at fair market value, including copies of appraisals. ☐ Yes ☒ No
- 14** Have you adopted a **conflict of interest policy** consistent with the sample health care organization conflict of interest policy in Appendix A of the instructions? If "Yes," submit a copy of the policy and explain how the policy has been adopted, such as by resolution of your governing board. If "No," explain how you will avoid any conflicts of interest in your business dealings. ☐ Yes ☒ No

**Section II Medical Research Organizations**

- 1** Name the hospitals with which you have a relationship and describe the relationship. Attach copies of written agreements with each hospital that demonstrate continuing relationships between you and the hospital(s).
- 2** Attach a schedule describing your present and proposed activities for the direct conduct of medical research; describe the nature of the activities, and the amount of money that has been or will be spent in carrying them out.
- 3** Attach a schedule of assets showing their fair market value and the portion of your assets directly devoted to medical research.

**Schedule D. Section 509(a)(3) Supporting Organizations****Section I Identifying Information About the Supported Organization(s)**

- 1 State the names, addresses, and EINs of the supported organizations. If additional space is needed, attach a separate sheet.

Name	Address	EIN
Connections Charter School	162 Anna Lane West Memphis, AR 72301	81-0896508

- 2 Are all supported organizations listed in line 1 public charities under section 509(a)(1) or (2)? If "Yes," go to Section II. If "No," go to line 3.
- ☐
- Yes
- ☒
- No

- 3 Do the supported organizations have tax-exempt status under section 501(c)(4), 501(c)(5), or 501(c)(6)? If "Yes," for each 501(c)(4), (5), or (6) organization supported, provide the following financial information:
- ☐
- Yes
- ☒
- No

• Part IX-A. Statement of Revenues and Expenses, lines 1-13 and

• Part X, lines 6b(i)(a), 6b(ii)(b), and 7.

If "No," attach a statement describing how each organization you support is a public charity under section 509(a)(1) or (2).

**Section II Relationship with Supported Organization(s) — Three Tests**

To be classified as a supporting organization, an organization must meet one of three relationship tests:

Test 1: "Operated, supervised, or controlled by" one or more publicly supported organizations, or

Test 2: "Supervised or controlled in connection with" one or more publicly supported organizations, or

Test 3: "Operated in connection with" one or more publicly supported organizations.

- 1 Information to establish the "operated, supervised, or controlled by" relationship (Test 1)
- 
- Is a majority of your governing board or officers elected or appointed by the supported organization(s)? If "Yes," describe the process by which your governing board is appointed and elected; go to Section III. If "No," continue to line 2.
- ☐
- Yes
- ☒
- No

- 2 Information to establish the "supervised or controlled in connection with" relationship (Test 2)
- 
- Does a majority of your governing board consist of individuals who also serve on the governing board of the supported organization(s)? If "Yes," describe the process by which your governing board is appointed and elected; go to Section III. If "No," go to line 3.
- ☐
- Yes
- ☒
- No

- 3 Information to establish the "operated in connection with" responsiveness test (Test 3)
- 
- Are you a trust from which the named supported organization(s) can enforce and compel an accounting under state law? If "Yes," explain whether you advised the supported organization(s) in writing of these rights and provide a copy of the written communication documenting this; go to Section II, line 5. If "No," go to line 4a.
- ☐
- Yes
- ☒
- No

- 4 Information to establish the alternative "operated in connection with" responsiveness test (Test 3)
- a Do the officers, directors, trustees, or members of the supported organization(s) elect or appoint one or more of your officers, directors, or trustees? If "Yes," explain and provide documentation; go to line 4d, below. If "No," go to line 4b. ☐ Yes ☒ No
  - b Do one or more members of the governing body of the supported organization(s) also serve as your officers, directors, or trustees or hold other important offices with respect to you? If "Yes," explain and provide documentation; go to line 4d, below. If "No," go to line 4c. ☐ Yes ☒ No
  - c Do your officers, directors, or trustees maintain a close and continuous working relationship with the officers, directors, or trustees of the supported organization(s)? If "Yes," explain and provide documentation. ☐ Yes ☒ No
  - d Do the supported organization(s) have a significant voice in your investment policies, in the making and timing of grants, and in otherwise directing the use of your income or assets? If "Yes," explain and provide documentation. ☐ Yes ☒ No
  - e Describe and provide copies of written communications documenting how you made the supported organization(s) aware of your supporting activities.

- 5 Information to establish the "operated in connection with" integral part test (Test 3)
- 
- Do you conduct activities that would otherwise be carried out by the supported organization(s)? If "Yes," explain and go to Section III. If "No," continue to line 6a.
- ☐
- Yes
- ☒
- No

**Schedule D. Section 509(a)(3) Supporting Organizations (Continued)****Section II Relationship with Supported Organization(s)—Three Tests (Continued)**

- 6** Information to establish the alternative "operated in connection with" integral part test (Test 3)
- a** Do you distribute at least 85% of your annual net income to the supported organization(s)? If "Yes," go ☒ **Yes** ☐ **No** to line 6b. (See instructions.)
- If "No," state the percentage of your income that you distribute to each supported organization. Also explain how you ensure that the supported organization(s) are attentive to your operations.
- b** How much do you contribute annually to each supported organization? Attach a schedule.
- c** What is the total annual revenue of each supported organization? If you need additional space, attach a list.
- d** Do you or the supported organization(s) earmark your funds for support of a particular program or activity? If "Yes," explain. ☐ **Yes** ☒ **No**
- 
- 7a** Does your organizing document specify the supported organization(s) by name? If "Yes," state the article and paragraph number and go to Section III. If "No," answer line 7b. ☐ **Yes** ☒ **No**
- b** Attach a statement describing whether there has been an historic and continuing relationship between you and the supported organization(s).

**Section III Organizational Test**

- 1a** If you met relationship Test 1 or Test 2 in Section II, your organizing document must specify the supported organization(s) by name, or by naming a similar purpose or charitable class of beneficiaries. If your organizing document complies with this requirement, answer "Yes." If your organizing document does not comply with this requirement, answer "No," and see the instructions. ☐ **Yes** ☒ **No**
- b** If you met relationship Test 3 in Section II, your organizing document must generally specify the supported organization(s) by name. If your organizing document complies with this requirement, answer "Yes," and go to Section IV. If your organizing document does not comply with this requirement, answer "No," and see the instructions. ☐ **Yes** ☒ **No**

**Section IV Disqualified Person Test**

You do not qualify as a supporting organization if you are **controlled** directly or indirectly by one or more **disqualified persons** (as defined in section 4946) other than **foundation managers** or one or more organizations that you support. Foundation managers who are also disqualified persons for another reason are disqualified persons with respect to you.

- 1a** Do any persons who are disqualified persons with respect to you, (except individuals who are disqualified persons only because they are foundation managers), appoint any of your foundation managers? If "Yes," (1) describe the process by which disqualified persons appoint any of your foundation managers, (2) provide the names of these disqualified persons and the foundation managers they appoint, and (3) explain how control is vested over your operations (including assets and activities) by persons other than disqualified persons. ☐ **Yes** ☒ **No**
- b** Do any persons who have a family or business relationship with any disqualified persons with respect to you, (except individuals who are disqualified persons only because they are foundation managers), appoint any of your foundation managers? If "Yes," (1) describe the process by which individuals with a family or business relationship with disqualified persons appoint any of your foundation managers, (2) provide the names of these disqualified persons, the individuals with a family or business relationship with disqualified persons, and the foundation managers appointed, and (3) explain how control is vested over your operations (including assets and activities) in individuals other than disqualified persons. ☐ **Yes** ☒ **No**
- c** Do any persons who are disqualified persons, (except individuals who are disqualified persons only because they are foundation managers), have any influence regarding your operations, including your assets or activities? If "Yes," (1) provide the names of these disqualified persons, (2) explain how influence is exerted over your operations (including assets and activities), and (3) explain how control is vested over your operations (including assets and activities) by individuals other than disqualified persons. ☐ **Yes** ☒ **No**



**Schedule E. Organizations Not Filing Form 1023 Within 27 Months of Formation**

Schedule E is intended to determine whether you are eligible for tax exemption under section 501(c)(3) from the postmark date of your application or from your date of incorporation or formation, whichever is earlier. If you are not eligible for tax exemption under section 501(c)(3) from your date of incorporation or formation, Schedule E is also intended to determine whether you are eligible for tax exemption under section 501(c)(4) for the period between your date of incorporation or formation and the postmark date of your application.

- 1** Are you a church, association of churches, or integrated auxiliary of a church? If "Yes," complete Schedule A and stop here. Do not complete the remainder of Schedule E. ☐ Yes ☒ No
- 2a** Are you a public charity with annual gross receipts that are normally \$5,000 or less? If "Yes," stop here. Answer "No" if you are a private foundation, regardless of your gross receipts. ☐ Yes ☒ No
- b** If your gross receipts were normally more than \$5,000, are you filing this application within 90 days from the end of the tax year in which your gross receipts were normally more than \$5,000? If "Yes," stop here. ☐ Yes ☒ No
- 3a** Were you included as a subordinate in a group exemption application or letter? If "No," go to line 4. ☐ Yes ☒ No
- b** If you were included as a subordinate in a group exemption letter, are you filing this application within 27 months from the date you were notified by the organization holding the group exemption letter or the Internal Revenue Service that you cease to be covered by the group exemption letter? If "Yes," stop here. ☐ Yes ☒ No
- c** If you were included as a subordinate in a timely filed group exemption request that was denied, are you filing this application within 27 months from the postmark date of the Internal Revenue Service final adverse ruling letter? If "Yes," stop here. ☐ Yes ☒ No
- 4** Were you created on or before October 9, 1989? If "Yes," stop here. Do not complete the remainder of this schedule. ☐ Yes ☒ No
- 5** If you answered "No" to lines 1 through 4, we cannot recognize you as tax exempt from your date of formation unless you qualify for an extension of time to apply for exemption. Do you wish to request an extension of time to apply to be recognized as exempt from the date you were formed? If "Yes," attach a statement explaining why you did not file this application within the 27-month period. Do not answer lines 6, 7, or 8. If "No," go to line 6a. ☐ Yes ☒ No
- 6a** If you answered "No" to line 5, you can only be exempt under section 501(c)(3) from the postmark date of this application. Therefore, do you want us to treat this application as a request for tax exemption from the postmark date? If "Yes," you are eligible for an advance ruling. Complete Part X, line 6a. If "No," you will be treated as a private foundation. ☒ Yes ☐ No
- Note.** Be sure your ruling eligibility agrees with your answer to Part X, line 6.
- b** Do you anticipate significant changes in your sources of support in the future? If "Yes," complete line 7 below. ☒ Yes ☐ No

**Schedule E. Organizations Not Filing Form 1023 Within 27 Months of Formation (Continued)**

- 7** Complete this item only if you answered "Yes" to line 6b. Include projected revenue for the first two full years following the current tax year.

Type of Revenue	Projected revenue for 2 years following current tax year		
	(a) From 2016 To 2017	(b) From 2017 To 2018	(c) Total
<b>1</b> Gifts, grants, and contributions received (do not include unusual grants)	10,000	10,000	20,000
<b>2</b> Membership fees received	3,750	3,750	7,500
<b>3</b> Gross investment income	20,000	20,000	40,000
<b>4</b> Net unrelated business income	25,000	25,000	50,000
<b>5</b> Taxes levied for your benefit	0	0	0
<b>6</b> Value of services or facilities furnished by a governmental unit without charge (not including the value of services generally furnished to the public without charge)	0	0	0
<b>7</b> Any revenue not otherwise listed above or in lines 9-12 below (attach an itemized list)	0		0
<b>8</b> Total of lines 1 through 7	58,750	58,750	58,750
<b>9</b> Gross receipts from admissions, merchandise sold, or services performed, or furnishing of facilities in any activity that is related to your exempt purposes (attach itemized list)	0	0	0
<b>10</b> Total of lines 8 and 9	58,750	58,750	58,750
<b>11</b> Net gain or loss on sale of capital assets (attach an itemized list)	0	0	0
<b>12</b> Unusual grants	0	0	0
<b>13</b> Total revenue. Add lines 10 through 12	58,750	58,750	58,750

- 8** According to your answers, you are only eligible for tax exemption under section 501(c)(3) from the postmark date of your application. However, you may be eligible for tax exemption under section 501(c)(4) from your date of formation to the postmark date of the Form 1023. Tax exemption under section 501(c)(4) allows exemption from federal income tax, but generally not deductibility of contributions under Code section 170. Check the box at right if you want us to treat this as a request for exemption under 501(c)(4) from your date of formation to the postmark date.



Attach a completed Page 1 of Form 1024, Application for Recognition of Exemption Under Section 501(a), to this application.

**Schedule F. Homes for the Elderly or Handicapped and Low-Income Housing****Section I General Information About Your Housing**

- 1 Describe the type of housing you provide.
- 2 Provide copies of any application forms you use for admission.
- 3 Explain how the public is made aware of your facility.
- 4a Provide a description of each facility.
  - b What is the total number of residents each facility can accommodate?
  - c What is your current number of residents in each facility?
  - d Describe each facility in terms of whether residents rent or purchase housing from you.
- 5 Attach a sample copy of your residency or homeownership contract or agreement.

- 6 Do you participate in any joint ventures? If "Yes," state your ownership percentage in each joint venture, list your investment in each joint venture, describe the tax status of other participants in each joint venture (including whether they are section 501(c)(3) organizations), describe the activities of each joint venture, describe how you exercise control over the activities of each joint venture, and describe how each joint venture furthers your exempt purposes. Also, submit copies of all joint venture agreements. ☐ Yes ☒ No

**Note.** Make sure your answer is consistent with the information provided in Part VIII, line 8.

- 7 Do you or will you contract with another organization to develop, build, market, or finance your housing? If "Yes," explain how that entity is selected, explain how the terms of any contract(s) are negotiated at arm's length, and explain how you determine you will pay no more than fair market value for services. ☐ Yes ☒ No

**Note.** Make sure your answer is consistent with the information provided in Part VIII, line 7a.

- 8 Do you or will you manage your activities or facilities through your own employees or volunteers? If "No," attach a statement describing the activities that will be managed by others, the names of the persons or organizations that manage or will manage your activities or facilities, and how these managers were or will be selected. Also, submit copies of any contracts, proposed contracts, or other agreements regarding the provision of management services for your activities or facilities. Explain how the terms of any contracts or other agreements were or will be negotiated, and explain how you determine you will pay no more than fair market value for services. ☐ Yes ☒ No

**Note.** Answer "Yes" if you do manage or intend to manage your programs through your own employees or by using volunteers. Answer "No" if you engage or intend to engage a separate organization or independent contractor. Make sure your answer is consistent with the information provided in Part VIII, line 7b.

- 9 Do you participate in any government housing programs? If "Yes," describe these programs. ☐ Yes ☒ No
- 10a Do you own the facility? If "No," describe any enforceable rights you possess to purchase the facility in the future; go to line 10c. If "Yes," answer line 10b. ☐ Yes ☒ No
- b How did you acquire the facility? For example, did you develop it yourself, purchase a project, etc. Attach all contracts, transfer agreements, or other documents connected with the acquisition of the facility.
- c Do you lease the facility or the land on which it is located? If "Yes," describe the parties to the lease(s) and provide copies of all leases. ☐ Yes ☒ No

**Schedule F. Homes for the Elderly or Handicapped and Low-Income Housing (Continued)****Section II Homes for the Elderly or Handicapped**

- 1 a** Do you provide housing for the elderly? If "Yes," describe who qualifies for your housing in terms of age, infirmity, or other criteria and explain how you select persons for your housing. ☐ Yes ☒ No
- b** Do you provide housing for the handicapped? If "Yes," describe who qualifies for your housing in terms of disability, income levels, or other criteria and explain how you select persons for your housing. ☐ Yes ☒ No
- 2 a** Do you charge an entrance or founder's fee? If "Yes," describe what this charge covers, whether it is a one-time fee, how the fee is determined, whether it is payable in a lump sum or on an installment basis, whether it is refundable, and the circumstances, if any, under which it may be waived. ☐ Yes ☒ No
- b** Do you charge periodic fees or maintenance charges? If "Yes," describe what these charges cover and how they are determined. ☐ Yes ☒ No
- c** Is your housing affordable to a significant segment of the elderly or handicapped persons in the community? Identify your **community**. Also, if "Yes," explain how you determine your housing is affordable. ☐ Yes ☒ No
- 3 a** Do you have an established policy concerning residents who become unable to pay their regular charges? If "Yes," describe your established policy. ☐ Yes ☒ No
- b** Do you have any arrangements with government welfare agencies or others to absorb all or part of the cost of maintaining residents who become unable to pay their regular charges? If "Yes," describe these arrangements. ☐ Yes ☒ No
- 4** Do you have arrangements for the healthcare needs of your residents? If "Yes," describe these arrangements. ☐ Yes ☒ No
- 5** Are your facilities designed to meet the physical, emotional, recreational, social, religious, and/or other similar needs of the elderly or handicapped? If "Yes," describe these design features. ☐ Yes ☒ No

**Section III Low-Income Housing**

- 1** Do you provide low-income housing? If "Yes," describe who qualifies for your housing in terms of income levels or other criteria, and describe how you select persons for your housing. ☐ Yes ☒ No
- 2** In addition to rent or mortgage payments, do residents pay periodic fees or maintenance charges? If "Yes," describe what these charges cover and how they are determined. ☐ Yes ☒ No
- 3 a** Is your housing affordable to low income residents? If "Yes," describe how your housing is made affordable to low-income residents. ☐ Yes ☒ No
- Note.** Revenue Procedure 96-32, 1996-1 C.B. 717, provides guidelines for providing low-income housing that will be treated as charitable. (At least 75% of the units are occupied by low-income tenants or 40% are occupied by tenants earning not more than 120% of the very low-income levels for the area.)
- b** Do you impose any restrictions to make sure that your housing remains affordable to low-income residents? If "Yes," describe these restrictions. ☐ Yes ☒ No
- 4** Do you provide social services to residents? If "Yes," describe these services. ☐ Yes ☒ No

**Schedule G. Successors to Other Organizations**

**1a** Are you a **successor** to a **for-profit organization**? If "Yes," explain the relationship with the predecessor organization that resulted in your creation and complete line 1b. ☐ Yes ☒ No

**b** Explain why you took over the activities or assets of a for-profit organization or converted from for-profit to nonprofit status.

**2a** Are you a successor to an organization other than a for-profit organization? Answer "Yes" if you have taken or will take over the activities of another organization; or you have taken or will take over 25% or more of the fair market value of the net assets of another organization. If "Yes," explain the relationship with the other organization that resulted in your creation. ☐ Yes ☒ No

**b** Provide the tax status of the predecessor organization.

**c** Did you or did an organization to which you are a successor previously apply for tax exemption under section 501(c)(3) or any other section of the Code? If "Yes," explain how the application was resolved. ☐ Yes ☒ No

**d** Was your prior tax exemption or the tax exemption of an organization to which you are a successor revoked or suspended? If "Yes," explain. Include a description of the corrections you made to re-establish tax exemption. ☐ Yes ☐ No

**e** Explain why you took over the activities or assets of another organization.

**3** Provide the name, last address, and EIN of the predecessor organization and describe its activities.

Name: **Connections Charter School**

EIN: **81-0896508**

Address: **162 Anna Lane West Memphis, AR 72301**

**4** List the owners, partners, principal stockholders, officers, and governing board members of the predecessor organization. Attach a separate sheet if additional space is needed.

Name	Address	Share/Interest (If a for-profit)
<b>AREtha Coleman</b>	<b>162 Anna Lane West Memphis, AR 72301</b>	<b>0</b>

**5** Do or will any of the persons listed in line 4, maintain a working relationship with you? If "Yes," describe the relationship in detail and include copies of any agreements with any of these persons or with any for-profit organizations in which these persons own more than a 35% interest. ☐ Yes ☒ No

**6a** Were any assets transferred, whether by gift or sale, from the predecessor organization to you? If "Yes," provide a list of assets, indicate the value of each asset, explain how the value was determined, and attach an appraisal, if available. For each asset listed, also explain if the transfer was by gift, sale, or combination thereof. ☐ Yes ☒ No

**b** Were any restrictions placed on the use or sale of the assets? If "Yes," explain the restrictions. ☐ Yes ☒ No

**c** Provide a copy of the agreement(s) of sale or transfer.

**7** Were any debts or liabilities transferred from the predecessor for-profit organization to you? If "Yes," provide a list of the debts or liabilities that were transferred to you, indicating the amount of each, how the amount was determined, and the name of the person to whom the debt or liability is owed. ☐ Yes ☒ No

**8** Will you lease or rent any property or equipment previously owned or used by the predecessor for-profit organization, or from persons listed in line 4, or from for-profit organizations in which these persons own more than a 35% interest? If "Yes," submit a copy of the lease or rental agreement(s). Indicate how the lease or rental value of the property or equipment was determined. ☐ Yes ☒ No

**9** Will you lease or rent property or equipment to persons listed in line 4, or to for-profit organizations in which these persons own more than a 35% interest? If "Yes," attach a list of the property or equipment, provide a copy of the lease or rental agreement(s), and indicate how the lease or rental value of the property or equipment was determined. ☐ Yes ☒ No

**Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans, or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures****Section I. Names of individual recipients are not required to be listed in Schedule H.**

**Public charities and private foundations complete lines 1a through 7 of this section. See the instructions to Part X if you are not sure whether you are a public charity or a private foundation.**

- 1 **a** Describe the types of educational grants you provide to individuals, such as scholarships, fellowships, loans, etc.
- b** Describe the purpose and amount of your scholarships, fellowships, and other educational grants and loans that you award.
- c** If you award educational loans, explain the terms of the loans (interest rate, length, forgiveness, etc.).
- d** Specify how your program is publicized.
- e** Provide copies of any solicitation or announcement materials.
- f** Provide a sample copy of the application used.
- 2 Do you maintain case histories showing recipients of your scholarships, fellowships, educational loans, or other educational grants, including names, addresses, purposes of awards, amount of each grant, manner of selection, and relationship (if any) to officers, trustees, or donors of funds to you? If "No," refer to the instructions. ☒ **Yes** ☐ **No**
- 3 Describe the specific criteria you use to determine who is eligible for your program. (For example, eligibility selection criteria could consist of graduating high school students from a particular high school who will attend college, writers of scholarly works about American history, etc.)
- 4 **a** Describe the specific criteria you use to select recipients. (For example, specific selection criteria could consist of prior academic performance, financial need, etc.)
- b** Describe how you determine the number of grants that will be made annually.
- c** Describe how you determine the amount of each of your grants.
- d** Describe any requirement or condition that you impose on recipients to obtain, maintain, or qualify for renewal of a grant. (For example, specific requirements or conditions could consist of attendance at a four-year college, maintaining a certain grade point average, teaching in public school after graduation from college, etc.)
- 5 Describe your procedures for supervising the scholarships, fellowships, educational loans, or other educational grants. Describe whether you obtain reports and grade transcripts from recipients, or you pay grants directly to a school under an arrangement whereby the school will apply the grant funds only for enrolled students who are in good standing. Also, describe your procedures for taking action if the terms of the award are violated.
- 6 Who is on the selection committee for the awards made under your program, including names of current committee members, criteria for committee membership, and the method of replacing committee members?
- 7 Are relatives of members of the selection committee, or of your officers, directors, or **substantial contributors** eligible for awards made under your program? If "Yes," what measures are taken to ensure unbiased selections? ☐ **Yes** ☒ **No**  
**Note.** If you are a private foundation, you are not permitted to provide educational grants to **disqualified persons**. Disqualified persons include your substantial contributors and foundation managers and certain family members of disqualified persons.

**Section II. Private foundations complete lines 1a through 4f of this section. Public charities do not complete this section.**

- 1 **a** If we determine that you are a private foundation, do you want this application to be considered as a request for advance approval of grant making procedures? ☐ **Yes** ☐ **No** ☒ **N/A**
- b** For which section(s) do you wish to be considered?
  - 4945(g)(1)—Scholarship or fellowship grant to an individual for study at an educational institution ☐
  - 4945(g)(3)—Other grants, including loans, to an individual for travel, study, or other similar purposes, to enhance a particular skill of the grantee or to produce a specific product ☐
- 2 Do you represent that you will (1) arrange to receive and review grantee reports annually and upon completion of the purpose for which the grant was awarded, (2) investigate diversions of funds from their intended purposes, and (3) take all reasonable and appropriate steps to recover diverted funds, ensure other grant funds held by a grantee are used for their intended purposes, and withhold further payments to grantees until you obtain grantees' assurances that future diversions will not occur and that grantees will take extraordinary precautions to prevent future diversions from occurring? ☐ **Yes** ☐ **No**
- 3 Do you represent that you will maintain all records relating to individual grants, including information obtained to evaluate grantees, identify whether a grantee is a disqualified person, establish the amount and purpose of each grant, and establish that you undertook the supervision and investigation of grants described in line 2? ☐ **Yes** ☐ **No**

**Schedule H. Organizations Providing Scholarships, Fellowships, Educational Loans, or Other Educational Grants to Individuals and Private Foundations Requesting Advance Approval of Individual Grant Procedures (Continued)****Section II** Private foundations complete lines 1a through 4f of this section. Public charities do not complete this section. (Continued)

- 4a** Do you or will you award scholarships, fellowships, and educational loans to attend an educational institution based on the status of an individual being an *employee of a particular employer*? If "Yes," complete lines 4b through 4f. ☐ Yes ☒ No
- b** Will you comply with the seven conditions and either the percentage tests or facts and circumstances test for scholarships, fellowships, and educational loans to attend an educational institution as set forth in Revenue Procedures 76-47, 1976-2 C.B. 670, and 80-39, 1980-2 C.B. 772, which apply to inducement, selection committee, eligibility requirements, objective basis of selection, employment, course of study, and other objectives? (See lines 4c, 4d, and 4e, regarding the percentage tests.) ☐ Yes ☒ No
- c** Do you or will you provide scholarships, fellowships, or educational loans to attend an educational institution to employees of a particular employer? ☐ Yes ☒ No ☐ N/A  
 If "Yes," will you award grants to 10% or fewer of the eligible applicants who were actually considered by the selection committee in selecting recipients of grants in that year as provided by Revenue Procedures 76-47 and 80-39? ☐ Yes ☒ No
- d** Do you provide scholarships, fellowships, or educational loans to attend an educational institution to children of employees of a particular employer? ☐ Yes ☒ No ☐ N/A  
 If "Yes," will you award grants to 25% or fewer of the eligible applicants who were actually considered by the selection committee in selecting recipients of grants in that year as provided by Revenue Procedures 76-47 and 80-39? If "No," go to line 4e. ☐ Yes ☒ No
- e** If you provide scholarships, fellowships, or educational loans to attend an educational institution to children of employees of a particular employer, will you award grants to 10% or fewer of the number of employees' children who can be shown to be eligible for grants (whether or not they submitted an application) in that year, as provided by Revenue Procedures 76-47 and 80-39? ☐ Yes ☒ No ☐ N/A  
 If "Yes," describe how you will determine who can be shown to be eligible for grants without submitting an application, such as by obtaining written statements or other information about the expectations of employees' children to attend an educational institution. If "No," go to line 4f.  
**Note.** Statistical or sampling techniques are not acceptable. See Revenue Procedure 85-51, 1985-2 C.B. 717, for additional information.
- f** If you provide scholarships, fellowships, or educational loans to attend an educational institution to *children of employees of a particular employer* without regard to either the 25% limitation described in line 4d, or the 10% limitation described in line 4e, will you award grants based on facts and circumstances that demonstrate that the grants will not be considered compensation for past, present, or future services or otherwise provide a significant benefit to the particular employer? If "Yes," describe the facts and circumstances that you believe will demonstrate that the grants are neither compensatory nor a significant benefit to the particular employer. In your explanation, describe why you cannot satisfy either the 25% test described in line 4d or the 10% test described in line 4e. ☐ Yes ☒ No

**NOTICE OF PUBLIC HEARING**

Connections Charter School presents an official public hearing Thursday April 14, 2016 from 5:00 p.m. at the Hampton Inn Suites in Marion, Arkansas. Connections Charter School plans on operating with a mission to prepare students for the future by providing the highest level of academic excellence through a rigorous standard curriculum that develops critical thinking and problem solving skills in literacy and math while creating a discovery and research based learning through science and social studies. Connections Charter School plans on serving up to 100 students grades K-6.

STATE OF ARKANSAS  
COUNTY OF CRITTENDEN

I, Alexander P. Coulter, do solemnly swear that I am publisher of the *Times*, a daily newspaper, published in the county and state aforesaid that I was so related to this publication at and during the publication of their annexed legal advertisement in the case of

Warning Order No. \_\_\_\_\_

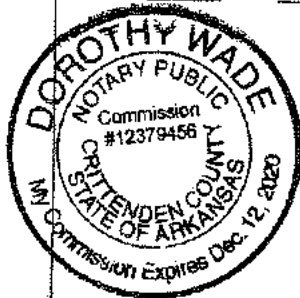
Probate Notice No. \_\_\_\_\_

Commissioner's Sale No. \_\_\_\_\_

County Court Notice re. \_\_\_\_\_

pending in the (Circuit-Chancery-County) Court in said county; that the dates of the several publications of said advertisements are hereinafter stated, and that during said periods and said dates said newspaper was printed and published in said county and had a bona fide circulation therein for the period of one month before the date of the first publication of said advertisement; and that said advertisement was published in the regular issues of said newspaper for 3 consecutive times; publication thereof was made on the following dates:

1. <u>3/22/16</u>	11. _____	16. _____	21. _____
2. <u>3/29/16</u>	12. _____	17. _____	22. _____
3. <u>4/5/16</u>	13. _____	18. _____	23. _____
4. _____	9. _____	14. _____	19. _____
5. _____	10. _____	15. _____	20. _____
		25. _____	



Alexander P. Coulter, Publisher

Subscribed and sworn to before me this 5<sup>th</sup> day

of April, 2016

Dorothy Wade Notary Public

My Commission Expires 12-12-2020

Printing Fee \$ 180.00



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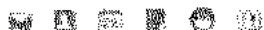
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ccharterschool@yahoo.com  
To: rnick@esdbulldogs.org

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To: Superintendents of surrounding areas

Connections Charter School presents an official public hearing Tuesday, April 28, 2016 from 5:00 -6:00 p.m. at the Hampton Inn Suites in Marion A Connections Charter School plans on opening with a mission to provide for success by providing the highest level of academic excellence through a rigorous standard base curriculum that develops critical thinking and problem solving skills in literacy and math while creating a discovery and learning through science and social studies. Connections Charter School is serving up to 350 students grades K-6.

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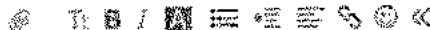


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Thanks,

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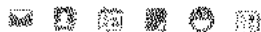
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ccharterschool@yahoo.com

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To: djohnston@msd3.org

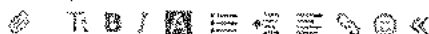


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Thanks,

Connections Charter School

**Connections Charter School  
Proposed School Calendar  
2017/18**

August 2-11, 2017	Professional Development
August 14, 2017	1 <sup>st</sup> Day of School
September 5, 2017	Labor Day (no school)
November 20-24, 2017	Winter Break
January 2-3, 2018	Professional Development
January 15, 2018	MLK Day (no school)
March 26-30, 2018	Spring Break
May 25, 2018	Last Day of School

## Overview of Proposed Schedule

First Day of School	August 14, 2017
School Day Start Time	8:00a.m.
School Day End Time	3:00 p.m.
Number of Instructional Minutes	Per day 390
Number of Instructional Minutes	Per week 1,950
Number of Instructional Minutes	Per Year 70,980
Number of Before School Home Devoted to Academics	0
Number of After School Home Devoted to Academic	0
Number of Days Devoted to Staff Development During the School Year	6
Number of Days Devoted to Staff Development Prior to School Opening	10



### Propose Daily Schedule

[illegible]

### Propose Daily Schedule

Mi n	Time	Core 4TH	Core 4TH	Core 5TH	Core 5TH	Core 6TH	Core 6TH
30	8:00-8:30	HR	HR	HR	HR	HR	HR
60	8:30-9:30	ELA	ELA	ELA	ELA	ELA	ELA
60	9:30-10:30	Lit	Lit	plan	Plan	Plan	Plan
15	10:30-10:45	plan	plan	ELA	ELA	ELA	ELA
15	10:45-11:00	Plan	plan	ELA	ELA	ELA	ELA
15	11:00-11:15	Plan	Plan	LIT	LIT	LIT	LIT
15	11:15-11:30	plan	Plan	LIT	LIT	LIT	LIT
15	11:30-11:45	lunch	lunch	LIT	LIT	LIT	LIT
15	11:45-12:00	lunch	lunch	LIT	LIT	LIT	LIT
15	12:00-12:15	Recess	Recess	Lunch	Lunch	Lunch	lunch
15	12:15-12:30	recess	recess	Lunch	Lunch	Lunch	lunch
15	12:30-12:45	SCI	SCI	WRI/ SOC	WRI/ SOC	WRI/ SOC	WRI/ SOC
15	12:45-1:00	SCI	SCI	WRI/ SOC	WRI/ SOC	WRI/ SOC	WRI/ SOC
15	1:00-1:15	SCI	SCI	WRI/ SOC	WRI/ SOC	WRI/ SOC	WRI/ SOC
60	1:00-2:00	PLAN	PLAN	SCI	SCI	SCI	SCI
60	2:00-3:00	Math	Math	Math	Math	Math	Math

## Kindergarten Schedule

7:30-8:00	Breakfast
8:15	Pledge and Motto
8:20-8:30	Restroom
8:30-10:00	Literacy
10:00-10:10	Restroom
10:10-10:25	Activity (Art, Library, Music, P.E.)
10:25-10:50	Computer Lab
10:50-11:00	Restroom
11:00-11:30	Lunch
11:30-12:00	Physical Activity
12:00-12:10	Restroom
12:10-2:00	Math
2:00-2:30	Science/SS
2:30-3:00	Writing
3:00	Dismissal
Staff lunch	11:00-11:30
Planning Period	11:30-12:00

# 1<sup>st</sup> and 2<sup>nd</sup> Grade Schedule

## 1<sup>st</sup> Grade

## 2<sup>nd</sup> Grade

7:30-8:00	Breakfast	7:30-8:00	Breakfast
8:15	Pledge and Motto	8:15	Pledge and Motto
8:15-8:25	Restroom	8:15-8:40	Science/SS
8:25-9:40	Literacy	8:40-8:50	Restroom
9:40-9:50	Restroom	8:50-9:20	Computer
9:50-11:00	Math	9:20-9:45	Activity
11:00-11:10	Restroom	9:45-9:55	Restroom
11:10-11:40	Lunch	9:55-10:20	Physical Activity
11:40-12:10	Physical Activity	10:20-10:40	Remedial
12:10-12:20	Restroom	10:40-11:10	Writing
12:20-12:50	Activity	11:10-11:20	Restroom
12:50-1:20	Computer	11:20-11:50	Lunch
1:20-1:40	Science/SS	12:10-1:30	Literacy
1:40-1:50	Restroom	1:30-1:40	Restroom
1:50-2:10	Remedial	1:40-3:00	Math
2:30-3:00	Writing	3:00	Dismissal
3:00	Dismissal		

Staff Lunch 11:10-11:40

Planning Period 7:45-8:15

### 3<sup>rd</sup> and 4<sup>th</sup> Grade Schedule

7:30-8:00 Breakfast	7:30-8:00 Breakfast
8:15 Pledge and Motto	8:15 Pledge and Motto
8:15-9:20 Phonics	8:15-9:30 Phonics
9:20-9:30 Restroom	9:30-9:40 Restroom
9:30-10:30 Reading	9:40-10:40 Reading
10:30-11:30 Spelling	10:40-11:40 Math
11:30-11:40 Restroom	11:40-11:50 Restroom
11:40-12:10 Lunch	11:50-12:20 Lunch
12:10-12:30 Math	12:20-12:40 P Activity
12:30-12:40 Restroom	12:40-1:00 Computer
12:40-1:00 Physical Activity	1:00-2:00 Spelling
1:00-1:30 Computer	2:00-2:30 Science/SS
1:30-2:00 Science/SS	2:30-2:50 Remedial
2:00-2:30 Writing	3:00 Dismissal
2:30-3:00 Remedial	
3:00 Dismissal	

## 5<sup>th</sup> and 6<sup>th</sup> Grade Schedule

7:30-8:00 Breakfast	7:30-8:00 Breakfast
8:15 Pledge and Motto	8:15 Pledge and Motto
8:15-9:20 Literacy	8:15-9:30 Math
9:20-9:30 Restroom	9:30-9:40 Restroom
9:30-10:30 Math	9:40-10:40 Literacy
10:30-11:30 Spelling	10:40-11:40 Math
11:30-11:40 Restroom	11:40-11:50 Restroom
11:40-12:10 Lunch	11:50-12:20 Lunch
12:10-12:50 Physical Activity	12:20-1:00 Physical Activity
12:50-1:00 Restroom	12:40-1:00 Computer
1:00-1:30 Computer	1:00-2:00 Spelling
1:30-2:00 Science/SS	2:00-2:30 Science/SS
2:00-2:30 Writing	2:30-2:50 Remedial
2:30-3:00 Remedial	3:00 Dismissal
3:00 Dismissal	



## Estimated Budget Expenditures

### Administration

Operations Service	\$ 16,156.00
Human Resource Services	\$ 16,156.00
Supplies and Material	\$ 2,000.00
Staff Development	\$ 5,000.00
Travel	\$ 3,000.00
Staff Computer & Office Furniture	\$ 16,500.00

**Total Administration Cost** \$ 58,812.00

### Classroom Instruction:

Software and Assessments	\$ 20,000.00
Supplies and Material	\$ 40,000.00
Classroom Furniture	\$ 20,000.00
Laptop for Teachers	\$ 3,900.00
Printers for Teachers	\$ 1,300.00

**Total Classroom Cost:** \$ 85,200.00

**Total Expenditures** \$ 144,012.00



## Estimated Budget

No. of students	140 x	\$6,646	State Foundation
No of students	140 x	\$26	Professional Development
No of students	140 x	\$ 1,562.00	eligible rate * NSL Funding
No of students	140 x		

**Total of Estimated Revenues**

Total

\$930,440

\$3,640

\$ 218,680.00

\$1,152,760

# Extra Services

## Media:

Internet and Phone	6,000
Advertising	3,000

## Health Services:

Contracted Service	1,000
PRN Nurse	1,000

## Food Service:

Cook/Server	15,000
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## Cleaning Service/Equipment:

Custodian	35,000
Equipment	\$ 10,000.00
Cleaning Material	\$ 6,000.00

## Fiscal Services:

Accounting and Finance Service	\$ 60,000.00
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## Maintenance and Operation:

Utilities, gas, and water	\$ 20,000.00
Security Monitoring	\$ 1,500.00
Contracted Services	\$ 30,000.00
Meals	\$ 50,000.00

## Facilities:

Lease	\$ 36,000.00
Leasehold Improvements	\$ 20,000.00

## Other Expenditures:

Legal Expenses	\$ 2,500.00
Recruitment of Students and Teachers	\$ 10,000.00
Insurance Coverage	\$ 10,000.00

<b>Total</b>	<b>\$ 317,000.00</b>
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**Total out bound expenses**

Administrative Salaries	\$ 509,600.00
Expenditure	\$ 144,012.00
Extra Services and Expenses	\$ 317,000.00
<b>Total</b>	<b>\$ 970,612.00</b>

**Total in bound expenses** \$ 1,152,760.00

**Total difference** \$ 182,148.00

**2016 APPLICATION  
OPEN-ENROLLMENT PUBLIC CHARTER  
SCHOOL STATEMENT OF ASSURANCES**

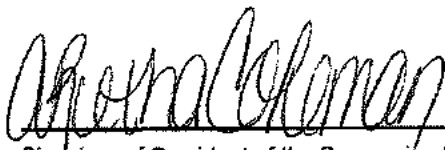
The signature of the president of the board of directors of the proposed public charter school's sponsoring entity certifies that the following statements are and will be addressed through policies adopted by the sponsoring entity and policies to be adopted by the public charter school; and, if the application is approved, that the sponsoring entity, governing body, administration, and staff of the open-enrollment charter shall abide by them:

1. The information submitted in this application is true to the best of my knowledge and belief, and this application has been sent to the superintendent of all the districts from which we intend to draw students.
2. The open-enrollment public charter school shall be open to all students, on a space- available basis, and shall not discriminate in its admission policy on the basis of gender, national origin, race, ethnicity, religion, disability, or academic or athletic eligibility, except as follows: the open-enrollment public charter school may adopt admissions policies that are consistent with federal law, regulations, or guidelines applicable to charter schools. The charter may provide for the exclusion of a student who has been expelled from another public school district.
3. The open-enrollment charter school shall hold an annual public lottery, followed with notifying parents of enrollment status for all applicants. The waiting list generated by the lottery will be maintained for one year.
4. In accordance with federal and state laws, the open-enrollment public charter school hiring and retention policies of administrators, teachers, and other employees shall not discriminate on the basis of race, color, national origin, creed, sex, ethnicity, sexual orientation, mental or physical disability, age, ancestry, or special need.
5. The open-enrollment public charter school shall operate in accordance with federal laws and rules governing public schools; applicable provisions of the Arkansas Constitution; and state statutes or regulations governing public schools not waived by the approved charter.
6. The open-enrollment public charter school shall not use the moneys that it receives from the state for any sectarian program or activity, or as collateral for debt.

However, open-enrollment public charter schools may enter into lease-purchase agreements for school buildings built by private entities with facilities bonds exempt from federal taxes under 26 USCS 142(a) as allowed by Arkansas Code Annotated § 6-20-402. No indebtedness of an open-enrollment public charter school shall ever become a debt of the state of Arkansas.

7. The open-enrollment public charter school shall not impose taxes or charge students tuition or fees that would not be allowable charges in the public school districts.
8. The open-enrollment public charter school shall not be religious in its operations or programmatic offerings.
9. The open-enrollment public charter school shall ensure that any of its employees who qualify for membership in the Arkansas Teacher Retirement System or the State and Public School Employee Insurance Program shall be covered under those systems to the same extent a qualified employee of a traditional school district is covered.
10. The employees and volunteers of the open-enrollment public charter school are held immune from liability to the same extent as other public school district employees and volunteers under applicable state laws.
11. The open-enrollment public charter school shall be reviewed for its potential impact on the efforts of a public school district or public school districts to comply with court orders and statutory obligations to create and maintain a unitary system of desegregated public schools.
12. The open-enrollment public charter school shall comply with all health and safety laws, rules and regulations of the federal, state, county, region, or community that may apply to the facilities and school property.
13. The applicant confirms the understanding that certain provisions of state law shall not be waived. The open-enrollment public charter school is subject to any prohibition, restriction, or requirement imposed by Title 6 of the Arkansas Code Annotated and any rule and regulation approved by the State Board of Education under this title relating to:
  - (a) Monitoring compliance with Arkansas Code Annotated § 6-23-101 *et seq.* as determined by the Commissioner of the Department of Education;
  - (b) Conducting criminal background checks for employees;
  - (c) High school graduation requirements as established by the State Board of Education;
  - (d) Special education programs as provided by this title;
  - (e) Public school accountability under this title;
  - (f) Ethical guidelines and prohibitions as established by Arkansas Code Annotated § 6-24-101 *et seq.*, and any other controlling state or federal law regarding ethics or conflicts of interest; and

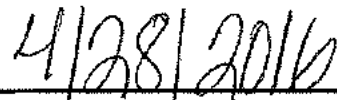
14. Health and safety codes as established by the State Board of Education and local governmental entities.
15. The facilities of the public charter school shall comply with all requirements for accessibility for individuals with disabilities in accordance with the ADA and IDEA and all other state and federal laws.
16. Should the open-enrollment public charter school voluntarily or involuntarily close, the applicant confirms the understanding that any fees associated with the closing of the school including, but not limited to, removal of furniture, equipment, general expenses, etc., are the sole responsibility of the sponsoring entity. No indebtedness of any kind incurred or created by the open-enrollment public charter school shall constitute an indebtedness of the state or its political subdivisions, and no indebtedness of the open-enrollment public charter school shall involve or be secured by the faith, credit, or taxing power of the state or its political subdivisions. Upon dissolution of the open-enrollment public charter school or upon nonrenewal or revocation of the charter, all net assets of the open-enrollment public charter school, including any interest in real property, purchased with public funds shall be deemed the property of the state, unless otherwise specified in the charter of the open-enrollment public charter school. If the open-enrollment public charter school used state or federal funds to purchase or finance personal property, real property or fixtures for use by the open-enrollment public charter school, the authorizer may require that the property be sold. The state has a perfected priority security interest in the net proceeds from the sale or liquidation of the property to the extent of the public funds used in the purchase.



Signature of President of the Sponsoring Entity Board of Directors



Printed Name



Date