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GOVERNMENT COPY

IRS e-file Signature Authorization for a Tax Exempt Entity

alendar year 2022, or fiscal year beginning	JUL 1	, 2022, and ending	<u>JUN</u>	30	_ , 20 <u>2</u>
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3

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. ACADEMY OF HOPE

ADULT PUBLIC CHARTER SCHOOL

EIN or SSN 52-1730021

Name and title of officer or person subject to tax

LECESTER JOHNSON CHIEF EXECUTIVE OFFICER

For ca

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

					10 151 016
1a	Form 990 check here	. X	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	₁₆ 12,151,016.
2a	Form 990-EZ check here .	. \square	b	Total revenue, if any (Form 990-EZ, line 9)	2b
3a	Form 1120-POL check her	е 🗌	b	Total tax (Form 1120-POL, line 22)	3b
4a	Form 990-PF check here		b	Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a	Form 8868 check here		b	Balance due (Form 8868, line 3c)	. 5b
6a	Form 990-T check here		b	Total tax (Form 990-T, Part III, line 4)	6b
7a	Form 4720 check here		b	Total tax (Form 4720, Part III, line 1)	7b
8a	Form 5227 check here		b	FMV of assets at end of tax year (Form 5227, Item D)	8b
9a	Form 5330 check here		b	Tax due (Form 5330, Part II, line 19)	9b
10a	Form 8038-CP check here			Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b
Part	II Declaration and	l Signat	ure	Authorization of Officer or Person Subject to Tax	
Inder _I	penalties of perjury, I declare	that X	l ar	m an officer of the above entity or I am a person subject to tax with re	spect to (name
f entit	y)			, (EIN) and that I ha	ve examined a copy of the
022 e	lectronic return and accompa	anying sch	edu	les and statements, and, to the best of my knowledge and belief, they are t	rue, correct, and

complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PΙΝ	۷:	check	one	box	only

X I authorize	SB	&	COMPANY,	LLC		to enter my PIN	30021
					ERO firm name		Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the

IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

27037520721

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature Date

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

<u> </u>	or the	2022 calendar year, or tax year beginning $JUL 1$, 2022 and e	ل ending	<u>UN 30,</u>	<u> 2023 </u>		
B c	heck if pplicable	ACADEMY OF HOPE		D Employer	identific	eation number	
	Address change	ADULT PUBLIC CHARTER SCHOOL					
	Name change	Doing business as		52-1730021			
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 2315 18TH PLACE NE	Room/suite	E Telephone number (202) 269-6623			
	termin- ated			G Gross receipt		12,166,576.	
	Amend			H(a) Is this a	aroup re		
	Applica			1		? Yes X No	
	pendin	SAME AS C ABOVE		H(b) Are all sub-		·····- —	
ΙŢ	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) o	r 527	1 ` ′		list. See instructions	
	Vebsit			H(c) Group e			
K F	orm of	organization: X Corporation Trust Association Other	L Year			State of legal domicile: DC	
Pa		Summary					
	1	Briefly describe the organization's mission or most significant activities: OUR M	IISSIO	N IS TO	PROV	IDE HIGH	
Governance		QUALITY ADULT EDUCATION AND SERVICES THAT					
na	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its	s net ass	ets.	
Ş.	з	Number of voting members of the governing body (Part VI, line 1a)			з	13	
	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	13	
οğ		Total number of individuals employed in calendar year 2022 (Part V, line 2a)				81	
/itie		Total number of volunteers (estimate if necessary)				45	
Activities		Total unrelated business revenue from Part VIII, column (C), line 12				0.	
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11				0.	
				Prior Year		Current Year	
ø)	8	Contributions and grants (Part VIII, line 1h)		2,511,	250.	2,381,941.	
ğ	9	Program service revenue (Part VIII, line 2g)		7,477,	758.	9,778,718.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			670.	-15,560.	
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,	348.	5,917.	
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,994,	026.	12,151,016.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.	
ç	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,075,	545.	6,635,442.	
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		125,	109.	83,334.	
g	b ·	Total fundraising expenses (Part IX, column (D), line 25) 854,01	.8.				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,445,		4,749,820.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		10,646,		11,468,596.	
		Revenue less expenses. Subtract line 18 from line 12		-652,		682,420.	
Net Assets or Fund Balances			Ве	ginning of Curre		End of Year	
sets	20	Total assets (Part X, line 16)		9,946,		13,894,915.	
t As	21	Total liabilities (Part X, line 26)		5,312,		8,578,414.	
캺	22	Net assets or fund balances. Subtract line 21 from line 20		4,634,	081.	5,316,501.	
	art II	Signature Block					
		ties of perjury, I declare that I have examined this return, including accompanying schedules			-	knowledge and belief, it is	
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowled	lge.		
		Cignature of officer		Doto			
Sig		Signature of officer		Date			
Her	е	LECESTER JOHNSON, CHIEF EXECUTIVE OFFICER					
		Type or print name and title	Ιr	Date		PTIN	
.		Print/Type preparer's name Preparer's signature	'	Jaie	Check if		
Paid		TIANA WYNN		Γ	self-employe		
	arer	Firm's name SB & COMPANY, LLC	ΕΛ	Firm's	SEIN 2	0-2153727	
use	Only	Firm's address 10200 GRAND CENTRAL AVE., SUITE 2	50		11	05040060	
		OWINGS MILLS, MD 21117		Phon	e no. 4 1	05840060	
Мау	the IF	S discuss this return with the preparer shown above? See instructions				X Yes No	

Pa	Obselvit Cabadula Coordains a various averages averages in this Bart III	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	
•	OUR MISSION IS TO PROVIDE HIGH QUALITY ADULT EDUCATION AND SER	RVICES
	THAT CHANGE LIVES AND IMPROVE OUR COMMUNITIES	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes 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?	Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured learning the services of the services	hy ovnonos
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	
	revenue, if any, for each program service reported.	expenses, and
4a	(Code:) (Expenses \$7 , 487 , 161including grants of \$) (Revenue \$	9,778,718.)
	TO PROVIDE TUITION-FREE INSTRUCTION TO INDIVIDUALS IN BASIC LI	
	GED PREPARATION AND JOB SKILLS TRAINING.	
		_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 7,487,161.	
		Form 990 (2022)

Part IV Checklist of Required Schedules

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 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		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			1
8	, ,			x
•	Schedule D, Part III	8		
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?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in 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	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a	Х	
b	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	Х	
14a	Did the approximation projection on office approximation of the Helbert Obstace	14a		Х
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, .u		<u></u> -
D	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	שדו		
13		15		X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		1
16		16		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	\vdash
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\ ₃₇
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 25a	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u>
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> X</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? F C C C C C C C C C	00-		х
	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	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			
	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?			₹7
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	1 30		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	12-13-22	Form	990	(2022)

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

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 81									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	_		v						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		X						
	to file Form 8282?	7c								
	If "Yes," indicate the number of Forms 8282 filed during the year	7.								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f								
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7g 7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
•	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.	Ť								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
b	Did the sponsoring 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									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
_	organization is licensed to issue qualified health plans 13b									
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		х						
		14a 14b		21						
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1-10								
	excess parachute payment(s) during the year?	15		x						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х						
-	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								
	If "Yes," complete Form 6069.									

ADULT PUBLIC CHARTER SCHOOL 52-1730021 Form 990 (2022) 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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 13 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 13 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 6 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 14 Х Did the organization have a written document retention and destruction policy? 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a 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? 16h Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	DC

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website | X | Upon request __ Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records LECESTER JOHNSON, CEO - (202) 269-6623

2315 18TH PLACE NE, WASHINGTON, DC

Form 990 (2022) ADULT PUBLIC CHARTER SCHOOL 52-1 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

(A)	(B)			(((D)	(E)	(F)
Name and title	Average	(do	not c	Posi heck r			one	Reportable	Reportable	Estimated
	hours per		, unles					compensation	compensation	amount of
	week (list any	-						from the	from related organizations	other compensation
	hours for	director				_		organization	(W-2/1099-MISC/	from the
	related	ee or	trustee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ed mo		1099-NEC)		and related
	below	Individual trustee or	Institutional	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LECESTER JOHNSON	line) 45.00	P E	lus	#0	Ke	iğ e	For			
CHIEF EXECUTIVE OFFICER	3.00	1			х			244,640.	0.	16 000
(2) JOY BENTLEY- PHILLIPS	45.00				^			244,040.	0.	16,000
CHIEF ADANCEMENT OFFICER	3.00	1			х			162,943.	0.	15 07/
(3) MICHAEL DURANT	45.00				_			102,943.	0.	15,974
CHIEF ACADEMIC OFFICER	1.00	1				x		135,271.	0.	7,762
(4) TIFFANY GODBOUT	45.00							133,271.	•	7,702
CHIEF OPERATIONS OFFICER	1.00	1				x		135,073.	0.	7,756
(5) BARBARA L. JUMPER	4.00							,	-	•
CHAIR		Х						0.	0.	0
(6) MADI FORD	2.00									
VICE CHAIR		Х						0.	0.	0
(7) RASHAD L. MOORE	2.00									
TREASURER		Х						0.	0.	0
(8) TAMARA WILDS LAWSON, PH.D.	2.00]								
SECRETARY		Х						0.	0.	0
(9) NORA ABRAMSON	1.00	1								_
BOARD MEMBER		Х						0.	0.	0
(10) ROSALYN BROWN	1.00	ļ								
BOARD MEMBER	1 22	Х						0.	0.	0
(11) LARRY CONDELLI	1.00	l								•
BOARD MEMBER	1 00	Х						0.	0.	0
(12) DREW HUBBARD	1.00	٠,,								0
BOARD MEMBER	1 00	Х						0.	0.	0
(13) ERIC JONES, MSF	1.00	.,							0	0
BOARD MEMBER	1 00	Х						0.	0.	0
(14) MARK LEWIS BOARD MEMBER	1.00	х						0.	0.	0
(15) JULIE MEYER	1.00	Α						0.	0.	0
BOARD MEMBER	1.00	х						0.	0.	0
(16) DOMINIQUE ANTHONY	1.00	┢						0.	0.	<u> </u>
STUDENT BOARD MEMBER	1.00	Х						0.	0.	0
(17) FONTELLA YOUNG	1.00					\vdash				0
STUDENT BOARD MEMBER	1.00	х						0.	0.	0
232007 12-13-22										Form 990 (202)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)						
(A) (B) (C) (D) (E)	(F)					
Name and title Average Position Reportable Reportable	Estimated					
(do not check more than one	amount of					
week officer and a director/trustee) from from related	other					
(list any 호 기	ompensation					
hours for ਵੱਚ ਹੁੜ੍ਹ organization (W-2/1099-MISC/	from the					
related g g g w w -2/1099-MISC/ 1099-NEC) c	organization					
organizations start start	and related					
(list any hours for related organizations below line) (line) (list any hours for related organizations below line)	rganizations					
1b Subtotal 677,927. 0.	47,492.					
c Total from continuation sheets to Part VII, Section A	0.					
	47,492.					
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable	, -					
compensation from the organization	4					
_	Yes No					
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on						
line 1a? If "Yes," complete Schedule J for such individual	X					
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization						
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	. X					
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services	.					
rendered to the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors	X					
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation	from					
the organization. Report compensation for the calendar year ending with or within the organization's tax year.						
(A) (B)	(C)					
	pensation					
BRIGHTER DAY MINISTRIES						
	20,007.					
COMMUNITY IT INNOVATORS, 1110 VERMONT AVE						
W #900, WASHINGTON, DC 20005 IT SUPPORT 319,071.						
ACTIVE HANDS TRAINING SPECIAL EDUCATION						
	<u>83,113.</u>					
	DW GOVERNMENT, 75 REMITTANCE DRIVE, SUITE COMPUTER AND					
	<u>29,383.</u>					
PMM COMPANIES COMMERCIAL 15038 DEPWOOD POAD POCKVILLE MD 20855 TANIMOPIAL AND FACIL 1	05 256					
15938 DERWOOD ROAD, ROCKVILLE , MD 20855 JANITORIAL AND FACIL 1	<u>95,356.</u>					

Form 990 (2022) ADULT Part VIII Statement of Revenue

			Check if Schedule O contains	s a response	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
anta									
ij g			Membership dues						
fts, Ar			Fundraising events						
ig ig			Related organizations		1 502 786				
ns, Sim			Government grants (contributions		1,502,786.				
utio er (Ť	All other contributions, gifts, grants, a		070 155				
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included above		879,155.				
		_	Noncash contributions included in lines 1a-1	1g \$		2 224 244			
<u>0 g</u>		h	Total. Add lines 1a-1f			2,381,941.			
					Business Code				
e S	2	а	PER PUPIL ALLOCATIONS		900099	9,778,718.	9,778,718.		
e Ķ		b							
S		С							
am		d							
Program Service Revenue		е							
Ā		f	All other program service revenue)					
			Total. Add lines 2a-2f			9,778,718.			
	3		Investment income (including div						
			· · · · · · · · · · · · · · · · · · ·						
	4		Income from investment of tax-ex						
	5		Royalties						
	Ū			(i) Real	(ii) Personal				
	6	2	Gross rents 6a	()	()				
			· · · · · · · · · · · · · · · · · · ·						
			Rental income or (loss) 6c						
			Net rental income or (loss)	i) Securities	(ii) Othor				
	1	а) Securities	(ii) Other				
			assets other than inventory 7a						
-		b	Less: cost or other basis		45.560				
Jue			and sales expenses 7b		15,560.				
Ş.			Gain or (loss) 7c		-15,560.				
å			Net gain or (loss)	I		-15,560.			-15,560.
ther Revenue	8	а	Gross income from fundraising event	,					
Ò			including \$						
			contributions reported on line 1c)						
			Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundrais	· —					
	9	а	Gross income from gaming activi	I					
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming		T				
	10	а	Gross sales of inventory, less retu	I					
			and allowances		3				
		b	Less: cost of goods sold	101					
		С	Net income or (loss) from sales of	inventory	T				
ω					Business Code				
ë o	11	а	OTHER REVENUE		900099	5,917.			5,917.
Miscellaneous Revenue		b							
eve		С		_					
Aisc B		d	All other revenue		900099				
2			Total. Add lines 11a-11d			5,917.			
	12		Total revenue. See instructions			12,151,016.	9,778,718.	0.	-9,643.

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 response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Total expenses Program service expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 559,279. 361,212. 149,535. 48,532. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 4,870,464. 3,145,606. 1,302,223. 422,635. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 401,530. 259,330. 107,358. 34,842. Other employee benefits 9 804,169. 519,375. 215,012. 69,782. 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying 83,334. 83,334. Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 640,173. 220,495. 391,617. 28,061. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 125,322. 24,818. 93,399. 7,105. Office expenses 13 73,924. 73,924. Information technology 14 15 Royalties 1,184,745. 665,452. 429,885. 89,408. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 144,204. 93,135. 38,556. 12,513. 20 Payments to affiliates 21 176,181. 658,937. 425,577. 57,179. 22 Depreciation, depletion, and amortization 41,114. 41,114. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 1,767,491. 1,767,491. DIRECT STUDENT COSTS AUTHORIZER FEES 106,680. 106,680. RECRUITING AND RETENTIO 7,230. 4,670. 1,933. 627. С d All other expenses 11,468,596. 7,487,161. 3,127,417. 854,018. Total functional expenses. Add lines 1 through 24e 25 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)

ACADEMY OF HOPE ADULT PUBLIC CHARTER SCHOOL

Form 990 (2022)

Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,679,985.	1	2,247,001.
	2	Savings and temporary cash investments			1,026.	2	
	3	Pledges and grants receivable, net			484,380.	3	528,578.
	4	Accounts receivable, net			405,278.	4	500,482.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ed per				
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
υ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	B			96,037.	9	74,087.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	2,205,353.	7,020,683.	10c	6,758,524.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1	1			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	259,274.	15	3,786,243.		
	16	Total assets. Add lines 1 through 15 (must equa	l line 3	3)	9,946,663.	16	13,894,915.
	17	Accounts payable and accrued expenses	703,690.	17	494,625.		
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	art IV	of Schedule D		21	
es	22	Loans and other payables to any current or form					
Ě		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these			2 222 244	22	
-	23	Secured mortgages and notes payable to unrelate			3,809,241.	23	3,681,980.
	24	Unsecured notes and loans payable to unrelated	-		256,500.	24	202,500.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	. Complete Part X	E 4 2 4 E 4		4 100 200
		of Schedule D			543,151.		4,199,309.
	26			77	5,312,582.	26	8,578,414.
s		Organizations that follow FASB ASC 958, chec	k here	e X			
)Ce		and complete lines 27, 28, 32, and 33.			4 424 001		4 006 001
alar	27	Net assets without donor restrictions			4,434,081.	27	4,986,001.
B	28	Net assets with donor restrictions			200,000.	28	330,500.
Ĕ		Organizations that do not follow FASB ASC 95	8, che	ck here			
Ϋ́		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			4,634,081.	31	E 216 EN1
ž	32	Total net assets or fund balances			9,946,663.	32	5,316,501.
	33	Total liabilities and net assets/fund balances			3,340,003.	33	13,894,915.

ACADEMY OF HOPE ADULT PUBLIC CHARTER SCHOOL

-OH	1990 (2022) ADOUT TODDIC CHARTER SCHOOL	J 2	T/300	, 4 1	га	ge ••
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>, 15</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	11			96.
3	Revenue less expenses. Subtract line 2 from line 1	3		68	2,4	20.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4	, 63	4,0	81.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	5 ,	, 31	6, <u>5</u>	01.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			-		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 on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	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	basis,				
	consolidated basis, or both:					
	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					
	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 on School	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed aud	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

ACADEMY OF HOPE

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

ADULT PUBLIC CHARTER SCHOOL 52-1730021 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
_	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc. (see instruction	ons)		•	12	
	First 5 years. If the Form 990 is for the	<u>.</u>		ourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stor	-					
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2022. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2021. If the	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the fact						
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	heck a box on line			
	more, and if the organization meets the						
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	·
_		·	· · · · · · · · · · · · · · · · · · ·	·	·	·	

Schedule A (Form 990) 2022

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

qualify under the tests listed Section A. Public Support	oelow, please comp	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and	(47 = 2 : 2	(,	(-,	(,	(-,	(-)
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support		•	•	•	•	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital assets (Explain in Part VI.)				<u> </u>		
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	he organization's f	irst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) organization	on,
Section C. Computation of Pub	lic Support Pe	rcentage				
15 Public support percentage for 2022			column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve					т т	
17 Investment income percentage for 2					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If th						7 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If th						
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organizati	on did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

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Schedule A (Form 990) 2022

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	_		
	3a		
	3b		
	3с		
	30		
	4a		
	4b		
	4c		
	_		
	5a		
	5b		
	5c		
	6		
	0		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	.04		
	10b		
ule	A (Forn	n 990)	2022

	Continued)			$\overline{}$
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		—
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			1
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			l
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	· ·	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3				
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		ı

Part V	Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mu		•	
Section A -	Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net sh	ort-term capital gain	1		
2 Recov	eries of prior-year distributions	2		
3 Other	gross income (see instructions)	3		
4 Add lir	nes 1 through 3.	4		
5 Depre	ciation and depletion	5		
6 Portion	n of operating expenses paid or incurred for production or			
collect	tion of gross income or for management, conservation, or			
mainte	enance of property held for production of income (see instructions)	6		
7 Other	expenses (see instructions)	7		
8 Adjust	ted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B -	Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggre	gate fair market value of all non-exempt-use assets (see			
instruc	ctions for short tax year or assets held for part of year):			
a Averag	ge monthly value of securities	1a		
b Averag	ge monthly cash balances	1b		
c Fair m	arket value of other non-exempt-use assets	1c		
d Total ((add lines 1a, 1b, and 1c)	1d		
e Disco	unt claimed for blockage or other factors			
(explai	n in detail in Part VI):			
2 Acquis	sition indebtedness applicable to non-exempt-use assets	2		
3 Subtra	act line 2 from line 1d.	3		
4 Cash	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see ins	structions).	4		
5 Net va	lue of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multip	ly line 5 by 0.035.	6		
7 Recov	eries of prior-year distributions	7		
8 Minim	um Asset Amount (add line 7 to line 6)	8		
Section C -	Distributable Amount			Current Year
1 Adjust	ed net income for prior year (from Section A, line 8, column A)	1		
	0.85 of line 1.	2		
3 Minimi	um asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter	greater of line 2 or line 3.	4		
5 Incom	e tax imposed in prior year	5		
6 Distrik	outable Amount. Subtract line 5 from line 4, unless subject to			
emerg	ency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	inization (see

Schedule A (Form 990) 2022

instructions).

ADULT PUBLIC CHARTER SCHOOL

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount	T	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
<u>a</u>	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2022 distributable amount			
<u>_i</u>	Carryover from 2017 not applied (see instructions)			
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
d	Excess from 2021			

Schedule A (Form 990) 2022

e Excess from 2022

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

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Name of the organization

ACADEMY OF HOPE

ADULT PUBLIC CHARTER SCHOOL

Employer identification number

52-1730021

Organization type (check one):				
Filers of	:	Section:		
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization		
		4947(a)(1) nonexempt charitable trust not treated as a private foundation		
		527 political organization		
Form 99	0-PF	501(c)(3) exempt private foundation		
		4947(a)(1) nonexempt charitable trust treated as a private foundation		
		501(c)(3) taxable private foundation		
	nly a section 501(c)(7	covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.		
X	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.		
Special	Rules			
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.		
	contributor, during literary, or educatio	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.		
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \$		
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).		

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022) Page **2**

Name of organization
ACADEMY OF HOPE
ADULT PUBLIC CHARTER SCHOOL

Employer identification number

52-1730021

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	U.S DEPARTMENT OF EDUCATION 400 MARYLAND AVENUE SW	127,544.	Person X Payroll Noncash (Complete Part II for
	WASHINGTON, DC 20202	-	noncash contributions.)
(a) <u>N</u> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WORKFORCE INVESTMENT COUNCIL	-	Person X Payroll
	2235 SHANNON PLACE SE, SUITE 3031	\$ 907,654.	Noncash
	WASHINGTON, DC 20020	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Total contributions	Type of contribution
3	U.S DEPARTMENT OF TREASURY	-	Person X Payroll
	1500 PENNSYLVANIA AVENUE, NW	\$ 97,504.	Noncash
	WASHINGTON, DC 20220	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		Total contributions	
4	OFFICE OF THE STATE SUPERINTENDENT	-	Person X Pavroll
	1050 1ST STREET SE	\$ 332,562.	Noncash
	WASHINGTON , DC 20002		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	OFFICE OF THE STATE SUPERINTENDENT	_	Person X
	1050 1ST STREET SE, 3RD FLOOR	\$\$6,837.	Payroll Noncash
	WASHINGTON, DC 20002	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	JULIE & KENNETH KELLER		Person X
	7860 ROLLING WOODS COURT #407	\$\$	Payroll Noncash (Complete Part II for
	SPRINFIELD , VA 22152		noncash contributions.)

Schedule B (Form 990) (2022) Page **2**

Name of organization
ACADEMY OF HOPE
ADULT PUBLIC CHARTER SCHOOL

Employer identification number

52-1730021

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GALENA YORKTOWN FOUNDATION 1700 K STREET NW, SUITE 300 WASHINGTON, DC 20006	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	SHAREFUND 2500 VIRGINIA AVENUE NW #1104 S WASHINGTON, DC 20037	\$ 200,000.	Person X Payroll
(a)	(b)	(c)	(d)
9	Name, address, and ZIP + 4 ALFRED STREET BAPTIST CHURCH (DONOR 13382) 326 PATRICK STREET ALEXANDRIA, VA 22314	* 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 RONA & JEFFREY ABRAMSON FOUNDATION (DONOR 13627) 2000 TOWER OAKS BOULEVARD, SUITE 900 ROCKVILLE , MD 20852	Total contributions \$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	ALICE & EUGENE FORD FOUNDATION 20316 SENECA MEADOWS PARKWAY GERMANTOWN, MD 20876	\$ 220,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-14	MARIGOLD EFFECT 126 TEWKSBURY PLACE NW LINE 2 WASHINGTON, DC 20012	\$\$,000.	Person X Payroll

Schedule B (Form 990) (2022) Page **2**

Name of organization
ACADEMY OF HOPE
ADULT PUBLIC CHARTER SCHOOL

Employer identification number

52-1730021

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ERNST AND YOUNG 1201 ELM STREET SUITE 1400 DALLAS , TX 75270	\$7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	EUGENE AND AGNES MEYER FOUNDATION 1250 CONNECTICUT AVENUE NW, SUITE 800 WASHINGTON, DC 20036	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	INTERNATIONAL MONETARY FUND 700 19TH STREET NW WASHINGTON, DC 20431	\$12,500 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	HERB BLOCK FOUNDATION 1730 RHODE ISLAND AVE NW, SUITE #507 WASHINGTON, DC 20036	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	JACK R ANDERSON FOUNDATION 11 PRESIDENT POINT DRIVE ANNAPOLIS, MD 21403	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	KENDAL CHARITABLE FUNDS 591 COLLABORATION WAY, SUITE 603 NEWARK , DE 19713	\$ <u>12,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
ACADEMY OF HOPE
ADULT PUBLIC CHARTER SCHOOL

52-1730021

Employer identification number

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

Employer identification number

Name of organization

ACADEMY OF HOPE 52-1730021 ADULT PUBLIC CHARTER SCHOOL Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Inspection

ACADEMY OF HOPE Name of the organization

ADULT PUBLIC CHARTER SCHOOL

Employer identification number 52-1730021

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	vised	funds	(1	b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	vriting that the assets	held	d in donor advised	d fund	s	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		arrage ar Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•				ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	of pub	olic service,
	provide the following amounts relating to these items:						•
	(i) Revenue included on Form 990, Part VIII, line 1						
•							\$
2	If the organization received or held works of art, historical treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X					;	φ

232051 09-01-22

Schedule D (Form 990) 2022

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

		JBLIC CHAR							30021	Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, or	Other S	Simila	r Assets	(continue	ed)
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the f	following that	make sigr	nificant u	use of its		
	collection items (check all that apply):									
а	Public exhibition	(d 🗌	Loan or exc	hange progra	ım				
b	Scholarly research	•	е 🔲	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ey further th	ne organizatio	n's exemp	t purpo	se in Part	XIII.	
5	During the year, did the organization solicit or	r receive donations	of art, his	storical treas	sures, or othe	r similar a	ssets			
	to be sold to raise funds rather than to be ma	intained as part of t	he organ	ization's co	llection?				Yes	No_
Par	t IV Escrow and Custodial Arrang	gements. Compl	lete if the	organizatio	n answered "	Yes" on F	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included									
	on Form 990, Part X?								Yes	O No
b	If "Yes," explain the arrangement in Part XIII a									
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						?		Yes	No
	If "Yes," explain the arrangement in Part XIII.					•				
Par										
		(a) Current year	(b) P	rior year	(c) Two year	s back (c	i) Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g	ı, column (a)) held as:	•			•	
а	Board designated or quasi-endowment	•	%		•					
b	Permanent endowment	%	_							
С		 %								
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.								
За	Are there endowment funds not in the posses	ssion of the organiz	ation that	t are held ar	nd administer	ed for the				
	organization by:	-							Y	es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization									
4	Describe in Part XIII the intended uses of the									•
Par										
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV	, line 11a. S	See Form 990	, Part X, Iir	ne 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Acc	umulate	ed	(d) Book v	alue
	,	basis (investi		` ,	(other)	` '	eciation			
1a	Land			1,66	0,000.				1,660,	000.
	Buildings	I			1,083.	7.	41,1		2,819	
	Leasehold improvements				8,111.		05,7		1,442	
	Equipment				3,521.		17,69			830.
_	Other				1 162			75	20	387

Schedule D (Form 990) 2022

6,758,524.

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

ACADEMY OF			
	C CHARTER SCHO	OOL 5	2-1730021 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	nd-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
<u>(E)</u>			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c. See Form 990. Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-vear market value
(1)	(b) Dook takes	(c) memor or variations of or or	The or your marries raises
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1) DEPOSITS			129,858.
(2) RIGHT OF USE ASSETS - FIN			101,108.
(3) RIGHT OF USE ASSETS - OPE	RATING		3,555,277.
(4)			
(5)			
(6)			
(7)			
(9)			2 706 042
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		3,786,243.
Part X Other Liabilities.	F 000 D+ IV I'	Ada ay Add Oas Fayrs 2000 Bast V. Pass	25
Complete if the organization answered "Yes"	on Form 990, Part IV, line	The or 111. See Form 990, Part X, line 2	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes	NC		77,526.
(2) LEASE LIABILITY - FINANCI			4,121,783.
(3) LEASE LIABILITY - OPERATI	MG		4,141,703.
<u>(4)</u>			+
(5) (6)			+
(0)			1

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

4,199,309.

Liability for uncertain tax positions. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2022

(7) (8) (9)

Schedule D (Form 990) 2022 ADULT PUBLIC CHARTER SO			1730021	Page ²
Part XI Reconciliation of Revenue per Audited Financial Sta		e per Return.		
Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.	1 -	10 151	01.0
		1	12,151,	010.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a			
a Net unrealized gains (losses) on investmentsb Donated services and use of facilities				
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)				
e Add lines 2a through 2d		2e		0.
3 Subtract line 2e from line 1			12,151,	
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	4a			
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b		4c		0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	2)	5	12,151,	016.
Part XII Reconciliation of Expenses per Audited Financial S	-	es per Retur	n.	
Complete if the organization answered "Yes" on Form 990, Part IV, I				
Total expenses and losses per audited financial statements		1	11,468,	596.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
a Donated services and use of facilities				
b Prior year adjustments	I I			
c Other losses	l l			
d Other (Describe in Part XIII.)				0
e Add lines 2a through 2d			11,468,	<u>0.</u>
3 Subtract line 2e from line 1		3	11,400,	330.
 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 	40			
a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.)				
c Add lines 4a and 4b	·	4c		0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line			11,468,	
Part XIII Supplemental Information.	10.,			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; Pa	art V, line 4; Part	X, line 2; Part X	 I,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide				
PART X, LINE 2:				
			(~) (~)	_
THE SCHOOL IS EXEMPT FROM FEDERAL INCOME	TAXES UNDER SEC	TION 501	(C)(3)	F
THE CODE AND ADDITIONED DIGENTON OF COLUM	IDTA TNOOME MAY	T 3140		
THE CODE AND APPLICABLE DISTRICT OF COLUM	IBIA INCOME TAX	LAWS.		
ACCOUNTING PRINCIPLES GENERALLY ACCEPTED	TN THE UNITED S	TATES OF	AMERICA	
RECOUNTING TRINGITUDE GENERALET MECHTILE	IN IND CHILD D	71711110 01	7H1LIKE C1	<u> </u>
PROVIDE CONSISTENT GUIDANCE FOR THE ACCOU	NTING FOR UNCER	TAINTY I	N INCOME	:
TAXES RECOGNIZED IN AN ENTITY'S FINANCIAI	STATEMENTS AND	PRESCRI	BE A	
THRESHOLD OF "MORE LIKELY THAN NOT" FOR F	ECOGNITION OF T	AX POSIT	IONS TAK	EN
OR EXPECTED TO BE TAKEN IN A TAX RETURN.	THE SCHOOL PERF	ORMED AN		
ENVITIANTON OF IINGEDMATH MAY DOCTMIONG AC	○□ TIIN□ 20 202	ט ביווא ג	רוזא ג כי	
EVALUATION OF UNCERTAIN TAX POSITIONS AS	OF JUNE 3U, 4UA	O AND 40	44 AND	
DETERMINED THAT THERE WERE NO MATTERS THA	T WOULD REOUIRE	RECOGNI	TION IN	

THE FINANCIAL STATEMENTS OR WHICH MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT

Part XIII Supplemental Information (continued)
STATUS. AS OF JUNE 30, 2023, THE STATUTE OF LIMITATIONS FOR FISCAL YEARS
2020 THROUGH 2023 REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION OR THE
VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH THE SCHOOL FILES TAX
RETURNS. IT IS THE SCHOOL'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES
RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSE.

SCHEDULE E

(Form 990)

Dovt I

Department of the Treasury Internal Revenue Service

Schools

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

Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ACADEMY OF HOPE

ADULT PUBLIC CHARTER SCHOOL

Employer identification number 52-1730021

	rt I			
			YES	NC
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,		,,	
	bylaws, other governing instrument, or in a resolution of its governing body?	1	X	
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		37	
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or 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		37	
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II SEE PART II	3	X	
	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	Ļ
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b		X
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			İ
	with student admissions, programs, and scholarships?	4c	X	<u> </u>
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II. LINE 4B- ACADEMY OF HOPE ADULT PUBLIC CHARTER SCHOOL DOES NOT			
	PROVIDE SCHOLARSHIPS OR FINANCIAL ASSISTANCE.			
;	Does the organization discriminate by race in any way with respect to:			
	Students' rights or privileges?	5a		Х
b	Admissions policies?	5b		Х
_	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Employment of faculty or administrative staff?	5c		
	Employment of faculty or administrative staff? Scholarships or other financial assistance?	5c 5d		X
d				X
d e	Scholarships or other financial assistance?	5d		X
d e f	Scholarships or other financial assistance? Educational policies? Use of facilities?	5d 5e		\(\frac{\fir}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\fir}}}}}}}}{\firan{\frac{\frac{\frac{\frac{\frac}}}}}}{\
d e f g	Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5d 5e 5f		\(\frac{\fir}}}}}}}}{\firac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac}\frac{\f{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\fra
d e f g	Scholarships or other financial assistance? Educational policies? Use of facilities?	5d 5e 5f 5g		X X X
d e f g	Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5d 5e 5f 5g		X X X
d e f g h	Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency?	5d 5e 5f 5g	X	X X X X
d e f g h	Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5d 5e 5f 5g 5h	X	X X X X
d e f g h	Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency?	5d 5e 5f 5g 5h	X	X X X X
d e f g h	Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5d 5e 5f 5g 5h	X	X X X X
d e f g h	Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II.	5d 5e 5f 5g 5h	X	X X X X X

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

Schedule E (Form 990) 2022

Schedule E (Form 990) 2022 ADULT PUBLIC CHARTER SCHOOL	52-1730021	Page 2
Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, a applicable. Also provide any other additional information. See instructions.	as	
LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:		
"ACADEMY OF HOPE DOES NOT DISCRIMINATE ON THE BASIS OF RACE,		
COLOR, RELIGION, SEX, AGE, MARITAL STATUS, NATIONAL ORIGIN,		
PERSONAL APPERANCE, SEXUAL ORIENTATION, GENDER IDENTITY OR		
EXPRESSION, FAMILIAL STATUS, FAMILY RESPONSIBILITIES,		
POLITICAL AFFILIATION, SOURCE OF INCOME OR ANY OTHER REASON		
PROHIBITED BY LAW" IN ADDITION, AS A PUBLIC CHARTER SCHOOL,	ACADEMY OF	
HOPE IS EXEMPT FROM THE REQUIREMENTS OF REVE. PROC. 75-50.		
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:		
ACADEMY OF HOPE ADULT PUBLIC CHARTER SCHOOL RECEIVES GRANT F	UNDS TO	
SUPPORT OPERATIONS FROM LOCAL GOVERNMENT AGENCIES.		
LINE 7 - EXPLANATION OF RACIAL NONDISCRIMINATION COMPLIANCE:		
AS A PUBLIC CHARTER SCHOOL, ACADEMY OF HOPE IS EXEMPT FROM T	HE	
REQUIREMENTST OF REV. PROC. 75-50.		

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization ACADEMY OF HOPE						Employer identification number		
ADULT PUBLIC CHARTER SCHOOL						52-1730		
Fundraising Activities. required to complete this par	 Complete if the organization answer t. 	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not	
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants b X Internet and email solicitations f X Solicitation of government grants c Phone solicitations g Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
SPARK POINT FUNDRAISING LLC -	GRANT WRITING AND CONSULT FEE	Yes	No X	212 000		70 750	240, 250	
1 THOMAS STREET NW,	. 111		11	313,000.		72,750.	240,250.	
Total		<u></u>		313,000.		72,750.	240,250.	
List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from re	gistration	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2022

Pa	ırt I	Fundraising Events. Complete if th of fundraising event contributions and gro				
		or iditidialsing event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
4)			(event type)	(event type)	(total number)	col. (c))
Revenue						
Rev	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
S	5	Noncash prizes				
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	3				
Pa		Net income summary. Subtract line 10 from li				
Г	וונו	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
_		\$15,000 0111 01111 990-L2, linie 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming ac 'No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re				Yes No
2320	32 10	0-27-22			Sche	edule G (Form 990) 2022

ACADEMY OF HOPE ADULT PUBLIC CHARTER SCHOOL

Sch	edule G (Form 990) 2022 ADULT PUBLIC CHARTER SCHOOL 52-	1730(<u> 121</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	,	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	,	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100		
14	the the hame and address of the person who prepares the organization's gaming/special events books and records.			
	News			
	Name			
	Address			
		<u> </u>		—
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ш `	Yes	∟ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	: If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
10	Gaming manager information.			
	News			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
ŀ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•		
_	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III line	ac 0 (h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	. r m, mre	55 5, 3	<i>i</i> b, 10b,
	13b, 13c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
a	III O DADM T I THE OD I TOM OF MEN HITCHEOM DATO FILINDATORDO	a .		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	<u>): </u>		
, .				
<u>(I</u>) NAME OF FUNDRAISER: SPARK POINT FUNDRAISING LLC			
<u>(I</u>) ADDRESS OF FUNDRAISER: 1 THOMAS STREET NW, WASHINGTON , DC	20001	L	
				-

ACADEMY OF HOPE ADULT PUBLIC CHARTER SCHOOL

Schedule G	G (Form 990)	ADULT PUBLIC	CHARTER	SCHOOL	52-1730021	Page 4
Part IV	G (Form 990) Supplemental Info	rmation (continued)				
		(continued)				
						_
_						

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

ACADEMY OF HOPE ADULT PUBLIC CHARTER SCHOOL $Employer\ identification\ number \\ 52-1730021$

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	X Compensation committee			
Tax indemnification and gross-up payments □ Discretionary spending account □ Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee X Written employment contract □ Independent compensation consultant X Compensation survey or study □ Form 990 of other organizations X Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4 Participate in or receive payment from a supplemental nonqualified retirement plan? 4 Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 a				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
		6a		<u>X</u>
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7				
		7		<u>X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

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

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

52-1730021

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

(A) Name and Title		(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LECESTER JOHNSON	(i)	233,015.	0.	11,625.	0.	16,000.	260,640.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOY BENTLEY- PHILLIPS	(i)	155,322.	0.	7,621.	0.	15,974.	178,917.	0.
CHIEF ADANCEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							_
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						1	

Schedule J (Form 990) 2022

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

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

ACADEMY OF HOPE
ADULT PUBLIC CHARTER SCHOOL

Employer identification number 52-1730021

OMB No. 1545-0047

Inspection

ADOUT TODDIC CHARTER DCHOOL 32 1730021
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OUR COMMUNITIES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FINANCE COMMITTEE AND BOARD REVIEW THE 990 BEFORE IT IS SUBMITTED.
FORM 990, PART VI, SECTION B, LINE 12C:
ANNUALLY, ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO REVIEW
AND SIGN THE CONFLICT OF INTEREST POLICY.
FORM 990, PART VI, SECTION B, LINE 15:
THE CEO'S COMPENSATION IS REVIEWED BY THE COMPENSATION COMMITTEE OR THE
EXECUTIVE COMMITTEE. THE BOARD ALSO HIRED A CONSULTANT TO STUDY CEO
COMPENSATION IN THE DC METRO AREA, FROM SIMILAR SIZED ORGANIZATIONS AND TO
MAKE RECOMMENDATIONS ON EXECUTIVE COMPANSATION THE FINDINGS WERE PRESENTED
TO THE BOARD FOR CONSIDERATON AND THE SALARY IS VOTED ON IN EXECUTIVE
SESSION BY THE ENTIRE BOARD. OTHER KEY EMPLOYEES SALARIES ARE REVIEWED
AGAINST COMPARABLE DATA AND REVIEWED BY THE CEO AND HR DIRECTOR.
FORM 990, PART VI, SECTION C, LINE 19:
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL
STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.
PART XII, LINE 2C
PROCESS HAS NOT CHANGED SINCE PRIOR YEAR.

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

Schedule O (Form 990) 2022

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ADULT PUBLIC C	HARTER SCHOOL					52-17300	121	
Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes	s" on Form 990, Part IV, line 30	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	me End-of-year		(f) Direct controllinentity		g
Part II Identification of Related Tax-Exempt Organizations during the tax year	tions. Complete if the organization	n answered "Yes" on Form 990	D, Part IV, line 34, t	pecause it had one	or more	related tax-exe		
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code section	(e) Public charity status (if section		(f) Direct controlling		g) 512(b)(13) rolled tity?
		Toreign country)		501(c)(3))		,		No
	ADULT EDUCATION SERVICES			CHARITABLE				
WASHINGTON, DC 20018	AND SUPPORT	DISTRICT OF COLUMBIA	501(C)(3)	ORGANIZATION				X
	-							
2315 18TH PLACE NE	ADULT EDUCATION SERVICES AND SUPPORT	foreign country) DISTRICT OF COLUMBIA		501(c)(3))		entity	Yes	No X

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

ACADEMY OF HOPE

Schedule R (Form 990) 2022

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

organization treates as a parameter from the first parameter from the f														
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j	i)	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	olling Predominant income	Share of total	Share of	I		Disproportionate		Code V-UBI	Gene	ral or	Percentage ownership
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	ne end-of-year allocations? amount in b		amount in box 20 of Schedule	partr	ner?	ownership			
		country)		sections 512-514)		466616	Yes	No	K-1 (Form 1065)	Yes	No			
	1													
	1													
	1													
	1													
	1		1	1		l	1		1					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		,						Yes	No

Yes No

Schedule R (Form 990) 2022 ADULT PUBLIC CHARTER SCHOOL

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		_ X		
							Х		
b Gift, grant, or capital contribution to related organization(s) c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) f Dividends from related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) f Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) i Lease of facilities, equipment, or other assets to related organization(s) i Performance of services or membership or fundraising solicitations for related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Sharing of paid employees with related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Performance of services or membership or fundraising solicitations by related organization(s) in Performance of services or membership or fundraising s							Х		
							Х		
							Х		
f	Dividends from related organization(s)				1f		Х		
g	Sale of assets to related organization(s)				1g		X		
h	Purchase of assets from related organization(s)				1h		X		
i	Exchange of assets with related organization(s)				1i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		X		
							X		
- 1	Performance of services or membership or fundraising solicitations for related organization	n(s)			11		X		
m	Performance of services or membership or fundraising solicitations by related organization	n(s)			1m				
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X			
0	Sharing of paid employees with related organization(s)				1o		X		
p Reimbursement paid to related organization(s) for expenses									
	Lans or loan guarantees to or for related organization(s) Loans or loan guarantees by related organization(s) Dividends from related organization(s) Dividends from related organization(s) 11 Sale of assets to related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) 11 Sharing of paid employees with related organization(s) Sharing of paid employees with related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Reimbursement paid by related organization(s) for expenses 10 Other transfer of cash or property to related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) Name of related organization								
r	Other transfer of cash or property to related organization(s)				1r		X		
s	Other transfer of cash or property from related organization(s)				1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on who mu	st complete th	is line, including covered re	lationships and transaction thresholds.					
	Name of related organization Tr	ransaction			nt involved				
1) 4	ACADEMY OF HOPE FOUNDATION	N	5,000.	FMV					
2) 2	ACADEMY OF HOPE FOUNDATION	P	47,492.	FMV					
3)									
4)									
5)									
6)									
					 _				

Schedule R (Form 990) 2022

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box of Schedule K-	General managin partner	(k) Percentage ownership
	-									

Form **990**

Return of Organization Exempt From Income Tax

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

										Open to Public Inspection			
			ar year, or tax year begin				d ending i			,			
3 CI	heck if	C Name or	f organization EMY OF HOPE		<u>,</u>				•	cation number			
	Addre			מינות	TOOT								
	∫chang Name		T PUBLIC CHAR	TER SO	CHOOL			⊣	17200	0.1			
	chang Initial		usiness as				Room/suite		<u>2-173002</u>				
	return Final		and street (or P.O. box if m		hone number								
	return/ termin	_	18TH PLACE N					(202) 269-6623					
	ated Ameno		own, state or province, co		∠IP or foreigr	n postal code		G Gross		12,166,576.			
	return Applic	MYSII	•	0018	TOWED :	TOURIGON		H(a) Is this a group return					
	tion pendir	F Name a	nd address of principal offi	icer: LEC	ESTER C	JOHNSON		for subordinates? Yes X No					
		SAME	AS C ABOVE							cluded? Yes No			
		empt status:) ()	(insert no	.) 4947(a)(1)	or 52	_		list. See instructions			
	/ebsit		AOHDC ORG	. 🗀 .					oup exemption				
K Fo	orm of		X Corporation Trus	st As	sociation	Other	L Yea	r of formatio	n: 1985 N	State of legal domicile: DC			
Pa	rt I	Summary											
ø			be the organization's mission										
Activities & Governance		QUALITY	ADULT EDUCAT										
Ϊ	2	Check this bo	x if the organiza	ation discor	ntinued its op	perations or dispo	sed of mor	e than 25%	of its net ass				
۱			ting members of the gover		•	,				13			
8			dependent voting members							13			
es	5	Total number	of individuals employed in	calendar y	ear 2022 (Pa	rt V, line 2a)			5	81			
ξį	6	Total number	of volunteers (estimate if n	ecessary)					6	45			
뒫	7 a	Total unrelate	d business revenue from P	Part VIII, col	lumn (C), line	12			7a	0.			
	b	Net unrelated	business taxable income f	from Form	990-T, Part I,	line 11	······			0.			
								Prior		Current Year			
اه	8	Contributions	and grants (Part VIII, line 1	Ih)					1,250.	2,381,941.			
Revenue	9	Program servi	ce revenue (Part VIII, line 2	2g)				7,47	77,758.	9,778,718.			
ě	10	Investment in	come (Part VIII, column (A)	, lines 3, 4,	and 7d)				670.	-15,560.			
۳	11	Other revenue	e (Part VIII, column (A), lines	s 5, 6d, 8c,	, 9c, 10c, and	d 11e)			4,348.	5,917.			
	12	Total revenue	- add lines 8 through 11 (n	nust equal	Part VIII, colu	umn (A), line 12)		9,99	04,026.	12,151,016.			
	13	Grants and sir	milar amounts paid (Part IX	(, column (A), lines 1-3)				0.	0.			
	14	Benefits paid	to or for members (Part IX,	, column (A), line 4)				0.	0.			
ဖွ	15	Salaries, other	r compensation, employee	benefits (F	Part IX, colum	nn (A), lines 5-10)			75,545.	6,635,442.			
Expenses	16a	Professional for	r compensation, employee undraising fees (Part IX, co ing expenses (Part IX, colu	olumn (A), li	ne 11e)			12	25,109.	83,334.			
ē	b	Total fundrais	ing expenses (Part IX, colu	ımn (D), line	e 25)	854,0	18.						
ώ			es (Part IX, column (A), line					4,44	15,999.	4,749,820.			
	18	Total expense	es. Add lines 13-17 (must e	qual Part IX	X, column (A)	, line 25)			16,653.	11,468,596.			
	19	Revenue less	expenses. Subtract line 18	3 from line	12			-65	52,627.	682,420.			
Net Assets or und Balances							В		Current Year	End of Year			
sets	20	Total assets (F	Part X, line 16)						16,663.	13,894,915.			
BES BES BES BES BES BES BES BES BES BES	21	Total liabilities	(Part X, line 26)					5,31	12,582.	8,578,414.			
	22	Net assets or	fund balances. Subtract lir	ne 21 from	line 20			4,63	34,081.	5,316,501.			
Pa	rt II	Signature	e Block										
Jnde	r pena	llties of perjury,	I declare that I have examined	I this return,	including acco	mpanying schedule	es and staten	nents, and to	the best of my	knowledge and belief, it is			
rue,	correc	t, and complete	. Declaration of preparer (othe	er than office	r) is based on	all information of w	hich prepare	r has any kn	owledge.				
Sign	1	Signature of of	ficer						Date				
Here	•	LECESTE	R JOHNSON, CH	IEF EX	KECUTIV	E OFFICER	3.						
		Type or print n	ame and title										
		Print/Type pre	parer's name		Preparer's sig	gnature		Date	Check	PTIN			
aid		TIANA W							if self-employe	P00997288			
rep	arer	Firm's name	SB & COMPANY	, LLC						0-2153727			
Jse (Only	Firm's address	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		AL AVE.	, SUITE	250						
			OWINGS MILLS						Phone no. 41	05840060			

May the IRS discuss this return with the preparer shown above? See instructions

X Yes No

Form	1 990 (2022) ADULT PUBLIC CHARTER SCHOOL	52-1730021	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	OUR MISSION IS TO PROVIDE HIGH QUALITY ADULT EDUCATION	N AND SERVICES	
	THAT CHANGE LIVES AND IMPROVE OUR COMMUNITIES		
2	Did the organization undertake any significant program services during the year which were not listed on the		. .
	prior Form 990 or 990-EZ?	Yes 🖸	<u>X</u> 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 servi	ces? Yes	<u>X</u> No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others, the total expenses, and	
	revenue, if any, for each program service reported.	0 770 7	1.0
4a	(Code:) (Expenses \$7, 487, 161. including grants of \$)		<u>ra•</u>)
	TO PROVIDE TUITION-FREE INSTRUCTION TO INDIVIDUALS IN	BASIC LITERACY,	
	GED PREPARATION AND JOB SKILLS TRAINING.		
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 7,487,161.		

Form **990** (2022)

Part IV | Checklist of Required Schedules

			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_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? 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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			.,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			177
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	L	X

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 25a	24a		<u> X</u>
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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			
		25b		х
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	L
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
20	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 on Schedule O for Part VI, lines 11b and 19?	20	Х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	21	
	Objects if Calcadide O contains a vegeneral or mate to any line in this Bart V			X
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		.03	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	Х	
232004	. 12-13-22			(2022)

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	l _		\ _{3,7}
	to file Form 8282?	7c		X
d	,	_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		
8		8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	-		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	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 on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	,_		٠,
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
47	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes." complete Form 6069.	17		
	II 165. COMDICTE FORM DUOS.			

17220429 138138 AOH.001

ADULT PUBLIC CHARTER SCHOOL 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 on Schedule O. See instructions.

ACADEMY OF HOPE

	Check if Schedule O contains a response or note to any line 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			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
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, 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:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b				
12a	, , , , , , , , , , , , , , , , , , , ,	12a	_X_	
b	, , , , , , , , , , , , , , , , , , , ,	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	_X_	
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?		37	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
_	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			
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed DC			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only) a	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinano	cial	
••	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LECESTER JOHNSON, CEO - (202) 269-6623 2315 18TH PLACE NE WASHINGTON DC 20018			

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Form 990 (2022) ADULT PUBLIC CHARTER SCHOOL 52-3 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

Check this box if neither the organization r	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do		Pos		ì than d	one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)				n an	compensation	compensation	amount of
	week	-	l a		an GC tOI / II US tee		(00)	from	from related	other
	(list any hours for	lirecto				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or 0	trustee			satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	ım per		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	ibul	Insti	Officer	Key	High	Former			
(1) LECESTER JOHNSON	45.00	-						244 640		16 000
CHIEF EXECUTIVE OFFICER	3.00				Х			244,640.	0.	16,000.
(2) JOY BENTLEY- PHILLIPS	45.00	-						1.60 0.40		15 054
CHIEF ADANCEMENT OFFICER	3.00				Х			162,943.	0.	15,974.
(3) MICHAEL DURANT	45.00	-				,,		125 271		7 760
CHIEF ACADEMIC OFFICER	1.00		_			X		135,271.	0.	7,762.
(4) TIFFANY GODBOUT CHIEF OPERATIONS OFFICER	1.00	-				X		135,073.	0.	7,756.
(5) BARBARA L. JUMPER	4.00					┢		133,073.	0.	1,150.
CHAIR	1.00	х						0.	0.	0.
(6) MADI FORD	2.00									
VICE CHAIR		Х						0.	0.	0.
(7) RASHAD L. MOORE	2.00								-	
TREASURER		Х						0.	0.	0.
(8) TAMARA WILDS LAWSON, PH.D.	2.00									
SECRETARY		Х						0.	0.	0.
(9) NORA ABRAMSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) ROSALYN BROWN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) LARRY CONDELLI	1.00									
BOARD MEMBER	1 00	Х						0.	0.	0.
(12) DREW HUBBARD	1.00	ļ								
BOARD MEMBER	1 00	Х						0.	0.	0.
(13) ERIC JONES, MSF	1.00	.,								•
BOARD MEMBER	1 00	Х						0.	0.	0.
(14) MARK LEWIS	1.00	٠,,							_	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(15) JULIE MEYER	1.00	. ,							_	•
BOARD MEMBER	1 00	Х						0.	0.	0.
(16) DOMINIQUE ANTHONY	1.00	v						_	0.	_
STUDENT BOARD MEMBER (17) FONTELLA YOUNG	1.00	Х	-			-		0.	<u> </u>	0.
STUDENT BOARD MEMBER	1.00	Х						0.	0.	0.
OTODANI DOMED MEMBER		Λ		<u> </u>	<u> </u>			1 0.	<u> </u>	5 990 (2222)

232007 12-13-22 Form **990** (2022)

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712 H STREET NE #5969, WASHINGTON, DC 20002 SERVICES/INTERPRETER 283,113. CDW GOVERNMENT, 75 REMITTANCE DRIVE, SUITE COMPUTER AND 1515, CHICAGO, IL 60675 TECHNOLOGY EQUIPMENT 229,383. PMM COMPANIES COMMERCIAL		· ·						$\overline{}$		A TT ONT		313	, 0	<u>/ </u>
CDW GOVERNMENT, 75 REMITTANCE DRIVE, SUITE COMPUTER AND 1515, CHICAGO, IL 60675 TECHNOLOGY EQUIPMENT 229,383. PMM COMPANIES COMMERCIAL			M	ים	~	2 N	ሰሰነ					281	3 1	1 2
1515, CHICAGO, IL 60675 TECHNOLOGY EQUIPMENT 229,383. PMM COMPANIES COMMERCIAL								$\overline{}$		ATTEN INC		20.	, <u>,</u> _	<u> </u>
PMM COMPANIES COMMERCIAL			· T V	- ,		О Т	ند د			אינודסאינות		220	3 3	83.
		00013						$\overline{}$		ZOTI HILLI		ـ د د	,, ,	55.
15938 DERWOOD ROAD, ROCKVILLE, MD 20855 JANITORIAL AND FACIL 195,356.		D, ROCKVILLE	MD	2	08	55				ND FACIL		19!	5,3	56.

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2022)

\$100,000 of compensation from the organization

Form 990 (2022) ADULT Part VIII Statement of Revenue

		Check if Schedule O contains a res	nonse	or note to any lin	e in this Part VIII			
		CHOCK II CONCAGO O CONCAINS A FOC	ропос	or rioto to arry iiri	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
			1					Sections 512 - 514
nts nts		a Federated campaigns1						
ìrai oui		Membership dues1	<u> </u>					
s, C		Fundraising events1	<u> </u>					
Contributions, Gifts, Grants and Other Similar Amounts		d Related organizations1	t					
s, C		Government grants (contributions)	e	1,502,786.				
Sign	1	f All other contributions, gifts, grants, and						
her		similar amounts not included above	:	879,155.				
걸		***	3 \$					
Sor		n Total. Add lines 1a-1f	3 1 *		2,381,941.			
<u> </u>	'	Total rida in oo ra 11		Business Code	, , ,			
	2 :	PER PUPIL ALLOCATIONS		900099	9,778,718.	9,778,718.		
ice		* -		300033	3,770,710.	3,770,710.		
er v		·						
Program Service Revenue	•	·						
ran Sev	(d						
°og F	•	e						
<u>-</u>	1	f All other program service revenue						
		Total. Add lines 2a-2f			9,778,718.			
	3	Investment income (including dividends	s, intere	st, and				
		other similar amounts)						
	4	Income from investment of tax-exempt						
	5	Royalties	-					
	·	(i) R		(ii) Personal				
	6			()				

		b Less: rental expenses 6b						
		Rental income or (loss) 6c						
		d Net rental income or (loss)						
	7 :	a Gross amount from sales of (i) Sect	urities	(ii) Other				
		assets other than inventory 7a						
	- 1	b Less: cost or other basis						
ne		and sales expenses 7b		15,560.				
len		Gain or (loss) 7c		-15,560.				
Revenue		d Net gain or (loss)			-15,560.			-15,560.
e		a Gross income from fundraising events (not						
퉏		including \$ o	f					
		contributions reported on line 1c). See						
		Part IV, line 18	8a					
		b Less: direct expenses	١					
		Net income or (loss) from fundraising e						
		a Gross income from gaming activities. S						
	9							
		Part IV, line 19						
		b Less: direct expenses						
		Net income or (loss) from gaming activi	ties	 T				
	10	a Gross sales of inventory, less returns						
		and allowances	10a					
	- 1	b Less: cost of goods sold	10b					
	(Net income or (loss) from sales of inver	tory					
<u>,</u> [_	·		Business Code				
Suc.	11 :	OTHER REVENUE		900099	5,917.			5,917.
Miscellaneous Revenue	ı	<u> </u>						
ella ve		·						
ŠŠ	Ì	d All other revenue		900099				
Σ	Ì	e Total. Add lines 11a-11d			5,917.			
	12	Total revenue. See instructions			12,151,016.	9,778,718.	0.	-9,643.
	14	TOTAL TOTOLING. OUU IIIOLI UULIUIIO			,,	, ,	<u> </u>	-,

Part IX | Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in t	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	559,279.	361,212.	149,535.	48,532
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	4,870,464.	3,145,606.	1,302,223.	422,635.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	404	0.50.000	4.55 .55	• • • • • •
9	Other employee benefits	401,530.	259,330.	107,358.	34,842.
10	Payroll taxes	804,169.	519,375.	215,012.	69,782.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
	Accounting				
d	, , , , , , , , , , , , , , , , , , , ,	22.224			
е	,	83,334.			83,334.
f	Investment management fees				
g	` "	640 450	000 405	201 615	00 061
	column (A), amount, list line 11g expenses on Sch O.)	640,173.	220,495.	391,617.	28,061.
12	Advertising and promotion	105 200	04.010	22 222	- 10F
13	Office expenses	125,322.	24,818.	93,399.	7,105.
14	Information technology	73,924.		73,924.	
15	Royalties	1 104 745	665 450	400 005	00 400
16	Occupancy	1,184,745.	665,452.	429,885.	89,408.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	144 204	02 125	20 556	10 510
20	Interest	144,204.	93,135.	38,556.	12,513.
21	Payments to affiliates	650 027	40F F77	176 101	E7 170
22	Depreciation, depletion, and amortization	658,937. 41,114.	425,577.	176,181.	57,179.
23	Insurance	41,114.		41,114.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) DIRECT STUDENT COSTS	1,767,491.	1,767,491.		
	AUTHORIZER FEES	106,680.	1,101,431.	106,680.	
	DECDUTETIO AND DESCRIPTO	7,230.	4,670.	1,933.	627
q	WICKOITING AND KEIENIIO	1,230•	±,0/0•	1,955.	027
d	All other expenses				
	All other expenses Add lines 1 through 24a	11,468,596.	7,487,161.	3,127,417.	854,018
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e	TT, 400, 300 •	7,407,1010	J, 121, 1110	034,010
∠0	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)				
	11 IOHOWING SUP 98-2 (ASC 958-720)				000

Form **990** (2022)

Form 990 (2022)

Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,679,985.	1	2,247,001.
	2	Savings and temporary cash investments			1,026.	2	
	3	Pledges and grants receivable, net			484,380.	3	528,578.
	4	Accounts receivable, net			405,278.	4	500,482.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ed per				
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
υ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	B			96,037.	9	74,087.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation	10b	2,205,353.	7,020,683.	10c	6,758,524.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	259,274.	15	3,786,243.		
	16	Total assets. Add lines 1 through 15 (must equa	l line 3	3)	9,946,663.	16	13,894,915.
	17	Accounts payable and accrued expenses			703,690.	17	494,625.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	art IV	of Schedule D		21	
es	22	Loans and other payables to any current or form					
Ě		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these			2 222 244	22	
-	23	Secured mortgages and notes payable to unrelate			3,809,241.	23	3,681,980.
	24	Unsecured notes and loans payable to unrelated	-		256,500.	24	202,500.
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	. Complete Part X	E 4 2 4 E 4		4 100 200
		of Schedule D			543,151.		4,199,309.
	26			77	5,312,582.	26	8,578,414.
s		Organizations that follow FASB ASC 958, chec	k here	e X			
)Ce		and complete lines 27, 28, 32, and 33.			4 424 001		4 006 001
alar	27	Net assets without donor restrictions	4,434,081.	27	4,986,001.		
B	28	Net assets with donor restrictions			200,000.	28	330,500.
Ĕ		Organizations that do not follow FASB ASC 95	8, che	ck here			
Ϋ́		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			4,634,081.	31	E 216 EN1
ž	32	Total net assets or fund balances			9,946,663.	32	5,316,501.
	33	Total liabilities and net assets/fund balances			3,340,003.	33	13,894,915.

Pa	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5 6 7 8 9	12,15 11,46	8,5 2,4	96. 20.		
10	Other changes in net assets or fund balances (explain on Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	5,31	6,5	01.		
Pa	rt XII Financial Statements and Reporting	•	•				
	Check if Schedule O contains a response or note to any line in this Part XII				X		
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 on Schedule	O.	-	Yes	No X		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis						
	b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis						
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.						
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х			
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	(2022)		
			Form	990 ((2022)		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

ACADEMY OF HOPE

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

ADULT PUBLIC CHARTER SCHOOL 52-1730021 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publi	c Support Per	centage			 	
14	Public support percentage for 2022 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	<u>%</u>
	Public support percentage from 2021					15	%
16a	33 1/3% support test - 2022. If the				14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2021. If the				I line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact		*	•	·	VI how the organiz	zation
_	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the				-		
46	organization meets the facts-and-circle				•		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 160, 1/a, or 17b	o, check this box a		(Form 000) 2022

Schedule A (Form 990) 2022

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sed	ction A. Public Support	siow, picase comp	olete i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
_	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	()()	· —
	check this box and stop here						
	ction C. Computation of Publi					1 1	
	Public support percentage for 2022 (li	, , , , , , , , , , , , , , , , , , , ,	•	column (f))		15	%
	Public support percentage from 2021		-			16	%
	ction D. Computation of Inves					T .= T	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	% 7 :+
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	1 1

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	За		
	3b		
	Зс		
	4-		
	4a		
	4b		
	70		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	6.		
	9b		
	9с		
	10a		
ıle	10b A (Forn	n 990)	2022
		555)	

232024 12-09-22 Schedule A (Form 990) 202

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	- 112		
•	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	<i>y</i> 11 0 0		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		163	140
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u>Sac</u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
566	tion of Type it oupporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	tion b. All Type in Supporting Organizations	1		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Ves " describe in Part VI the role played by the organization in this regard	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued	d)	J
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	<u> </u>	· ·	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022		(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
<u>e</u>	From 2021				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years			_	
<u>h</u>	Applied to 2022 distributable amount				
<u> i </u>	Carryover from 2017 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7: Excess from 2018				
	Excess from 2019 Excess from 2020				
	Excess from 2020 Excess from 2021				
u	LAGGGG HOTH ZUZ I				

Schedule A (Form 990) 2022

e Excess from 2022

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

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Department of the Treasury
Internal Revenue Service

Name of the organization

ACADEMY OF HOPE

ADULT PUBLIC CHARTER SCHOOL

Employer identification number

52-1730021

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	$\boxed{\mathbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
X	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year\$					
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify requirements of Schedule B (Form 990).					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2022)

Name of organization
ACADEMY OF HOPE
ADULT PUBLIC CHARTER SCHOOL

Employer identification number

52-1730021

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S DEPARTMENT OF EDUCATION 400 MARYLAND AVENUE SW WASHINGTON, DC 20202		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WORKFORCE INVESTMENT COUNCIL 2235 SHANNON PLACE SE, SUITE 3031 WASHINGTON, DC 20020		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	U.S DEPARTMENT OF TREASURY 1500 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20220	\$97,504. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	OFFICE OF THE STATE SUPERINTENDENT 1050 1ST STREET SE WASHINGTON , DC 20002	\$332,562. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	OFFICE OF THE STATE SUPERINTENDENT 1050 1ST STREET SE, 3RD FLOOR WASHINGTON, DC 20002		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-14	JULIE & KENNETH KELLER 7860 ROLLING WOODS COURT #407 SPRINFIELD , VA 22152	\$5,000.	Person X Payroll

Name of organization
ACADEMY OF HOPE
ADULT PUBLIC CHARTER SCHOOL

Employer identification number

52-1730021

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GALENA YORKTOWN FOUNDATION 1700 K STREET NW, SUITE 300 WASHINGTON, DC 20006	\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	SHAREFUND 2500 VIRGINIA AVENUE NW #1104 S WASHINGTON, DC 20037	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 ALFRED STREET BAPTIST CHURCH (DONOR 13382) 326 PATRICK STREET ALEXANDRIA, VA 22314	\$ 50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4 RONA & JEFFREY ABRAMSON FOUNDATION (DONOR 13627) 2000 TOWER OAKS BOULEVARD, SUITE 900 ROCKVILLE , MD 20852	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	ALICE & EUGENE FORD FOUNDATION 20316 SENECA MEADOWS PARKWAY GERMANTOWN, MD 20876	\$ 220,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	MARIGOLD EFFECT 126 TEWKSBURY PLACE NW LINE 2 WASHINGTON, DC 20012	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
ACADEMY OF HOPE
ADULT PUBLIC CHARTER SCHOOL

Employer identification number

52-1730021

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	ERNST AND YOUNG 1201 ELM STREET SUITE 1400 DALLAS , TX 75270	\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_	EUGENE AND AGNES MEYER FOUNDATION 1250 CONNECTICUT AVENUE NW, SUITE 800 WASHINGTON, DC 20036	\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	INTERNATIONAL MONETARY FUND 700 19TH STREET NW WASHINGTON, DC 20431	\$12,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	HERB BLOCK FOUNDATION 1730 RHODE ISLAND AVE NW, SUITE #507 WASHINGTON, DC 20036	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	JACK R ANDERSON FOUNDATION 11 PRESIDENT POINT DRIVE ANNAPOLIS, MD 21403	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18_	KENDAL CHARITABLE FUNDS 591 COLLABORATION WAY, SUITE 603 NEWARK , DE 19713	\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
ACADEMY OF HOPE
ADULT PUBLIC CHARTER SCHOOL

Employer identification number

52-1730021

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
_		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$	Cabadala P. (Farm 000) (0000)				

Employer identification number

Name of organization

ACADEMY OF HOPE 52-1730021 ADULT PUBLIC CHARTER SCHOOL Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

ACADEMY OF HOPE

ADULT PUBLIC CHARTER SCHOOL

Employer identification number 52-1730021

		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held	l in donor advised fu	nds
	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	•	•	
Pa	t II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organization		·	
	Preservation of land for public use (for example, recreat		Preservation of a his	torically important land area
	Protection of natural habitat	· —		tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribut	ion in the form of a c	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Yea
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired at			
	historic structure listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			nization during the tax
	year	· ·		-
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspectio	n, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enfo	rcing conservation e	asements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements	of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			Yes N
9	In Part XIII, describe how the organization reports conservation	n easements in its revenu	e and expense state	ment and
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's fi	nancial statements t	hat describes the
	organization's accounting for conservation easements.			
Pa	t III Organizations Maintaining Collections of		sures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its reven	ue statement and ba	alance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, c	or research in further	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that descr	ibes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue s	statement and baland	ce sheet works of
	art, historical treasures, or other similar assets held for public $% \left(1\right) =\left(1\right) \left(1\right) $	exhibition, education, or r	esearch in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical trea	sures, or other similar ass	ets for financial gain	, provide
	the following amounts required to be reported under FASB AS	SC 958 relating to these it	ems:	
а	Revenue included on Form 990, Part VIII, line 1			\$

Schedule D (Form 990) 2022

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

Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, o	r Other	Similar	Asset	s (contin	ued)	age –
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following that	make siç	gnificant u	ise of its	-	-	
	collection items (check all that apply):										
а	Public exhibition	c	i	Loan or exc	hange progra	am					
b	Scholarly research	e	• 🗌	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how th	ey further th	ne organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, his	storical trea	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for o	contribution	s or other as	sets not ir	ncluded	_	_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing t	able:							
									Amount	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance								_		
	Did the organization include an amount on Fo						ty?	L	Yes		_ No
_	If "Yes," explain the arrangement in Part XIII.										
Pai	t V Endowment Funds. Complete i								1,,,,,,,,,		le e el e
		(a) Current year	(b) ⊦	Prior year	(c) Two yea	rs dack	(d) Three y	ears back	(e) Four	years	раск
1a	Beginning of year balance								-		
b	Contributions								-		
С	Net investment earnings, gains, and losses								-		
d	Grants or scholarships								-		
е	Other expenditures for facilities										
	and programs								-		
f	Administrative expenses								-		
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g	g, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c show	•									
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held ai	nd administer	ed for the	9		Г	V	N ₂
	organization by:								- m	Yes	No
	(i) Unrelated organizations								3a(i)		_
	(ii) Related organizations								3a(ii)		_
	If "Yes" on line 3a(ii), are the related organiza								. 3b		
4 Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment t	unas.							
ı aı	Complete if the organization answere) Part IV	/ line 11a S	See Form 990	Part X I	ine 10				
	· · · · · · · · · · · · · · · · · · ·		•	i					(al) Da al		
	Description of property	(a) Cost or o			t or other (other)		cumulate reciation	ea	(d) Bool	k valu	е
4-	Land	<u> </u>	110114)		0,000.	uep	, colation		1,660	<u>) </u>	00
	Land				1,083.	-	41,16	57	2,819		
	Buildings				8,111.		$\frac{41,10}{05,72}$		$\frac{2,012}{1,442}$		
q	Leasehold improvements				3,521.		17,69				30.
d	Equipment Other				1,162.		40,7				87.
	L. Add lines 1a through 1e. (Column (d) must e		V a=1				•		6,758		
ıvıd	ii Add iiries Ta trii odgit Te. (CO <u>lumn (a) must</u> e	<u>quai Form 990, Part</u>	∧, coiun	<u> ін (в), ііпе Т</u>	<u>υτ.,/</u>				5,,50	-, -	<u></u>

Schedule D (Form 990) 2022

ACADEMY OF	HOPE		
Schedule D (Form 990) 2022 ADULT PUBLI	C CHARTER SCHO	OOL 52	2-1730021 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line 1	I1c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	(b) Book value	(e) meaned of valuation. Cook of or	a or your market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	5 000 B + 11/11 - 4	14 L O . E	
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	T 415
	Description		(b) Book value
(1) DEPOSITS			129,858.
(2) RIGHT OF USE ASSETS - FINA			101,108.
(3) RIGHT OF USE ASSETS - OPE	RATING		3,555,277.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u> </u>		3,786,243.
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	l1e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) LEASE LIABILITY - FINANCII	NG		77,526.
(3) LEASE LIABILITY - OPERATII			4,121,783.
(4)			

(5)
(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

4 , 199 , 309 .

Liability for uncertain tax positions. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII 2

Schedule D (Form 990) 2022

	ACADEMY OF HOPE			
			1730021	Pa
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1	12,151,	0:
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			

2a a Net unrealized gains (losses) on investments Donated services and use of facilities <u>2c</u> Recoveries of prior year grants Other (Describe in Part XIII.) Add lines 2a through 2d 12,151,016. Subtract line 2e from line 1 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 Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 12.151 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.

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	11,468,596.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	11,468,596.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	11,468,596.
Da	rt XIII Supplemental Information			

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 SCHOOL IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE CODE AND APPLICABLE DISTRICT OF COLUMBIA INCOME TAX LAWS.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE SCHOOL PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2023 AND 2022 AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT

Part XIII Supplemental Information (continued)
STATUS. AS OF JUNE 30, 2023, THE STATUTE OF LIMITATIONS FOR FISCAL YEARS
2020 THROUGH 2023 REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION OR THE
VARIOUS STATES AND LOCAL JURISDICTIONS IN WHICH THE SCHOOL FILES TAX
RETURNS. IT IS THE SCHOOL'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES
RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSE.

SCHEDULE E

(Form 990)

Department of the Treasury Internal Revenue Service

Schools

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ACADEMY OF HOPE

ADULT PUBLIC CHARTER SCHOOL

Employer identification number 52-1730021

	ırt I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	х	
	SEE PART II			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b		X
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II. LINE 4B- ACADEMY OF HOPE ADULT PUBLIC CHARTER SCHOOL DOES NOT			
	PROVIDE SCHOLARSHIPS OR FINANCIAL ASSISTANCE.			
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		X
b	Admissions policies?			
С		5b		Х
	Employment of faculty or administrative staff?	5b 5c		X
				X X X
d	Employment of faculty or administrative staff?	5c		X X X X
d e	Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5c 5d		X X X
d e f	Employment of faculty or administrative staff? I Scholarships or other financial assistance? Educational policies? Use of facilities?	5c 5d 5e		X X X X
d e f g	Employment of faculty or administrative staff? I Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5c 5d 5e 5f		X X X X
d e f g	Employment of faculty or administrative staff? I Scholarships or other financial assistance? Educational policies? Use of facilities?	5c 5d 5e 5f 5g		X X X X X
d e f g	Employment of faculty or administrative staff? I Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5c 5d 5e 5f 5g		X X X X X
d e f g h	Employment of faculty or administrative staff? I Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5c 5d 5e 5f 5g	X	X X X X X
d e f g h	Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5c 5d 5e 5f 5g 5h	X	X X X X X
d e f g h	Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency?	5c 5d 5e 5f 5g 5h	X	X X X X X X
d e f g h	Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5c 5d 5e 5f 5g 5h	х	X X X X X X
de e f g h	Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II.	5c 5d 5e 5f 5g 5h	x	X X X X X X

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

Schedule E (Form 990) 2022

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.
LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:
"ACADEMY OF HOPE DOES NOT DISCRIMINATE ON THE BASIS OF RACE,
COLOR, RELIGION, SEX, AGE, MARITAL STATUS, NATIONAL ORIGIN,
PERSONAL APPERANCE, SEXUAL ORIENTATION, GENDER IDENTITY OR
EXPRESSION, FAMILIAL STATUS, FAMILY RESPONSIBILITIES,
POLITICAL AFFILIATION, SOURCE OF INCOME OR ANY OTHER REASON
PROHIBITED BY LAW" IN ADDITION, AS A PUBLIC CHARTER SCHOOL, ACADEMY OF
HOPE IS EXEMPT FROM THE REQUIREMENTS OF REVE. PROC. 75-50.
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:
ACADEMY OF HOPE ADULT PUBLIC CHARTER SCHOOL RECEIVES GRANT FUNDS TO
SUPPORT OPERATIONS FROM LOCAL GOVERNMENT AGENCIES.
LINE 7 - EXPLANATION OF RACIAL NONDISCRIMINATION COMPLIANCE:
AS A PUBLIC CHARTER SCHOOL, ACADEMY OF HOPE IS EXEMPT FROM THE
REQUIREMENTST OF REV. PROC. 75-50.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

ACADEMY OF HOPE **Employer identification number** Name of the organization ADULT PUBLIC CHARTER SCHOOL 52-1730021 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants f X Solicitation of government grants X Internet and email solicitations Phone solicitations Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) SPARK POINT FUNDRAISING LLC -GRANT WRITING AND CONSULT Yes No 1 THOMAS STREET NW Х FEE 313,000 72,750 240,250. 313 000 72,750, 240 250. Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

Pa	art I	Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions and ground fundraising event contributions.				
		or runar along over the orthographic and gre	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
4)			(event type)	(event type)	(total number)	col. (c))
Revenue						
Reve	1	Gross receipts				
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
(0	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
ect Ex	7	Food and beverages				
ä		Entortoinmont				
	8	Entertainment Other direct expenses				
	10		9 in column (d)			
	11	Net income summary. Subtract line 10 from li				
Pa	art I	Gaming. Complete if the organization a	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	T			Γ
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Вè	1	Gross revenue				
	Ė	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes%	
	6	Volunteer labor	No No	☐ No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming ac 'No," explain:				Yes No
	_					
		ere any of the organization's gaming licenses re			rear?	Yes No
	_					

232082 10-27-22

Schedule G (Form 990) 2022

ACADEMY OF HOPE ADULT PUBLIC CHARTER SCHOOL

Sch	edule G (Form 990) 2022 ADULT PUBLIC CHARTER SCHOOL 52-1	./30021	Page 3					
	Does the organization conduct gaming activities with nonmembers?	Yes	No					
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed							
	to administer charitable gaming?	Yes	No					
13	Indicate the percentage of gaming activity conducted in:							
а	The organization's facility	13a	%					
b	An outside facility	13b	%					
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:							
	Name							
	Address							
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No					
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$							
c	If "Yes," enter name and address of the third party:							
	Name							
	Address							
16	Gaming manager information:							
	Name							
	Gaming manager compensation \$							
	<u> </u>							
	Description of services provided							
	Director/officer Employee Independent contractor							
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	☐ No					
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$							
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Par	t III, lines 9,	9b, 10b,					
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.							
<u>sc</u>	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	5:						
<u>(I</u>) NAME OF FUNDRAISER: SPARK POINT FUNDRAISING LLC							
(I) ADDRESS OF FUNDRAISER: 1 THOMAS STREET NW, WASHINGTON , DC 2	20001						
	,							

Schedule G (Form 990) 2022

ACADEMY OF HOPE ADULT PUBLIC CHARTER SCHOOL

<u>Schedule G</u>	(Form 990) ADULT PUBLIC CHARTER SCHOOL	52-1730021	Page 4
Part IV	(Form 990) ADULT PUBLIC CHARTER SCHOOL Supplemental Information (continued)		
	··		

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

mplete if the organization answered "Yes" on Form 990, Part IV, line

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

ACADEMY OF HOPE ADULT PUBLIC CHARTER SCHOOL Employer identification number 52-1730021

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			₹.
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ŭ	contingent on the revenues of:			
а	The organization?	5a		х
	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022 ADULT PUBLIC CHARTER SCHOOL

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LECESTER JOHNSON	(i)	233,015.	0.	11,625.	0.	16,000.	260,640.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOY BENTLEY- PHILLIPS	(i)	155,322.	0.	7,621.	0.	15,974.	178,917.	0.
CHIEF ADANCEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							
	(i)							
-	(ii)							
	(i)							
	(ii)							

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

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Name of the organization

ACADEMY OF HOPE ADULT PUBLIC CHARTER SCHOOL

Employer identification number 52-1730021

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OUR COMMUNITIES.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FINANCE COMMITTEE AND BOARD REVIEW THE 990 BEFORE IT IS SUBMITTED.
FORM 990, PART VI, SECTION B, LINE 12C:
ANNUALLY, ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO REVIEW
AND SIGN THE CONFLICT OF INTEREST POLICY.
FORM 990, PART VI, SECTION B, LINE 15:
THE CEO'S COMPENSATION IS REVIEWED BY THE COMPENSATION COMMITTEE OR THE
EXECUTIVE COMMITTEE. THE BOARD ALSO HIRED A CONSULTANT TO STUDY CEO
COMPENSATION IN THE DC METRO AREA, FROM SIMILAR SIZED ORGANIZATIONS AND TO
MAKE RECOMMENDATIONS ON EXECUTIVE COMPANSATION THE FINDINGS WERE PRESENTED
TO THE BOARD FOR CONSIDERATON AND THE SALARY IS VOTED ON IN EXECUTIVE
SESSION BY THE ENTIRE BOARD. OTHER KEY EMPLOYEES SALARIES ARE REVIEWED
AGAINST COMPARABLE DATA AND REVIEWED BY THE CEO AND HR DIRECTOR.
FORM 990, PART VI, SECTION C, LINE 19:
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL
STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.
PART XII, LINE 2C
PROCESS HAS NOT CHANGED SINCE PRIOR YEAR.

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

Schedule O (Form 990) 2022

232211 10-28-22

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

52-1730021

(a)	(b)	(b) (c)		(e)			(f)		
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-year	r assets			9	
Part II Identification of Related Tax-Exempt Organ organizations during the tax year.	izations. Complete if the organization	answered "Yes" on Form 990	D, Part IV, line 34, I	pecause it had one	or more	related tax-exe	mpt		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	harity Direct controlling		contr	g) 512(b)(13) rolled tity?	
				501(c)(3))			Yes	No	
ACADEMY OF HOPE FOUNDATION - 85-1529326	ADVI E EDVICATION CEDATOR			G.1.3.D.T.M.3.D.T.T.					
2315 18TH PLACE NE WASHINGTON, DC 20018	ADULT EDUCATION SERVICES AND SUPPORT	DISTRICT OF COLUMBIA	501(C)(3)	CHARITABLE ORGANIZATION				х	

ACADEMY OF HOPE

ADULT PUBLIC CHARTER SCHOOL

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

	organization in dealer are a particularly dealer gainst and year.											
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	ral or	Percentage ownership
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	alloca	amount in be		amount in box 0 of Schedule	ner?	ownership
		country)		sections 512-514)		466616	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	1											
	1											
	1											
	1		1	1		l	1		1			

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country)		,				Yes	No
-									
-									

1a

X

Yes No

ADULT PUBLIC CHARTER SCHOOL Schedule R (Form 990) 2022

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)				1b		_ X_
c Gift, grant, or capital contribution from related organization(s)				1c		Х
				1d		X
e Loans or loan guarantees by related organization(s)				1e		Х
f Dividends from related organization(s)				1f		X
g Sale of assets to related organization(s)				1g		X
h Purchase of assets from related organization(s)				1h		X
i Exchange of assets with related organization(s)				1i		X
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X
I Performance of services or membership or fundraising solicitations for related or				11		X
m Performance of services or membership or fundraising solicitations by related org	ganization(s)			1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	ation(s)			1n	Х	
Sharing of paid employees with related organization(s)				10		X
p Reimbursement paid to related organization(s) for expenses				1p	X	
q Reimbursement paid by related organization(s) for expenses				1q		X
r Other transfer of cash or property to related organization(s)				1r		X
s Other transfer of cash or property from related organization(s)				1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete th	is line, including covered relation	onships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount in	olved/		
1) ACADEMY OF HOPE FOUNDATION	N	5,000.FM	V			
2) ACADEMY OF HOPE FOUNDATION	P	47,492.FM	V			
3)						
4)						
5)						
6)						
32163 09-14-22			Schedule	R (Fori	n 990	2022

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ŀ	1)	(i)	(i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners se 501(c)(3) orgs.?		Share of end-of-year assets	Dispr tion allocat Yes	opor- ate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or laging ner?	Percentage ownership
			,	103 110			103	140	()	103	NO	
											-	

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Part VII	Supplemental Information	
	Provide additional information for responses to questions on Schedule R. See instructions.	

232165 09-14-22 Schedule R (Form 990) 2022