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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)

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 16 Open to Public

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

<u>A</u>	roi ille	e 2016 calendar year, or tax year beginning 000 1, 2010 and 0	ending 0	ON 30, 2017					
В	Check if applicabl	ACHIEVEMENI PREPARATORI ACADEMI,		D Employer identifi	cation number				
Ļ	Addre chang	INC.			156566				
F	Name chang	Doing business as		20-8156566					
	Initial return Final return	908 WAHLER PLACE, SE	Room/suite	E Telephone number 202-562-1214					
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	17,395,316.				
L	Amen	WASHINGTON, DC 20032		H(a) Is this a group re					
	Application pendir			for subordinates	? Yes X No				
		SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No				
		empt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. (see instructions)				
		te: > WWW.ACHIEVEMENTPREP.ORG		H(c) Group exemptio					
		organization: X Corporation Trust Association Other	L Year	of formation: 2007	N State of legal domicile: DC				
P	art I	Summary							
ě		Briefly describe the organization's mission or most significant activities: TO PI							
Activities & Governance		HIGH-ACHIEVING SCHOLARS AND LEADERS IN H		-					
ern	2	Check this box if the organization discontinued its operations or dispos	sed of more						
Š				3	8				
<u>«</u>		Number of independent voting members of the governing body (Part VI, line 1b)			8				
ies	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			197				
Ĭ		Total number of volunteers (estimate if necessary)			15				
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	b	Net unrelated business taxable income from Form 990-T, line 34	·····	7b	0.				
				Prior Year	Current Year				
ne		Contributions and grants (Part VIII, line 1h)		1,232,939.	1,467,195.				
Revenue		Program service revenue (Part VIII, line 2g)		10,777,111.	15,892,490.				
Вĕ.		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-51,539.	16,972.				
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-736.	18,659.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		11,957,775.	17,395,316.				
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,095,962.	7,711,268.				
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.				
Ϋ́	b			2 001 410	0 452 117				
_	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,981,418.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		11,077,380.					
-0	19	Revenue less expenses. Subtract line 18 from line 12		880,395.					
Net Assets or			Re	ginning of Current Year	End of Year				
SSE	20	Total assets (Part X, line 16)		45,920,533.	41,112,730.				
let A	21	Total liabilities (Part X, line 26)		41,216,834. 4,703,699.	35,373,419. 5,739,311.				
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		4,703,033.	3,739,311.				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	e and etatem	ante and to the heet of m	v knowledge and helief it is				
	•	it, and complete. Declaration of preparer (other than officer) is based on all information of wh		•	y Kilowieuge allu bellel, it is				
uu	, 001100	to and complete. Declaration of property (order than order) to beset on an information of with	non proparor	nas any knowleage.					
Sig	ın	Signature of officer		I Date					
He		SHANTELLE WRIGHT, HEAD OF SCHOOL AND	CEO						
110		Type or print name and title							
		Print/Type preparer's name Preparer's signature	П	Date Check	PTIN				
Pai	d	DAVID JONES		if self-employ	P01361002				
	parer	Firm's name JONES MARESCA & MCQUADE PA	L	Firm's EIN	52-1853933				
	only		JITE 8						
		WASHINGTON, DC 20036		Phone no. 20	2-296-3306				
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

Pa	Check if School O contains a respon	e Accomplishments use or note to any line in this Part III		
1	Briefly describe the organization's mission:	ise or note to any line in this Part III		<u></u>
	TO PREPARE STUDENTS TO		VING SCHOLARS AND L	EADERS IN
	HIGH SCHOOL, COLLEGE A	ND BEYOND.		
2	Did the organization undertake any significar	at program convious during the year which	ph ware not listed on the	
2	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Sch			103110
3	Did the organization cease conducting, or ma		cts, any program services?	Yes X No
	If "Yes," describe these changes on Schedu	le O.		
4	Describe the organization's program service			
	Section 501(c)(3) and 501(c)(4) organizations		ants and allocations to others, the tota	ıl expenses, and
4-	revenue, if any, for each program service rep	orted. 0,489 • including grants of \$		5,892,490.)
4a	(Code:) (Expenses \$ 13,85 PUBLIC EDUCATION - ACH			
	TUITION-FREE SCHOOL OP			
	ON COMMUNITIES EAST OF			
	PROVIDE STUDENTS WITH .			ON
	LITERACY INTERVENTION,	REMEDIATION, AND AC	CELERATION.	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
A c1	Other pregram cardinas (Danadh - in Oct.)			
4d	Other program services (Describe in Schedu (Expenses \$ inclu	,) (Revenue \$	1
4e	Total program service expenses	13,850,489.) (nevenue φ	
	, J			Form 990 (2016)

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)?		x	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	^	
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		Х
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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			37
	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
Ч	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	110		
u	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		Х
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	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	441		Х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Λ
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		Х
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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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

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Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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
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
		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			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			l
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
		28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			7.7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	ا ا		l 🕶
	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			X
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	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			l 🕶
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>ر.</u> ا		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			x
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_	v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					Ш
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	26			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r					
	(gambling) winnings to prize winners?	 i	 I	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		107			
	filed for the calendar year ending with or within the year covered by this return		197		77	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				77
				3a		<u> </u>
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		-			37
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	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 A					v
	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 that it was or is a party to a prohibited tax shelter transaction.			5b		
	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					v
	any contributions that were not tax deductible as charitable contributions?			6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribu		-			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		
	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 w			7.		Х
	to file Form 8282?			7c		21
	If "Yes," indicate the number of Forms 8282 filed during the year		h+0	7e		х
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7 e 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F		ROQ as required?	7g		
_	If the organization received a contribution of qualified intellectual property, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			711		
Ŭ	sponsoring organization have excess business holdings at any time during the year?	a by th	O .	8		
9	Sponsoring organizations maintaining donor advised funds.					
	Did the arrangement arrangement or realization and a distribution of the contract of the contr			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	10a				
	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	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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	13c				
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b	25-	
				Form	990	(2016)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
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	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	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:			
	THE ORGANIZATION - 202-562-1214			
	908 WAHLER PLACE, SE,, WASHINGTON, DC 20032			

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A)	(B)	l	x1 112C		C)	про	1001	(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week (list any	\vdash					Ĺ	from the	from related organizations	other compensation
	hours for	r direc				pə:		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			oen sa i		(W-2/1099-MISC)		organization
	organizations	nal tru	onal t		ploye	ee an				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JASON ANDREAN	8.00									
CHAIR		Х		Х				0.	0.	0.
(2) BARBARA NOPHLIN	8.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) TAIMARIE ADAMS	8.00							_	_	_
SECRETARY		Х		Х				0.	0.	0.
(4) GEORGE WILLIAM TUCKER	8.00									
TREASURER, UNTIL 12/2016		Х		Х				0.	0.	0.
(5) MAIA BLANKENSHIP	8.00	١								•
TRUSTEE, UNTIL 4/2017	0.00	Х						0.	0.	0.
(6) NICOLE NELL	8.00									•
TRUSTEE, PARENT REPRESENTATIVE	0.00	Х						0.	0.	0.
(7) JOHN GREEN	8.00	. ,						0.	0	0
TRUSTEE, UNTIL 1/2017	8.00	Х						0.	0.	0.
(8) RUFUS DAVIS	8.00	X						0.	0.	0.
TRUSTEE, PARENT REPRESENTATIVE (9) JOHN MAHAFFIE	8.00	^						0.	0.	<u> </u>
TRUSTEE	0.00	x						0.	0.	0.
(10) HERB TILLERY	8.00								•	
TRUSTEE, UNTIL 6/2017	0,00	x						0.	0.	0.
(11) STEPHANIE OLIVERAS	8.00	 								
TRUSTEE		х						0.	0.	0.
(12) HARLYN PACHECO	8.00							-		
TRUSTEE		Х						0.	0.	0.
(13) TIMOTHY TILLMAN	8.00									
TRUSTEE, UNTIL 12/2016		Х						0.	0.	0.
(14) URSULA WRIGHT	8.00									
TRUSTEE, AS OF 4/2017		Х						0.	0.	0.
(15) SHANTELLE WRIGHT	40.00									_
CEO				Х				189,873.	0.	9,289.
(16) SUSAN CANNON	40.00							445 55	_	
CHIEF ACADEMIC OFFICER				Х				113,063.	0.	7,261.
										- 000

Page 8

Section A. Offic	ers, Directors, Trus		ploy	ees			ghes	st C	 				(=\	
(A)		(B)			(C Posi	-	1		(D)	(E)		_	(F)	
Name and	title	Average hours per		not c	heck	more	than d is both		Reportable compensation	Reportable compensation	,		timate ount o	
		week					or/trus		from	from related	'		other	Ji
		(list any	ctor						the	organizations	;		oensa	tion
		hours for	r dire				ted		organization	(W-2/1099-MIS		fr	om the	Э
		related	stee o	rustee			ensai		(W-2/1099-MISC)			•	anizati	
		organizations	al tru	onal ti		loyee	comp						relate	
		below line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				orga	nizatio	ons
		11110)	Ĕ	ü	J0	Ş.	er. Hig	요			-+			
							Н				\dashv			
							Н				\dashv			
											-+			
											-			
							П							
											\neg			
1b Sub-total							1	>	302,936.		0.	1	6,5	50.
c Total from continuation									0.		0.			0.
d Total (add lines 1b an									302,936.		0.	1	6 , 5	<u>50.</u>
2 Total number of individual	luals (including but n	ot limited to th	ose	liste	ed al	bove	e) wh	o re	eceived more than \$100	,000 of reportable	Э			_
compensation from the	e organization													2
											_		Yes	No
•	•			-	•	•	•		highest compensated e					77
											L	3		_X_
•	·			•					her compensation from	the organization			7,	
and related organization	•											4	Х	
, ,		•				,			ed organization or indiv			_		v
		plete Schedul	e J f	or sı	ıch	pers	son .					5		X
Section B. Independent Co										4.00.000 f				
·	•	=							that received more than		pensa	tion t	rom	
the organization. Repo		the calendar y	ear (enai	ng v	vith	or w	ithir	n the organization's tax	year.				
	(A) Name and business	address							(B) Description of s	ervices	Co	(C mper	r) nsatior	n
APPLETREE INST								┪	PREK AND PRE			nipei	ioutioi	<u> </u>
415 MICHIGAN A		ан т матол	ιT	חמ	, ,	200	117	- 1	MANAGEMENT	BCHOOL	2	0.8	8,7	15
REVOLUTION FOO		JIIINGTOI	Α,			200	<i>J</i>	-	MANAGEMENT			00	5,7.	<u> </u>
P.O. BOX 74275		T.ES C	۷ (ลกด	774	1		<u> </u>	FOOD SERVICE			45	0,9	0.8
ELLIS THERAPEU				, , ,	, , =	-			SPECIAL EDUC	ATTON			<i>,</i> , ,	
641 S STREET,			7	201) () 1	1		- 1	SERVICES			30	2,2	74.
CENTER FOR TRAI							1TN					50	_, _	. = •
1559 B SLOAT B								- 1				20	0 8'	70.

Form **990** (2016)

127,961.

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

COCKEYSVILLE, MD 21030

M&G SERVICES, 8 HOGARTH CIRCLE, APT C,

\$100,000 of compensation from the organization

JANITORIAL SERVICES

Form	990	(2	2016) INC.					20-8156	566 Page 9
Pa	rt VI	Ш	Statement of Rever	nue					
			Check if Schedule O conta	ains a response	e or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	a	Federated campaigns	1a					
ara our			Membership dues						
Contributions, Gifts, Grants and Other Similar Amounts	c	С	Fundraising events	1c					
Giff	c	d	Related organizations	1d					
ns,	e	е	Government grants (contribution	ions) 1e	1,332,030.				
er S	f		All other contributions, gifts, grant						
년 된			similar amounts not included above	/e 1f	135,165.				
ont nd (ç	g	Noncash contributions included in lines	1a-1f: \$					
<u>a</u> C	ŀ	h_	Total. Add lines 1a-1f			1,467,195.			
					Business Code	10.005.101	10.005.101		
ice	2 8		PER PUPIL APPROPRIATION		900099	12,886,404.	12,886,404.		
ie v	k	_	PER PUPIL FACILITY ALLO		900099	2,911,568.	2,911,568.		
m S	C	-	ACTIVITY FEE FROM APPLI	ETREE	900099	56,232.	56,232.		
Program Service Revenue		-	MISCELLANEOUS		900099	37,931. 355.	37,931. 355.		
Pro	-	_			-	333.	333.		
			All other program service reve			15,892,490.			
-	3		Total. Add lines 2a-2f			13,032,130.			
	Ŭ		other similar amounts)		I	16,972.			16,972.
	4		Income from investment of tax			, -			, -
	5		Royalties						
			,	(i) Real	(ii) Personal				
	6 a	а	Gross rents	· ·					
	b	b	Less: rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)						
				(ii) Other					
			assets other than inventory						
	k	b	Less: cost or other basis						
			and sales expenses						
	c	С	Gain or (loss)						
			Net gain or (loss)		. <u></u>				
e	8 8		Gross income from fundraising	g events (not					
Je /			including \$						
Re			contributions reported on line	· · · · ·					
Other Revenue			Part IV, line 18						
₹			Less: direct expenses Net income or (loss) from fund						
			Gross income from gaming ac						
	9 6		Part IV, line 19						
	r		Less: direct expenses						
			Net income or (loss) from gam						
			Gross sales of inventory, less						
			and allowances		,				
	k		Less: cost of goods sold						
			Net income or (loss) from sales						
			Miscellaneous Revenu		Business Code				
	11 a	a	SALE INCOME FROM FUNDRA	AISERS	611710	18,659.			18,659.
	k	b							
		С							
			All other revenue						
	6		Total. Add lines 11a-11d			18,659.			
	12		Total revenue. See instructions.		>	17,395,316.	15,892,490.	0.	35,631.

632009 11-11-16

Form **990** (2016)

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).

D -	Check if Schedule O contains a respon	(A)	this Part IX	(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,	252 500	202 062	70 510	
	trustees, and key employees	352,580.	282,062.	70,518.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	6 516 676	F 600 261	007 415	
7	Other salaries and wages	6,516,676.	5,609,261.	907,415.	
8	Pension plan accruals and contributions (include	2/ 5/1	27 617	6 004	
_	section 401(k) and 403(b) employer contributions)	34,521. 246,967.	27,617. 197,575.	6,904.	
9	Other employee benefits	560,524.		81,070.	
0	Payroll taxes	360,324.	479,454.	01,070.	
1	Fees for services (non-employees):	2 104 602	2 104 602		
a	Management	2,104,603.	2,104,603.	0 111	
b	Legal	89,457. 123,345.	81,346.	8,111.	
С	• • • • • • • • • • • • • • • • • • • •	143,343.		123,343.	
	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees			-	
g	Other. (If line 11g amount exceeds 10% of line 25,	211,690.	105,260.	106,430.	
	column (A) amount, list line 11g expenses on Sch 0.)	211,090.	103,200.	100,430.	
12	Advertising and promotion	210,710.	168,569.	42,141.	
13	Office expenses	85,468.	68,375.	17,093.	
14	Information technology	03,400.	00,373.	17,055.	
15	Royalties	466,185.	372,949.	93,236.	
16	Occupancy	400,103.	312,343.	33,230.	
17 10	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
ıo.	Conferences, conventions, and meetings				
19 20	·	1,652,586.	1,322,069.	330,517.	
:U !1	Payments to affiliates	_, 55_, 555	_, 5, 600.	200,01,0	
2	Depreciation, depletion, and amortization	1,196,305.	959,444.	236,861.	
3	Insurance	78,072.	62,457.	15,615.	
.s 24	Other expenses. Itemize expenses not covered	. 5 , 5 , 2 4	22,2374	==, 0== 1	
	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	1 564 437	1 564 427		
a	DIRECT STUDENT COSTS	1,564,437.	1,564,437.	17 775	
b	PROFESSIONAL DEVELOPMEN	462,109.	444,374.	17,735.	
С	ADMINISTRATION FEE	171,822.		171,822.	
d	DUES FEES AND FINES	21,805.	637.	21,805.	12 725
е	All other expenses	14,523.			13,727
25	Total functional expenses. Add lines 1 through 24e	16,164,385.	13,850,489.	2,300,169.	13,727
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Earm 990 (201

Form **990** (2016)

20-8156566 Page **10**

Form 990 (2016)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to ar	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			13,654,416.	1	8,029,680.
	2	Savings and temporary cash investments			460,638.	2	820,078.
	3	Pledges and grants receivable, net			220,758.	3	221,185.
	4	Accounts receivable, net		1,920.	4	21,638.	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa					
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	-	·			
		employers and sponsoring organizations of sect					
δ		employees' beneficiary organizations (see instr).		·		6	
Assets	7	Notes and loans receivable, net		F		7	
¥	8	Inventories for sale or use				8	
	9				49,006.	9	15,630.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	34,060,245.			
	b	Less: accumulated depreciation	10b	2,061,626.	30,569,915.	10c	31,998,619.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	963,880.	15	5,900.		
	16	Total assets. Add lines 1 through 15 (must equ			45,920,533.	16	41,112,730.
	17	Accounts payable and accrued expenses	6,782,392.	17	719,632.		
	18	Grants payable			18		
	19	Deferred revenue				19	23,331.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to current and former					
≣		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L			24 424 440	22	24 622 456
_	23	Secured mortgages and notes payable to unrela		-	34,434,442.	23	34,630,456.
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines		· · · · ·			
		Schedule D		·····	41,216,834.	25	35,373,419.
	26	Total liabilities. Add lines 17 through 25		V	41,210,034.	26	33,3/3,419.
<i>(</i> 2		Organizations that follow SFAS 117 (ASC 958		ck nere ▶ L▲ and			
Ses	07	complete lines 27 through 29, and lines 33 and			4,580,699.	27	5,616,311.
lan	27	Unrestricted net assets			123,000.	28	123,000.
Fund Balances	28	Temporarily restricted net assets Permanently restricted net assets	123,000	29	123,000.		
Pun	29	Organizations that do not follow SFAS 117 (A	9) shock here		29		
Ē			SC 95	o), check here			
ري 0	20	and complete lines 30 through 34.				30	
Se	30	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in		_		32	
Š	33	Total net assets or fund balances		-	4,703,699.	33	5,739,311.
	34	Total liabilities and net assets/fund balances			45,920,533.	34	41,112,730.
_	34	TOTAL HADHILLES AND THE ASSELS/TUTTU DAIAFICES			10,520,555	34	Form 990 (2016)

Form **990** (2016)

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) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 1,230,931. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 9 -195,319. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Theart XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:	Pai	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expensess. Subtract line 2 from line 1 3 1,230,931. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4,703,699. 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 -195,319. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 S, 739,311. Part XII Financial Statements and Reporting 11 Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. b Were the organization's financial statements 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 Both consolidated and separate basis. consolidated basis, or both:		Check if Schedule O contains a response or note to any line in this Part XI				X
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X X X X X X X X X	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 33, 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	17,39 16,16 1,23 4,70	5,3; 4,3; 0,9; 3,6;	16. 85. 31. 99.
Column (B)) Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b X			9		<i>3</i> , <i>3</i>	
Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Cash			10	5,73	9,3	11.
Check if Schedule O contains a response or note to any line in this Part XII X	Pai			•		
1 Accounting method used to prepare the Form 990:						X
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 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
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 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b X		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
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 If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b X	2a	•		2a		_X_
consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b X	b	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		2b	Х	
review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b X		consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis				
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a X b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b X	С			0.	y	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	За	If the organization changed either its oversight process or selection process during the tax year, explain in Sch As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	edule O.			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits				3a	^	
of additio, explain why in concadic o and accombe any steps taken to undergo saon additio	b			26	$_{x}$	
Form 990 (2016)		or addits, explain wity in ochedule o and describe any steps taken to didergo such addits				2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. ACHIEVEMENT PREPARATORY ACADEMY,

Employer identification number 20-8156566

		INC.						0-0130300
Pa	rt I	Reason for Public (Charity Status (/	All organizations must co	mplete th	is part.) Se	ee instructions.	
he.	organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	n 170(b)(1)(A)(i).	
2	X	A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)		
3		A hospital or a cooperative					ii).	
4		A medical research organiz					-	the hospital's name,
		city, and state:	•				(, ,
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a g	overnmental unit describ	ned in
•		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local gov	· · · · · · · · · · · · · · · · · · ·	nental unit described in	section 17	70/h)/1)/Δ)	(v)	
7	一	An organization that norma	_					nublic described in
•		section 170(b)(1)(A)(vi). (Co	•	Titial part of its support i	ioiii a gov	errinentai	unit of from the general	public described in
8				1VAVvi) (Complete Bor	+ II \			
9	H	A community trust describe				nd in agni	ination with a land grant	collogo
9		An agricultural research org				-	-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of the colleg	je or
40		university:						
10	ш	An organization that norma	•	•	-		•	•
		activities related to its exen	-					
		income and unrelated busin		(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	•					
11	Н	An organization organized a	•	•	•			
12	Ш	An organization organized a	•	•	•			• •
		more publicly supported or						Check the box in
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	nplete lines	s 12e, 12f, and 12g.	
а		■ Type I. A supporting organization	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	y giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting
		organization. You must c	omplete Part IV, Se	ections A and B.				
b		Type II. A supporting orga	anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	aving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С		Type III functionally inte	grated. A supporting	g organization operated	in connec	tion with,	and functionally integrat	ed with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.	
d		☐ Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	ization(s)
		that is not functionally int	egrated. The organiz	ation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.	
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	Type III non-functio	nally integrated support	ing organiz	zation.		
f	Ente	er the number of supported o	organizations					
g		ride the following information			C-3 1- 11			
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see instructions)	support (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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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)						
	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 \dots						
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.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for	· ·	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
Sec	organization, check this box and stop ction C. Computation of Publ	ic Support Pe	rcentage				P
	Public support percentage for 2016 (I			column (f))		14	%
	Public support percentage from 2015					-	%
	33 1/3% support test - 2016. If the c						ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	n			▶□
b	33 1/3% support test - 2015. If the c						
	and stop here. The organization qual	ifies as a publicly	supported organiz	zation			▶ □
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th						
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a publ	icly supported org	anization	>
18	Private foundation. If the organizatio						
					Scho	edule A (Form 990	or 990-EZ) 2016

632022 09-21-16

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 b	elow, please comp	plete Part II.)				
Section	n A. Public Support						
Calendar	year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gift	s, grants, contributions, and						
mer	mbership fees received. (Do not						
	ude any "unusual grants.")						
mer forn any	ess receipts from admissions, rchandise sold or services per- ned, or facilities furnished in activity that is related to the anization's tax-exempt purpose						
3 Gro	ess receipts from activities that						
are	not an unrelated trade or bus-						
ines	ss under section 513						
izat	revenues levied for the organ- ion's benefit and either paid to expended on its behalf						
	value of services or facilities						
	nished by a governmental unit to						
	organization without charge						
	al. Add lines 1 through 5						
	ounts included on lines 1, 2, and						
3 re	eceived from disqualified persons						
from	unts included on lines 2 and 3 received other than disqualified persons that the greater of \$5,000 or 1% of the						
	unt on line 13 for the year						
	d lines 7a and 7b						
	olic support. (Subtract line 7c from line 6.) n B. Total Support						
	•••	(a) 0010	(h) 0010	(=) 0014	(4) 0015	(-) 0010	(f) Total
	year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
10a Gro divi	ounts from line 6 ss income from interest, dends, payments received on surities loans, rents, royalties income from similar sources						
	elated business taxable income						
,	s section 511 taxes) from businesses uired after June 30, 1975						
11 Net acti	d lines 10a and 10b						
or lo	er income. Do not include gain oss from the sale of capital ets (Explain in Part VI.)						
	al support. (Add lines 9, 10c, 11, and 12.)	the erge:	l first second dis	 			L
	st five years. If the Form 990 is for						
Section	n C. Computation of Publ	ic Support Po	rcentage				,
				nalumn (f\)		145	0/
	olic support percentage for 2016 (I					15	<u>%</u>
	olic support percentage from 2015 n D. Computation of Inves					16	%
	•			20 10 caluma (n)		147	2/
	estment income percentage for 20					17	<u>%</u>
	estment income percentage from 2					18	<u>%</u>
	1/3% support tests - 2016. If the						
b 33	re than 33 1/3%, check this box at 1/3% support tests - 2015. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	18 is not more than 33 1/3%, che						
ZU Pri\	vate roungation. It the organizatio	л ию погспеска.	DOX OF THE 14. 19	a. or 190. Check t	ms oox and see in	SHUCHOHS	

632023 09-21-16

Part IV | Supporting Organizations

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

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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in 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 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		
	30		
	3c		
	4a		
	4b		
	4c		
	70		
	5a		
	5b		
	5c		
	6		
	_		
	7		
	8		
	9a		
	9b		
	00		
	9с		
	10a		
	10b		
m 9	90 or 99	90-EZ	2016

Pa	rt IV Supporting Organizations (continued)			ago o
- 0.	Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	INO
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
а	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
		11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	110		
<u> </u>	tion B. Type i Supporting Organizations		Vaa	Na
_	Did the divertors to store as resemble which of one as resembled as resided as resided as a second		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported	4		
0	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 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,	0		
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		V	
_	Ways a pacients, of the approximation is discontained by the control of the discontained by the discontained by the control of the discontained by the control of the discontained by the discontain		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 III Supporting Organizations		V	
_	Did the constitution of the control of the		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 in (2), 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	_		
800	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 yea(see instructions).			
a	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each or its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ruotiono		
c	Activities Test. <i>Answer (a) and (b) below.</i>	ructions). Yes	No
2	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	INO
а	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		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Za		
b	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		
•	-	ZIJ		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
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? <i>Provide details in Part VI.</i>	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D	of its supported organizations? If "Ves " describe in Part VI , the role played by the organization in this regard	3h		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete \$	Sections A through E.	
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 1-1/2% 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 .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 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-functional	y integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2016

Par	¹t V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which t	he organization is responsive	Э	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	·	i	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а	, , ,			
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
_	and 4c			
8	Breakdown of line 7:			
<u>а</u>				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

ACHIEVEMENT PREPARATORY ACADEMY,

Schedule A	(Form 990 or 990-EZ) 2016 INC •	20-8156566 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 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 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, ert V, Section B, line 1e; Part V,

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Employer identification number

Name of the organization

ACHIEVEMENT PREPARATORY ACADEMY,

00 01

INC. 20-8156566

Organiz	ation type (check or	ne):
Filers of	f:	Section:
Form 99	0 or 990-EZ	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
Note: O	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.
General	Rule	
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 any one contributor	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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during 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.
	year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.
	year, contributions is checked, enter h purpose. Don't con	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 etc., contributions totaling \$5,000 or more during the year
but it mu	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 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 ne filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization ACHIEVEMENT PREPARATORY ACADEMY, INC.

Employer identification number

20-8156566

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	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
3		\$104,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Haine, audi 655, and £16 T T	\$	Person Payroll Omnocash (Complete Part II for noncash contributions.)

Name of organization
ACHIEVEMENT PREPARATORY ACADEMY,
INC.

Employer identification number

20-8156566

Part II	Noncash Property (See instructions). Use duplicate copies of P	art 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. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			
(-)			
(a) No. rom art 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	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-			
	-16	Schodule P (Form	990, 990-EZ, or 990-PF) (

Employer identification number Name of organization ACHIEVEMENT PREPARATORY ACADEMY, 20-8156566 INC. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III 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 Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ACHIEVEMENT PREPARATORY ACADEMY,

Employer identification number 20-8156566

Schedule D (Form 990) 2016

Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	s or Acco	unts.Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.		·
		(a) Donor advised funds	(b) Fur	nds 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 wr	riting that the assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's ex	-		Yes No
6	Did the organization inform all grantees, donors, and donor adv			
	for charitable purposes and not for the benefit of the donor or			
			ŭ	Yes No
Pa				
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).		
	Preservation of land for public use (e.g., recreation or ed	ucation) Preservation of a hist	torically impo	rtant land area
	Protection of natural habitat	Preservation of a cer		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conserv	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c	
d	Number of conservation easements included in (c) acquired aff	ter 8/17/06, and not on a historic struct	ture	
	listed in the National Register			
3	Number of conservation easements modified, transferred, release			n 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 perio	odic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it h	nolds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing con	servation ea	sements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserva	ation easeme	nts during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	O(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	e statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organiza	tion's accounting for
_	conservation easements.			
Pa	t III Organizations Maintaining Collections of		Other Simi	lar Assets.
	Complete if the organization answered "Yes" on Form 9			
1a	If the organization elected, as permitted under SFAS 116 (ASC			
	historical treasures, or other similar assets held for public exhib	,	ance of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe			
b	If the organization elected, as permitted under SFAS 116 (ASC			
	treasures, or other similar assets held for public exhibition, edu	ication, or research in furtherance of pu	ublic 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 treas	,	aı gaın, provid	ie
	the following amounts required to be reported under SFAS 116	-		Φ.
a	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$

632051 08-29-16

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

	t III Organizations Maintaining O	Collections of A	rt. His	torical Tr	easures o	or Othe	r Simil	ar Ass	ets/contin		aye Z
	- Tigarin_aarionio irramitaminig o										
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):										
а	Public exhibition	d	. \Box	Loan or ove	change progra	ıme					
b	Scholarly research	e		Other	mange progra	11113					
C	Preservation for future generations	-	· —	Other							
4	_	alloations and avalai	in how t	hav furthar t	ho organizatio	on's oven	nnt nurn	ooo in Di	ort VIII		
5	Provide a description of the organization's conduction buring the year, did the organization solicit of							JSE III F	art Alli.		
5	to be sold to raise funds rather than to be ma							Г	Yes		No
Pai	t IV Escrow and Custodial Arran									<u> </u>	_ NO
ı aı	reported an amount on Form 990, Pa		ete ii tiit	organizatio	ni answered	res on	roiiii 990	J, Fait iv	v, iii le 9, 0i		
12	Is the organization an agent, trustee, custod	·	diany for	contribution	ne or other as	eate not i	included				
Ia								Г	Yes		No
h	on Form 990, Part X?							∟	162		_ INO
D	ii res, explain the arrangement in Part Alli	and complete the ic	nowing	lable.					Amoun	+	
_	Deginning belongs						10		Amoun		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
f 20	Ending balance								Yes		No
	-						•	∟			
Pai	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i						<u></u>				
ı aı	Endownient Funds. Complete i	(a) Current year		Prior year	(c) Two year			eare han	k (e) Four	. veare	hack
10	Paginning of year balance	. ,	(6) F	rior year	(C) Two year	S Dack (u) Tillee y	rears bac	K (e) i oui	years	Dack
	Beginning of year balance										
	Contributions										
C	Net investment earnings, gains, and losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance		/!:	l /	-\\ - - - - -						
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a)) neid as:						
a	Board designated or quasi-endowment	0/	_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	<u>%</u>									
0-	The percentages on lines 2a, 2b, and 2c sho	•	-4:4-	ماما منتمام		6 41-		4:			
Sa	Are there endowment funds not in the posse	ession of the organiz	ation th	at are neid a	and administe	rea for th	ie organiz	zation	ī	V	Na
	by:								0-(:)	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
D	If "Yes" on line 3a(ii), are the related organiza								3b		
Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owment	tunas.							
Fai			O Dort II	/ line 11e (200 Form 000	Dort V	lina 10				
	Complete if the organization answere	1		r .	1			<u> </u>	(al) D = -	ا احدد ما	
	Description of property	(a) Cost or of basis (investrong)			t or other (other)		cumulate reciation	ea	(d) Boo	k valu	е
	Land	,	n e nt)	Dasis	(Ott ICI)	uep	- CIALIOII				
	Land										
	Buildings			32 27	1,362.	1 2	66,3	72	31,10	<u>Λ</u> Ω	<u>an</u>
	Leasehold improvements				1,526.		95,2				72.
	Equipment				7,357.		JJ, 4	74.			72. 57.
	Other Add lines 1a through 1a (Column (d) must e		V!		-						37.

Schedule D (Form 990) 2016

	PREPARATORY	ACADEMY,	2	0-8156566	D '
Schedule D (Form 990) 2016 INC. Part VII Investments - Other Securities.				0-0130300	Page
Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990	Part X line 12		
(a) Description of security or category (including name of security)	(b) Book value		valuation: Cost or e	nd-of-year market v	/alue
(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"					
(a) Description of investment	(b) Book value	(c) Method of	valuation: Cost or e	nd-of-year market v	/alue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.					
	on Form 000 Dort IV line	11d Coo Form 000	Dort V line 15		
Complete if the organization answered "Yes"	Description	Tru. See Form 990	, Part A, line 15.	(b) Book va	عاراه
	Description			(b) Book ve	iluc
(1)					
(2)					
(3) (4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		b	•	
Part X Other Liabilities.			······		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See For	m 990, Part X, line 2	25.	
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					
(3)					
(4)					
(5)					
(6)					
(¬)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ightharpoons2. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

(8)

SCHE	edule D (Form 990) 2016			OIJOJOO Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stater	ments With Reven	ue per Returr	١.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total revenue, gains, and other support per audited financial statements		1	17,395,316.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d				
е			2e	0.
3	Subtract line 2e from line 1			17,395,316.
4	Amounts included on Form 990, Part VIII, line 12, 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 revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	17,395,316.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ements With Expe	nses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.		
1	Total expenses and losses per audited financial statements		1	16,164,385.
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		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	16,164,385.
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		
_	Add lines 4a and 4h	·	4c	0.

Part XIII Supplemental Information.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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 HAS ADOPTED THE ACCOUNTING OF UNCERTAINTY IN INCOME TAXES AS

REQUIRED BY THE INCOME TAXES TOPIC OF THE FASB ASC. THE TOPIC REQUIRES THE

SCHOOL TO DETERMINE WHETHER A TAX POSITION IS MORE LIKELY THAN NOT TO BE

SUSTAINED UPON EXAMINATION BY THE APPLICABLE TAXING AUTHORITY, INCLUDING

RESOLUTION OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE

TECHNICAL MERITS OF THE POSITION. THE TAX BENEFIT TO BE RECOGNIZED IS

MEASURED AS THE LARGEST AMOUNT OF BENEFIT THAT IS MORE THAN FIFTY PERCENT

LIKELY OF BEING REALIZED UPON ULTIMATE SETTLEMENT WHICH COULD RESULT IN

THE SCHOOL RECORDING A TAX LIABILITY THAT WOULD REDUCE ITS NET ASSETS. THE

SCHOOL HAS ANALYZED ITS TAX POSITIONS, AND HAS CONCLUDED THAT NO LIABILITY

FOR UNRECOGNIZED TAX BENEFITS SHOULD BE RECORDED RELATED TO ANY UNCERTAIN

Schedule D (Form 990) 2016

16,164,385.

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Schools

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

► Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

ACHIEVEMENT PREPARATORY ACADEMY,

INC.

Emplo

 $Employer\ identification\ number \\ 20-8156566$

Par	tl			
			\/E0	
			YES	N
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		3,7	
	other governing instrument, or in a resolution of its governing body?	1	Х	
	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	X	
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.		Х	
	If you need more space, use Part II SEE PART II	3	^	
	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	х	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	\vdash
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			H
	admissions, programs, and scholarships?	4c	х	ı
			Х	\vdash
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.		Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to:	4d	X	
d a	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	4d 5a	X	
d a b	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?	4d 5a 5b	X	
a b c	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5a 5b 5c	X	
a b c d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	4d 5a 5b	X	
a b c d e	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5a 5b 5c 5d	X	
a b c d e f	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5a 5b 5c 5d 5e	X	
a b c d e f g	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5a 5b 5c 5d 5e 5f	X	
a b c d e f g h	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5a 5b 5c 5d 5e 5f 5g	X	
a b c d e f g h	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5a 5b 5c 5d 5e 5f 5g	X	
a b c d e f g h	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? 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.	5a 5b 5c 5d 5e 5f 5g	X	
a b c d e f g h	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? 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.	5a 5b 5c 5d 5e 5f 5g 5h		
a b c d e f g h	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? 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?	5a 5b 5c 5d 5e 5f 5g 5h		
a b c d e f g h	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? 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.	5a 5b 5c 5d 5e 5f 5g 5h		

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

Schedule E (Form 990 or 990-EZ) 2016

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.
LINE 3 - EXPLANATION OF NONDISCRIMINATION POLICY:
ACHIEVEMENT PREPARATORY ACADEMY INCLUDES A NONDISCRIMINATION
STATEMENT IN ALL COMMUNICATIONS AND SOLICITATIONS INDICATING
THAT THE SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE,
CREED, NATIONAL ORIGIN, ETHNICITY, RELIGION, GENDER, SEXUAL
ORIENTATION, MENTAL OR PHYSICAL DISABILITY, SPECIAL NEEDS
ENGLISH LANGUAGE PROFICIENCY, ATHLETIC ABILITY, OR ACADEMIC
ACHIEVEMENT.
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:
SCHOOL RECEIPTS FROM GOVERNMENTAL AGENCIES
-DISTRICT OF COLUMBIA LOCAL APPROPRIATIONS \$15,797,972
-FEDERAL FORMULA GRANTS - ENTITLEMENTS \$ 1,243,802
-OTHER GOVERNMENT GRANTS \$ 57,040
LINE 7 - EXPLANATION OF RACIAL NONDISCRIMINATION COMPLIANCE:
AS A PUBLIC CHARTER SCHOOL, ACHIEVEMENT PREPARATORY ACADEMY, INC. IS
EXEMPT FROM THE REQUIREMENTS OF REV. PROC. 75-50.

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

ACHIEVEMENT PREPARATORY ACADEMY, INC.

Employer identification number 20-8156566

	·		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 filing 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.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X 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		Х
	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:			Х
	The organization?	5a		X
D	Any related organization?	5b		-22
•	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:	60		Х
a h	The organization? Any related organization?	6a 6b		X
D	Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	OD.		
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			
J	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	Ť		
•	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2016

INC.

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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(15)(1)-(15)	reported as deferred on prior Form 990
(1) SHANTELLE WRIGHT	(i)	189,873.	0.	0.	5,755.	3,534.	199,162.	0.
CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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Schedule J (Form 990) 2016

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. ACHIEVEMENT PREPARATORY ACADEMY,

Employer identification number 20-8156566

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BEYOND.

FORM 990, PART VI, SECTION A, LINE 1:

THE BOARD MAY DESIGNATE ONE OR MORE TRUSTEES AS ALTERNATE MEMBERS OF ANY COMMITTEE, WHO MAY REPLACE ANY ABSENT OR DISQUALIFIED MEMBER AT ANY MEETING OF THE COMMITTEE. THE CHAIR SHALL APPOINT THE CHAIRPERSON OF EACH EXCEPT OF THE GOVERNANCE COMMITTEE WHICH SHALL SELECT ITS OWN COMMITTEE, CHAIRPERSON. SUCH COMMITTEES SHALL HAVE ALL THE POWERS DELEGATED BY THE BOARD EXCEPT THAT NO COMMITTEE SHALL HAVE THE POWER TO (A)AUTHORIZE DISTRIBUTIONS, (B)APPROVE OR RECOMMEND TO THE BOARD THE DISSOLUTION, MERGER, OR THE SALE, PLEDGE OR TRANFER OF ALL OR SUBSTANTIALLY ALL OF ACHIEVEMENT PREPARATORY ACADEMY'S ASSETS, (C)ELECT, APPOINT, OR REMOVE TRUSTEES OR FILL VACANCIES ON THE BOARD OR ON ANY OF ITS COMMITTEES; OR (D)ADOPT, AMEND OR REPEAL ACHIEVEMENT PREPARATORY ACADEMY'S ARTICLES OF INCORPORATION OR BYLAWS. EACH COMMITTEE AND EACH MEMBER OF EACH COMMITTEE SHALL SERVE AT THE PLEASURE OF THE BOARD OF TRUSTEES.

FORM 990, PART VI, SECTION A, LINE 8B:

THE ORGANIZATION ONLY KEEPS MINUTES ON ITS FULL BOARD MEETINGS, NOT COMMITTEE LEVEL MEETINGS. THE COMMITTEES REPORT TO THE FULL BOARD, WHERE DECISIONS ARE THEN MADE.

FORM 990, PART VI, SECTION B, LINE 11B:

AFTER THE FISCAL YEAR AUDIT AND THE DRAFT FORM 990 ARE COMPLETE AND

DELIVERED TO MANAGEMENT, THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES

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

Schedule O (Form 990 or 990-EZ) (2016)

632211 08-25-16

Name of the organization ACHIEVEMENT PREPARATORY ACADEMY, INC.

Employer identification number 20-8156566

REVIEWS THE 990 WITH MANAGEMENT AND DISCUSSES ANY CHANGES AND RECOMMENDATIONS WITH MANAGEMENT AND THE AUDITORS BEFORE A FINAL FORM 990 IS FILED. A COPY OF THE FORM 990 IS ALSO PROVIDED AT THE BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH TRUSTEE, OFFICER AND MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH CONFIRMS THAT SUCH PERSON: A) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY; B) HAS READ AND UNDERSTANDS THE POLICY; C)HAS AGREED TO COMPLY WITH THE POLICY; AND D)UNDERSTANDS THAT ACHIEVEMENT PREPARATORY ACADEMY IS A CHARITABLE ORGANIZATION AND THAT, IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS: AFTER DISCLOSURE OF FINANCIAL INTEREST AND ALL MATERIAL FACTS RELATING THERETO, AND AFTER ANY DISCUSSION THEREOF, THE TRUSTEE, OFFICER OR COMMITTEE MEMBER SHALL LEAVE THE BOARD OF TRUSTEES' MEETING WHILE THE FINANCIAL INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OF TRUSTEES SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. AFTER EXERCISING DUE DILIGENCE, THE BOARD OF TRUSTEES SHALL DETERMINE WHETHER ACHIEVEMENT PREPARATORY ACADEMY CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY WHOSE INVOLVEMENT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY ATTAINABLE, THE BOARD OF TRUSTEES SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED TRUSTEES WHETHER THE TRANSACTION OR ARRANGEMENT IS IN ACHIEVEMENT PREPARATORY ACADEMY'S BEST INTEREST AND FOR ITS OWN BENEFIT, AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE TO ACHIEVEMENT PREPARATORY ACADEMY AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO

36

632212 08-25-16

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization ACHIEVEMENT PREPARATORY ACADEMY, INC.

Employer identification number 20-8156566

THE TRANSACTION OR ARRANGEMENT IN CONFORMITY WITH SUCH DETERMINATION. IF
THE BOARD OF TRUSTEES HAS REASONABLE CAUSE TO BELIEVE THAT A TRUSTEE,
OFFICER OR COMMITTEE MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE
CONFLICTS OF INTEREST, IT SHALL INFORM SAID INDIVIDUAL OF THE BASIS FOR
SUCH BELIEF AND AFFORD HIM OR HER AN OPPORTUNITY TO EXPLAIN THE ALLEGED
FAILURE TO DISCLOSE. IF, AFTER HEARING THE RESPONSE OF THE TRUSTEE, OFFICER
OR COMMITTEE MEMBER AND MAKING SUCH FURTHER INVESTIGATION AS MAY BE
WARRANTED IN THE CIRCUMSTANCES, THE BOARD OF TRUSTEES DETERMINES THAT THE
MEMBER HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF
INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION.

FORM 990, PART VI, SECTION B, LINE 15:

AT LEAST ANNUALLY, THE BOARD OF TRUSTEES CONTACTS OTHER PUBLIC CHARTER
SCHOOLS LOCATED WITHIN THE DISTRICT OF COLUMBIA AND INQUIRES ABOUT THE
SALARY OF THEIR EXECUTIVE DIRECTOR (OR EQUIVALENT), AS WELL AS THE AVERAGE
COMPENSATION OF STAFF EDUCATORS. THE RESPONSES OBTAINED ARE USED TO DEVELOP
A MARKET SURVEY WHICH THE BOARD OF TRUSTEES USES IN SETTING PERFORMANCE
GOALS AND COMPENSATION FOR THE EXECUTIVE DIRECTOR. THE BOARD OF TRUSTEES
HAS DELEGATED COMPENSATION AND EVALUATION RESPONSIBILITIES TO THE EXECUTIVE
DIRECTOR FOR ALL OTHER EMPLOYEES. THE MOST RECENT YEAR IN WHICH THE PROCESS
FOR DETERMINING COMPENSATION FOR THE TOP OFFICIALS WAS JULY 2017.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON EXTINGUISHMENT OF DEBT

-195,319.

Schedule O (Form 990 or 9	990-EZ) (2016)				Page 2
Name of the organization	ACHIEVEMEN'	r preparatory	ACADEMY,		Employer identification number 20-8156566
FORM 990, PAR	r XII, LINE	2C			
THESE PROCESS	ES HAVE NOT	CHANGED FROM	THE PREVIOUS	YEAR.	
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