

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning Jul 1, 2016, and ending Jun 30, 2017

B Check if applicable:	C Name of organization <u>International Educational and Community Initiatives</u>	D Employer identification number
<input type="checkbox"/> Address change	Doing business as <u>One Bright Ray, Inc.</u>	<u>23-2147087</u>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number
<input type="checkbox"/> Initial return	<u>1142 East Erie Avenue</u>	<u>(215) 533-6700</u>
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts <u>\$ 7,550,985.</u>
<input type="checkbox"/> Amended return	<u>Philadelphia PA 19124</u>	
<input type="checkbox"/> Application pending	F Name and address of principal officer:	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<u>Joseph H. Proietta 1100 East Erie Ave, Philadelphia PA 19124</u>	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
		If "No," attach a list. (see instructions)
I Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number
J Website: <u>www.onebrightray.org</u>		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: <u>1980</u>	M State of legal domicile: <u>PA</u>

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>To provide alternative educational services, health care services, mental health services, after-school and summer school programming, post-secondary programming, and facilities to charter and contracted schools.</u>		
	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	2 Number of voting members of the governing body (Part VI, line 1a)	3	6
	3 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	4 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	94
	5 Total number of volunteers (estimate if necessary)	6	1
	6 Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7a Net unrelated business taxable income from Form 990-T, line 34	7b	0.
		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	137,715.	133,945.
	9 Program service revenue (Part VIII, line 2g)	5,585,099.	7,344,429.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11a)	16,942.	37,219.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,739,756.	7,515,593.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,448,244.	4,442,760.
	16a Professional fundraising fees (Part IX, column (A), line 11a)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>0.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,957,886.	2,242,117.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,406,130.	6,684,877.
	19 Revenue less expenses. Subtract line 18 from line 12	333,626.	830,716.
Not Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	12,774,268.	13,104,930.
	21 Total liabilities (Part X, line 26)	13,935,975.	13,435,921.
	22 Net assets or fund balances. Subtract line 21 from line 20	-1,161,707.	-330,991.

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.

Sign Here	Signature of officer <u>Marcus A Delgado</u>	Date <u>5/4/2018</u>
	Marcus A Delgado	CEO
	Type or print name and title	

Paid Preparer Use Only	Print/preparer's name <u>Michael A. Whisman, CPA</u>	Preparer's signature <u>Michael A. Whisman, CPA</u>	Date <u>05/01/18</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01479091</u>
	Firm's name <u>CHARTER CHOICE INC</u>				Firm's EIN ▶ <u>27-2599210</u>
	Firm's address <u>222 KESWICK AVENUE Glenside PA 19038</u>				Phone no. <u>(215) 481-9777</u>

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No