Form **990**.

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

2012 and ending JUN 30, A For the 2012 calendar year, or tax year beginning JUL 1, D Employer identification number Check if applicable C Name of organization IMAGINE PENN HILLS CHARTER SCHOOL OF Address change ENTREPRENEURSHIP Name change 27-3920298 Doing Business As X Initial return Room/suite Number and street (or P.O. box if mail is not delivered to street address) E Telephone number 412-793-6471 Termin-200 PENN SCHOOL DRIVE Amende 4,155,307. City, town, or post office, state, and ZIP code G Gross receipts \$ X Applica-tion pending 15147 VERONA, PA H(a) Is this a group return F Name and address of principal officer. TAMARA ALLEN Yes X No for affiliates? 200 PENN SCHOOL DRIVE, VERONA, H(b) Are all affiliates included? I Tax-exempt status. X 501(c)(3) 501(c) (4947(a)(1) or) ◀ (insert no) If "No," attach a list, (see instructions) J Website: ► WWW.IMAGINEPENNHILLS.COM **H(c)** Group exemption number ▶ K Form of organization: X Corporation Year of formation: 2010 M State of legal domicile: PA Other > Trust Part I Summary Briefly describe the organization's mission or most significant activities: THE IMAGINE PENN HILLS CHARTER Activities & Governance SCHOOL OF ENTREPRENEURSHIP WILL PROVIDE A WORLD-CLASS EDUCATION FOR Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. 5 Number of voting members of the governing body (Part VI, line 1a) 5 4 Number of independent voting members of the governing body (Part VI, line 1b) 70 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 15 6 Total number of volunteers (estimate if necessary) 0. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 <u>o.</u> **7**b b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 254,969. 190,149.Contributions and grants (Part VIII, line 1h) Revenue 2,500,726. 3,963,570. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,150 1,588. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,155,307. 2,756,845 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Ō. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. Benefits paid to or for members (Part IX, column (A), line 4) 1,313,704. 1,623,248. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 2,086,119. 1,504,636. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,709,367. 2,818,340. Total expenses. Add lines 13-17 (must equal Part IX, column (A)/line 25) 445,940. -61,495. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year Ó ဗ **End of Year** 2,372,340. 1,154,498. Total assets (Part X, line 16) 1,215,993. 1,987,895. 21 Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20 -61,495 384.445 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. ^{లు}Sign Signature of officer CARLY CAMPBELL. SECRETARY & TREASURER Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name P00227231 EUGENE J. LOGAN Paid BDO USA, 13-5381590 Firm's EIN Preparer Firm's name 339 SIXTH AVENUE, Firm's address Use Only Phone no. 412-281-2501 PITTSBURGH, PA 15222 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

,		
•	' IMAGINE PENN HILLS CHARTER SCHOOL OF	
Form	990 (2012) ENTREPRENEURSHIP 27-3920298	Page 2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission: THE TWO CLUB PROPERTY OF ENTREPHENE THE PROPERTY OF THE PROPERTY	LDE
	THE IMAGINE PENN HILLS CHARTER SCHOOL OF ENTREPRENEURSHIP WILL PROVI A WORLD-CLASS EDUCATION FOR THE STUDENTS IN THE PENN HILLS COMMUNITY	
	SCHOOL THAT WILL NOT ONLY PREPARE STUDENTS ACADEMICALLY BUT WILL ALS	
	DEVELOP THEM INTO INFORMED AND RESPONSIBLE WORLD CITIZENS, CREATIVE	
2	Did the organization undertake any significant program services during the year which were not listed on	
_	the prior Form 990 or 990-EZ?	X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	ınd
	revenue, if any, for each program service reported	
4a	(Code) (Expenses \$ 2,484,416 · including grants of \$) (Revenue \$ 3,963,	<u>570.</u>)
	PENN HILLS CHARTER SCHOOL OF ENTREPRENEURSHIP IS A CHARTER SCHOOL	
	GRANTED BY A PUBLIC SCHOOL DISTRICT TO SERVE STUDENTS IN THE AREA.	
4b	(Code) (Expenses \$)
		····
4c	(Code) (Expenses \$)

) (Revenue \$

4d Other program services (Describe in Schedule O)

including grants of \$ 2,484,416. 4e Total program service expenses ▶

Form **990** (2012)

Form 990 (2012) ENTREPRENEUR
Part IV Checklist of Required Schedules ENTREPRENEURSHIP

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			-
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
b	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	444		Х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	Λ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1 le	- 22	
ī	the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
1 2 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
ıza	Schedule D, Parts XI and XII	12a	х	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a		14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			v
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			.
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
00-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
ט	II 165 to line 204, and the organization attach a copy of its addited finding statements to this return:		990	(0010)

ENTREPRENEURSHIP Form 990 (2012) ENTREPRENEURSHIP
Part IV | Checklist of Required Schedules (continued)

-			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			٠,,
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			.
	Schedule L, Part I	25b	<u> </u>	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			x
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			ļ
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		х
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			١.
	instructions for applicable filing thresholds, conditions, and exceptions)	28a		\mathbf{x}^{-1}
a	the state of the s	28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
С	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive more than \$25,000 in non-dash dash dashed the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
30	contributions? If "Yes," complete Schedule M	30	1	x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	Ì		}
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		Į	
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	(0015)
		Forn	1 330	(2012)

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	Check if Schedule O contains a response to any question in this Part V									
					Yes	No				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportabl	le gamıng							
	(gambling) winnings to prize winners?			1c	X					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		7.0							
	filed for the calendar year ending with or within the year covered by this return	2a	70		- 37					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b	X					
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				- -				
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		ŀ	3a		<u>X</u>				
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other			4a		X				
b	financial account in a foreign country (such as a bank account, securities account, or other financial if "Yes," enter the name of the foreign country.	account),	4a						
b	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	, 10000111		5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	action?	j	5b		X				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		ļ	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he organ	nization solicit							
	any contributions that were not tax deductible as chantable contributions?			6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions or	gıfts							
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).		1	- 1						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices pro	ovided to the payor?	7a		<u> </u>				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		ļ	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as requi	ıred	_		v				
	to file Form 8282?	1 1	-	7c		<u> </u>				
	If "Yes," indicate the number of Forms 8282 filed during the year	7d				Х				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		'	7e 7f		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contill the organization received a contribution of qualified intellectual property, did the organization file Fig. 1.		Q as required?	7g						
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			79_ 7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D									
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8		-				
9	Sponsoring organizations maintaining donor advised funds.	-								
а	Did the organization make any taxable distributions under section 4966?			9a						
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter.	1								
а	Gross income from members or shareholders	11a				,				
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
10-	amounts due or received from them.)	11b		12a		'				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	12b		ıza		-				
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	120								
	Is the organization licensed to issue qualified health plans in more than one state?			13a		\vdash				
a	Note. See the instructions for additional information the organization must report on Schedule O			.00		<u> </u>				
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1	İ	!					
_	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b						
				Form	990	(2012)				

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Form 990 (2012) ENTREPRENEURSHIP 27-3920298 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 5			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		7.7	-
а	The governing body?	8a	X	
Ь	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	District the standard action becomes a seriffication.	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10b		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- Tia		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	in Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ŀ		
а	The organization's CEO, Executive Director, or top management official	15a	Х	-
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	~~~~~		
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	avaılat	ole	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, are	d finai	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion.	-	
	DENNIS W. MINZER - 412-793-6471 200 PENN SCHOOL DRIVE, VERONA, PA 15147			

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

 Employees, and Independent Contractors	
Check if Schodule O contains a response to any question in this Part VII	

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

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

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

Check this box if neither the organization n	or any related	orga	nıza	tion	cor	npe	nsat	ted any current officer, o	director, or trustee.			
(A)	(B)			_ ((2)			(D)	(E)	(F)		
Name and Title	Average	(do	not c	Pos heck	itio⊓ more	than	one	Reportable	Reportable	Estimated		
	hours per	box	, unle: cer an	ss pe d a d	rson i	is bot x/trus	h an tee)	compensation	compensation	amount of		
	week				Γ			from the	from related organizations	other compensation		
	(list any hours for	direct			ł	-	ŀ	organization	(W-2/1099-MISC)	from the		
	related	50 88	stee			nsate		(W-2/1099-MISC)	()	organization		
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	1	,		and related		
	below	wdua	tution	:ec	em D	loyee	 <u> </u>			organizations		
	line)	ng	Inst	Officer	Key	E High	Рогтег					
(1) BECKY BRENNAN	0.50				ŀ							
PRESIDENT		X	<u> </u>	X	<u> </u>		<u> </u>	0.	0.	0.		
(2) CARLY CAMPBELL	0.50			l ˈ		l			_			
SECRETARY & TREASURER		X	L	X		_	<u> </u>	0.	0.	0.		
(3) SARAH HUMMEL	0.50		1	1						_		
BOARD MEMBER		X	<u> </u>	<u> </u>		<u> </u>	<u> </u>	0.	0.	0.		
(4) JAMES CARMINE	0.50									_		
BOARD MEMBER	2 5 2	X				_	_	0.	0.	0.		
(5) QIANA BUCKNER	0.50	ļ								_		
BOARD MEMBER	1000	X			_	┡	_	0.	0.	0.		
(6) TAMARA ALLEN	40.00		1					110 000		_		
PRINCIPAL		<u> </u>	<u> </u>	X	<u> </u>	_		110,000.	0.	0.		
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Page 8

Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	a Hi	ıgne	st C	ompensated Employe	es (continued)	—			
	(A)	(B)			(0)			(D)	(E)			(F)	
	Name and title	Average			Pos				Reportable Reportable			Estimated		
		hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	1			of
		week	offi	cer an	dad	irecto	or/trus	tee)	from	from related			other	
		(list any	ctor						the	organizations			pensa	
		hours for	Į	ه ا			Eg.		organization	(W-2/1099-MIS	C)		om the	
		related	ste	uste			SEISS		(W-2/1099-MISC)			-	anızatı	
		organizations	a tr	nal t		loyee	le e						d relate	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anızatı	ons
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		<u> </u>		L	<u> </u>		ᆫ		110,000.		0.			0.
	Sub-total								0.		0.			0.
С	Total from continuation sheets to Part V	II, Section A							110,000.		0.			0.
	Total (add lines 1b and 1c)													· ·
2	Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	/e) w	ho r	eceived more than \$100	0,000 of reportabl	е			1
	compensation from the organization												V	1
											ı		Yes	No
3	Did the organization list any former officer			e, ke	ey er	mpl	oyee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for											3	<u> </u>	Х
4	For any individual listed on line 1a, is the s									the organization				
	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or							relat	ted organization or indiv	idual for services				
	rendered to the organization? If "Yes," con	nplete Schedu	le J	for s	uch	per	rson					5		<u> </u>
Sect	tion B. Independent Contractors													
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	cont	tract	ors	that received more than	\$100,000 of com	pens	ation '	from	
	the organization. Report compensation for	the calendary	/ear	end	ing v	with	or v	vithii	n the organization's tax	year.				
	(A)								(B)			((
	Name and business	address	N	ON:	E				Description of	services	C	ompe	nsatio	n —
								_						
		-	•											
						_			***					
										ļ				
	Total number of independent contractors	(including but	not I	imita	od to	the	ا مود	ıster	d above) who received r	nore than	_			
2					٠. د	- 411	0	.5.66	- above, who received t					
	\$100,000 of compensation from the organ	nzation -					<u> </u>	_				Form	990	2012
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Form 990 (2012)

27-3920298

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Form 990 (2012)

ENTREPRENEURSHIP

Form 990 (2012)

232009 12-10-12

Statement of Revenue Part VIII Check if Schedule O contains a response to any question in this Part VIII (D) Revenue excluded from tax under sections 512, 513, or 514 (C) Related or Unrelated Total revenue business exempt function revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 540 1¢ c Fundraising events 1d d Related organizations 189,263. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 346 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 190,149. h Total. Add lines 1a-1f Business Code 611110 3,956,598.3,956,598. TUITION Program Service Revenue FOOD SERVICE 611110 6,972. 6,972. f All other program service revenue 3,963,570. Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less, cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 540. of including \$ contributions reported on line 1c). See 0 Part IV, line 18 0. b Less: direct expenses 0 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 611110 1,588 1,588. d All other revenue 1,588. Total. Add lines 11a-11d 4,155,307.3,963,570. 1,588. Total revenue. See instructions. 12

Form 990 (2012)

ENTREPRENEURSHIP

27-3920298 Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)										
	Check if Schedule O contains a respon	nse to any question in th								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and		· <u>-</u>		•					
	organizations in the United States. See Part IV, line 21									
2	Grants and other assistance to individuals in									
	the United States See Part IV, line 22				!					
3	Grants and other assistance to governments,			· ·						
	organizations, and individuals outside the									
	United States See Part IV, lines 15 and 16				I					
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	110,000.		110,000.						
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)		····							
7	Other salaries and wages	1,112,910.	1,073,510.	39,400.						
8	Pension plan accruals and contributions (include		400 - 11							
	section 401(k) and 403(b) employer contributions)	157,776.	139,310.	18,466.						
9	Other employee benefits	123,159.	111,488.	11,671.						
10	Payroll taxes	119,403.	101,150.	18,253.						
11	Fees for services (non-employees)·	400 506		400 506						
а	Management	488,526.		488,526.						
b	Legal	146,845.		146,845.						
С	Accounting				 ,					
ď	Lobbying				******					
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other. (If line 11g amount exceeds 10% of line 25,	200 010	102 046	107 072						
	column (A) amount, list line 11g expenses on Sch O.)	300,818.	192,846.	107,972.						
12	Advertising and promotion									
13	Office expenses									
14	Information technology									
15	Royalties	363,828.	321,025.	42,803.	- :-u- u					
16 17	Occupancy Travel	303,020	321,0231	42,003.						
18	Payments of travel or entertainment expenses				·					
10	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest	25,773.		25,773.						
21	Payments to affiliates									
22	Depreciation, depletion, and amortization	39,610.	35,151.	4,459.	,					
23	Insurance	19,796.	17,467.	2,329.						
24	Other expenses. Itemize expenses not covered									
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)									
	amount, list line 24e expenses on Schedule 0.)									
а	CONTRACTED SERVICES	321,104.	316,561.	4,543.						
b	BOOKS, PERIODICALS, AND	236,625.	169,468.	67,157.						
С	LOSS MITIGATION PROGRAM	101,776.	0.	101,776.						
d	REPAIRS & MAINTENANCE	3,221.	2,842.	379.						
е	All other expenses	38,197.	3,598.	34,599.						
25	Total functional expenses. Add lines 1 through 24e	3,709,367.	2,484,416.	1,224,951.	0.					
26	Joint costs . Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here if following SOP 98-2 (ASC 958-720)									
					Form 000 (0010)					

Part X | Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) (B) End of year Beginning of year 337,164. 614,401. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 660,648. 1,600,488. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Assets 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 230,264. basis Complete Part VI of Schedule D 10a 156,686. 72,813. 10c 157,451. 10b b Less. accumulated depreciation 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 15 15 Other assets. See Part IV, line 11 1,154,498. 2,372,340. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 889,355. 413,379. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 77,569. 195,410. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 249,069. 1,379,106. 25 Schedule D 1,215,993. 1,987,895. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances -61,495. 384,445. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds -61,495. 33 384,445 33 Total net assets or fund balances 1,154,498. 2,372,340. Total liabilities and net assets/fund balances

orm	990 (2012) ENTREPRENEURSHIP	27-	-3920298	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,15		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,70		
3	Revenue less expenses. Subtract line 2 from line 1	3			40.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	- 6	1,4	95.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,		·		
	column (B))	10	38	4,4	45.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	a no t			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		-		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	s,		
	consolidated basis, or both:				ļ
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt	.,	l	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule (D. [
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				l
	Act and OMB Circular A-133?		3a		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ured au	ıdıt		ļ .

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form **990** (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

IMAGINE PENN HILLS CHARTER SCHOOL OF

OMB No 1545-0047

Open to Public Inspection

ENTREPRENEURSHIP

Employer identification number 27-3920298

Part I	Reason	for Public Char	r ity Status (All organiz	ations mu	st complet	e this part) See inst	tructions					
he orga	nization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox)						
1	A church, co	nvention of churche	s, or association of churc	ches desc	rıbed in se	ction 170	(b)(1)(A)(i)).					
2 X	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E.)									
з 🗀	1		ital service organization of		ın section	170(b)(1)(A)(iii).						
4	ı '	•	operated in conjunction					(b)(1)(A)(i	ii). Enter	the ho	spital's	nam	e.
• -	city, and stat	-	,		•				•		•		•
5			benefit of a college or ur	niversity o	wned or or	perated by	a governi	mental un	it describ	ed in			
•	-	(b)(1)(A)(iv). (Compl	=				g						
6 🗀	1		nent or governmental unit	t december	d in sectio	n 170/h\/1	VAVW						
7	1							or from the	neneral	nublic	descri	hed II	n
'	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)												
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)												
9 🗀	1		ceives (1) more than 33 1			rom contri	hutione m	nambareh	n fees a	nd aro	ee roce	ainte i	from
9	•		nctions - subject to certa						•	_		•	
			taxable income (less sect										
		509(a)(2). (Complete	,	lion on ita	x) 110111 bu	311103303 2	icquired b	y ule orga	IIIIZAUUII	aitei u	une ou	, 137	J.
10 🗀	1		e Fart III.) perated exclusively to te	et for publ	o cafoby S	Saa caatia	n 500/a)//	4)					
11	, •	_	perated exclusively for the	•	-			-	y out the	DUITO	sees of	one	or
	_	_	ations described in section										JI
	, ,		organization and comple	, , ,	•		.) Gee se t	, (1011 303 ₍	адол. Оп	CCK UII	, DOX I	iiat	
	a Type	· · · · · · · · · · · · · · · · · · ·		ype III - Fu	_		,	TVD	e III - No	n.funci	tionally	inter	rated
			at the organization is not		-	_					-	-	•
e ∟			than one or more publicly										
		=							3(a)(1) Oi	36000	11 303(1	۵)(۲).	
f	_		tten determination from t	ine ino ina	аспъату	pe i, Type	ii, or Type	5 III					
_		rganization, check t	riis box organization accepted ar	waft or o	ontribution	from any	of the foll	owina nor	cone?				
g			directly controls, either al							,	Г	Yes	No
		•	supported organization?	one or tog	enici wini	persons c	iescribed	iii (ii) aiiu i	iii) Delow		1g(i)	163	140
	•	• .	•										
	•	=	n described in (i) above? a person described in (i) o		2						1g(ii) 1g(iii)		
	• •		•								<u>'9(''') </u>		
h	Provide the i	ollowing information	about the supported org	ganization	(8).								
				(iv) Is the c	rganization	(v) Did voi	ı notifir the	(vi) ls	the				
	e of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9		sted in your			lorganizati	on in col. i	(VII) AI	mount o		netary
Ui	ganization				document?			(i) organiz U.S	.?		supp	UIT	
			(see instructions))	Yes	No	Yes	No	Yes	No				
				100		100	.,,	100	100				
					<u> </u>			<u> </u>	<u> </u>				
				<u> </u>									
				_									
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Fotal			1	1	I	I	I	1	1	1			

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 | Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
	Gifts, grants, contributions, and			_						
	membership fees received. (Do not									
	include any "unusual grants ")					ļ				
2	Tax revenues levied for the organ-				<u> </u>					
	ization's benefit and either paid to									
	or expended on its behalf						_			
3	The value of services or facilities									
-	furnished by a governmental unit to				,					
	the organization without charge				:					
4	Total. Add lines 1 through 3									
	The portion of total contributions									
•	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the			İ						
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4									
	ction B. Total Support		<u> </u>			<u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
	Amounts from line 4	<u> </u>								
8	Gross income from interest,		· · · ·							
-	dividends, payments received on				·					
	securities loans, rents, royalties									
	and income from similar sources			İ						
9	Net income from unrelated business									
Ĭ	activities, whether or not the									
	business is regularly carried on					-				
10	Other income. Do not include gain		17.7							
	or loss from the sale of capital									
	assets (Explain in Part IV.)									
11	Total support. Add lines 7 through 10									
	Gross receipts from related activities,	etc. (see instructi	ons)		<u> </u>	12				
	First five years. If the Form 990 is for			rd, fourth, or fifth t	ax year as a section	on 501(c)(3)				
	organization, check this box and stor	here					▶□_			
Sec	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2012 (ne 6, column (f) d	livided by line 11,	column (f))		14	%			
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	%			
16a	33 1/3% support test - 2012. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or i	more, check this bo	ox and			
	stop here. The organization qualifies	as a publicly supp	orted organization	า						
b	33 1/3% support test - 2011. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	% or more, check th	nis box			
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation						
17a	10% -facts-and-circumstances tes	t - 2012. If the org	ganization did not	check a box on lin	ie 13, 16a, or 16b,	and line 14 is 10%	or more,			
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	his box and stop l	<mark>here.</mark> Explain in Pa	art IV how the organ	nization			
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	ed organization		ightharpoonup			
t	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or			
	more, and if the organization meets the	ne "facts-and-circu	ımstances" test, o	heck this box and	l stop here. Explai	n in Part IV how the	·			
	organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a publ	licly supported org	janization	▶ <u></u>			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box	and see instruction	s D			

Schedule A (Form 990 or 990 EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-	ļ					
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-				ļ		
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				_		
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(: Add lines 7a and 7b			•			
8	Public support (Subtract line 7c from line 6)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties				ı		
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses				1		
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11	,						
	activities not included in line 10b, whether or not the business is		ļ				
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)					<u> </u>	<u></u>
14	First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organı	zation,
	check this box and stop here						
	ction C. Computation of Publ						
15	Public support percentage for 2012 (line 8, column (f) d	livided by line 13,	column (f))		15	%
16						16	%
$\overline{}$	ction D. Computation of Inve						
17	Investment income percentage for 20)12 (line 10c, colur	mn (f) dıvıded by lı	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19:	a 33 1/3% support tests - 2012. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	•	-				
ı	33 1/3% support tests - 2011. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						▶ ∐
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶∟

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

IMAGINE PENN HILLS CHARTER SCHOOL OF ENTREPRENEURSHIP

Employer identification number 27-3920298

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts.Complete if the				
	organization answered "Yes" to Form 990, Part IV, line						
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds				
_	are the organization's property, subject to the organization's		Yes No				
6	Did the organization inform all grantees, donors, and donor a		e used only				
	for charitable purposes and not for the benefit of the donor of						
	impermissible private benefit?		Yes No				
Par		ganization answered "Yes" to Form 990, I	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).					
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an his	storically important land area				
	Protection of natural habitat	Preservation of a cer	tified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conservation easement on the last				
	day of the tax year						
			Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c				
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ture				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax				
	year ▶						
4	Number of states where property subject to conservation ea						
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements		Yes L No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
7	Amount of expenses incurred in monitoring, inspecting, and						
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170					
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conservat						
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organization's accounting for				
Da	conservation easements † III Organizations Maintaining Collections o	f Art Historical Treasures or C	Ther Similar Assets				
rai	Complete if the organization answered "Yes" to Form	990 Part IV line 8	Autor Cirinar Addeto.				
10	If the organization elected, as permitted under SFAS 116 (AS		ment and halance sheet works of art				
ıa							
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XI the text of the footnote to its financial statements that describes these items						
ь.	If the organization elected, as permitted under SFAS 116 (AS		at and balance sheet works of art, historical				
U	treasures, or other similar assets held for public exhibition, e						
	relating to these items:	addation, or resource in later crance of pe	abile dervice, provide the following amounte				
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$				
	(ii) Assets included in Form 990, Part X		► \$ ► \$				
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi					
_	the following amounts required to be reported under SFAS 1		3, b. e				
а	Revenues included in Form 990, Part VIII, line 1		▶ \$				
	Assets included in Form 990, Part X		► \$ ► \$				
-	· ····································		· ·				

27-3920298 Page 2 ENTREPRENEURSHIP Schedule D (Form 990) 2012 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply). Loan or exchange programs ☐ Public exhibition Scholarly research Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes on Form 990. Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c c Beginning balance d Additions during the year 1d 1e e Distributions during the year 1f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21? 」Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (d) Three years back (a) Current year (b) Pnor year (c) Two years back (e) Four years back 1a Beginning of year balance Contributions c Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs f Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as. 2 a Board designated or quasi-endowment **b** Permanent endowment ▶ Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No pA. 3a(i) (i) unrelated organizations 3a(ii) (ii) related organizations 3b b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value basis (investment) basis (other) depreciation 1a Land **b** Buildings 43,199. 17,280. 25,919 c Leasehold improvements 11,694. 3,205. 8,489. d Equipment 175,371. 52,328. 123,043. e Other

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

Schedule D (Form 990) 2012

157,451.

IMAGINE PENN HILLS CHARTER SCHOOL OF ENTREPRENEURSHIP

27-3920298 Page 3 Schedule D (Form 990) 2012 Part VII Investments - Other Securities. See Form 990, Part X, line 12 (c) Method of valuation: Cost or end-of-year market value (a) Description of security or category (including name of security) (b) Book value (1) Financial derivatives (2) Closely-held equity interests (3) Other (B) (C) (D) (E) (F) (G) (H)(I) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. See Form 990, Part X, line 13 (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value (1) (2)(3)(4)(5) (6)(7)(8) (9) (10)Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. See Form 990, Part X, line 15 (b) Book value (a) Description (1) (2)(3) (4)(5) (6)(7) (8) (9)(10)Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25. (b) Book value (a) Description of liability Federal income taxes 11,189. CURRENT PORTION OF LONG TERM DEBT (2) 237,880. LONG TERM NOTE PAYABLE DUE TO IMAGINE SCHOOLS 1,130,037. (4) (5)(6)(7)(8) (9)(10)1,379,106. Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

ENTREPRENEURSHIP 27-3920298 Page 4 Schedule D (Form 990) 2012 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 4,155,307. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a a Net unrealized gains on investments 2b b Donated services and use of facilities 2c c Recoveries of prior year grants 2d d Other (Describe in Part XIII) e Add lines 2a through 2d 2e 4.155.307. 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 4c c Add lines 4a and 4b 4,155 307. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 3,709,367. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a 2b **b** Prior year adjustments c Other losses 2c 2d d Other (Describe in Part XIII) 0. e Add lines 2a through 2d 3,709, 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b **4**a 4b b Other (Describe in Part XIII.) 4c c Add lines 4a and 4b 3,709 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) Part XIII Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X. line 2: Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information PART X, LINE 2: THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THAT GUIDANCE, THE SCHOOL MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING

AUTHORITIES BASED ON THE TECHNICAL MERITS OF THE POSITION. EXAMPLES OF TAX

POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF THE SCHOOL AND VARIOUS

27-3920298 Page 5 **ENTREPRENEURSHIP** Schedule D (Form 990) 2012 Part XIII Supplemental Information (continued) POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT). THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50% LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR FISCAL YEARS 2013 AND 2012.

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

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

➤ Attach to Form 990 or Form 990-EZ.

ENTREPRENEURSHIP

IMAGINE PENN HILLS CHARTER SCHOOL OF

Inspection **Employer identification number**

27-3920298

OMB No. 1545-0047

Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, X other governing instrument, or in a resolution of its governing body? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, X 2 catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain X 3 If you need more space, use Part II IMAGINE PENN HILLS CHARTER SCHOOL OF ENTREPRENEURSHIP HAS PUBLICIZED ITS RACIALLY NONDISCRIMINATORY POLICY THROUGH THE SCHOOL'S WEBSITE. Does the organization maintain the following? X a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a X 4b b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student X 4c admissions, programs, and scholarships? X 4d d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: X 5a a Students' rights or privileges? X 5b b Admissions policies? $\overline{\mathbf{x}}$ c Employment of faculty or administrative staff? 5c X d Scholarships or other financial assistance? X e Educational policies? 5e X f Use of facilities? X g Athletic programs? X h Other extracumcular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II. X 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a X 6b b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," explain on Part II

Schedule E (Fo	<u>rm 990 o</u>	r 990-EZ)	(201	₂₎ ENTREPE	<u>KENEURS</u>	HTL				392029	8	Page 2
Part II S	upplen applicat	nental I	nfor	rmation. Con lete this part to	plete this pai provide any o	t to p	rovide the explanation additional information	ons required by n	Part I, lines 3, 4d,	5h, 6b, and	7,	
SCHEDULI	ΕE,	LINE	6	- EXPLAN	NATION	OF	GOVERNMENT	FINANC	IAL AID:	e		
IMAGINE	PENN	HILI	ัร	CHARTER	SCHOOL	OF	ENTREPREN	EURSHIP	RECEIVES	TITLE	I.	AND
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SCHEDULE'O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service

232211 01-04-13

Name of the organization

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Inspection

IMAGINE PENN HILLS CHARTER SCHOOL OF ENTREPRENEURSHIP

Employer identification number 27-3920298

Schedule O (Form 990 or 990-EZ) (2012)

ENTREI REMEMBER 1
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE STUDENTS IN THE PENN HILLS COMMUNITY-A SCHOOL THAT WILL NOT ONLY
PREPARE STUDENTS ACADEMICALLY BUT WILL ALSO DEVELOP THEM INTO INFORMED
AND RESPONSIBLE WORLD CITIZENS, CREATIVE PROBLEM SOLVERS, AND EFFECTIVE
COMMUNICATORS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
PROBLEM SOLVERS, AND EFFECTIVE COMMUNICATORS.
FORM 990, PART VI, SECTION A, LINE 3: THE BOARD CONTRACTED WITH IMAGINE
SCHOOLS, INC TO PROVIDE ALL OF THE CHARTER SCHOOL MANAGEMENT SERVICES.
FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PREPARED BY AN EXTERNAL
ACCOUNTING FIRM. COPIES OF FORM 990 ARE PROVIDED TO BOARD MEMBERS FOR
THEIR REVIEW AND APPROVAL.
FORM 990, PART VI, SECTION B, LINE 12C: ALL CONTRACTS WITH OUTSIDE VENDORS
ARE REVIEWED AND APPROVED BY THE BOARD TO ENSURE THAT THERE IS NO CONFLICT
OF INTEREST AS WELL TO ENSURE COMPLIANCE WITH THE RFP PROCESS.
FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION WAS BENCHMARKED
AGAINST PAY STRUCTURES AT SIMILAR SCHOOLS IN THE PITTSBURGH AREA. AMOUNTS
WERE REVIEWED AND APPROVED BY THE BOARD PRIOR TO FORMAL IMPLEMENTATION.
FORM 990, PART VI, SECTION C, LINE 19: ONCE FINAL, THE SCHOOL WILL MAKE
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

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

Name of the organiza	ation IMAGINE ENTREPRE	PENN HILLS	CHARTER	SCHOOL O		Employer identification number 27-3920298
STATEMENTS	AVAILABLE (N THE SCHOO	OL WEBSI	re.		
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Schedule O (Form 990 or 990-EZ) (2012)

232212 01-04-13