Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency	1
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#### \*\* PUBLIC DISCLOSURE COPY \*\*

Department of the Treasury

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

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30,

OMB No. 1545-0047 Open to Public Inspection

Α	For the	2017 calendar year, or tax year beginning JUL 1, 2017 and ending	JUN 30, 2018	•
			D Employer identif	ication number
_ ;	Check if applicable	ACHIEVEMENT PREPARATORY ACADEMY		
	Addres			
Z		Doing business as	<del></del>	156566
F	Initial return		uite <b>E</b> Telephone numbe	
	Final return/	908 WAHLER PLACE, SE		562-1214
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	19,521,917.
L	Ameno	WASIIINGION, DC 20032	H(a) Is this a group r	
	Application pending	F Name and address of principal officer: STIANTEDDE WRIGHT	for subordinate	
	•	SAME AS C ABOVE	H(b) Are all subordinates	included? Yes No
			527 If "No," attach a	a list. (see instructions)
		e: WWW.ACHIEVEMENTPREP.ORG	H(c) Group exemption	
	_		ear of formation: 2007	M State of legal domicile: DC
P	art I	Summary		
Se	1	Briefly describe the organization's mission or most significant activities: TO PREPA HIGH-ACHIEVING SCHOLARS AND LEADERS IN HIGH	RE STUDENTS T	O EXCEL AS
Governance		Check this box if the organization discontinued its operations or disposed of m		
Ver	1	-	I .	SSEIS.
ၓၟ	1	Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)		8
∞ ∽		Total number of individuals employed in calendar year 2017 (Part V, line 2a)	·····	183
ij		Total number of individuals employed in calendar year 2017 (Fart V, line 2a)  Total number of volunteers (estimate if necessary)		8
Activities		Total number of volunteers (estimate if necessary)  Total unrelated business revenue from Part VIII, column (C), line 12		0.
¥		Net unrelated business taxable income from Form 990-T, line 34		0.
	-	Net differed business taxable income from Form 990-1, life 04	Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)	1,467,195.	
nue	1		15,892,490.	17,925,337.
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,972.	34,351.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,659.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,395,316.	19,521,917.
		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.
ý	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,711,268.	8,868,371.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ē	1	Total fundraising expenses (Part IX, column (D), line 25) 44,076.		
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,453,117.	9,551,136.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,164,385.	18,419,507.
		Revenue less expenses. Subtract line 18 from line 12	1,230,931.	1,102,410.
Or Ses			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	41,112,730.	41,800,510.
ASS	21	Total liabilities (Part X, line 26)	35,373,419.	34,958,789.
	22	Net assets or fund balances. Subtract line 21 from line 20	5,739,311.	6,841,721.
Pi	art II	Signature Block		
Unc	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of n	ny knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.	
			<u>_</u> _	
Sig	n	Signature of officer	Date	
He	re	SHANTELLE WRIGHT, HEAD OF SCHOOL AND CEO		
		Type or print name and title	10-4-	DTIN
		Print/Type preparer's name  Preparer's signature	Date Check [	PTIN
Pai		DAVID JONES	self-emplo	yed P01361002
	parer	Firm's name JONES MARESCA & MCQUADE PA	Firm's EIN	52-1853933
Use	Only	Firm's address 1730 RHODE ISLAND AVE, N.W., SUITE		0 006 3336
		WASHINGTON, DC 20036	Phone no. 20	2-296-3306
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

Pa	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:  TO PREPARE STUDENTS TO EXCEL AS HIGH-ACHIEVING SCHOLARS AND LEA	
	HIGH SCHOOL, COLLEGE AND BEYOND.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	Yes X No
2	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
3	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expectations are required to report the amount of grants and allocations to others, the total expectations are required to report the amount of grants and allocations to others, the total expectations are required to report the amount of grants and allocations to others, the total expectation of the control of	
4-	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 15,678,966 • including grants of \$ ) (Revenue \$ 17,	,925,337.)
4a	PUBLIC EDUCATION - ACHIEVEMENT PREP OFFERS A COLLEGE-PREPARATOR	RY,
	TUITION-FREE SCHOOL OPTION TO STUDENTS IN WASHINGTON, DC, WITH ON COMMUNITIES EAST OF THE ANACOSTIA RIVER. OUR PROGRAM IS DESI	
	PROVIDE STUDENTS WITH A RIGOROUS COLLEGE-PREP PROGRAM FOCUSED OF	
	LITERACY INTERVENTION, REMEDIATION, AND ACCELERATION.	721
4b	(Code:) (Expenses \$	
	) (Noticine)	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	)
4e	Total program service expenses ► 15,678,966.	
		Form <b>990</b> (2017)

# ACHIEVEMENT PREPARATORY ACADEMY PUBLIC CHARTER SCHOOL

Form 990 (2017)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	۰		
7	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			37
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	Х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	25	
J	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	37	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		X
	complete Schedule G, Part III	19		1 47

Page **4** 

### ACHIEVEMENT PREPARATORY ACADEMY PUBLIC CHARTER SCHOOL

Form 990 (2017)

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		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20</b> b		
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			1
	Schedule J	23	Х	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	l		v
_	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del></del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	.		1
	any tax-exempt bonds?	24c		<del> </del>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del></del>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	050		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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			1
	Och all to L. Do Ll	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	230		<del></del>
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			1
	complete Schedule L, Part II	26		х
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			1
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			1
	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			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	l		v
	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	00		x
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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	- 55		<del></del>
٠.	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	-		
·	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

20-8156566

Part V Statements Regarding Other IRS Filings and Tax Compliance

The tritle number reported in Box 3 of Form 1098. Enter 0-if not applicable   1a   32   2   2   2   2   2   2   2   2		Check if Schedule O contains a response or note to any line in this Part V				
b Enter the number of Forms W26 included in line 1a. Enter of 1 not applicable   De   O   Do 10th the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a. Enter the number of employees reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2b. If a least one is reported on line 2a, did the organization life all required federal employment tax returns?  2c. Enter the number of employees reported on line 2a, did the organization life all required devel employment tax returns?  2c. It all least one is reported on line 2a, did the organization life all required federal employment tax returns?  3c. It is the organization have unrelated business gross income of \$1,000 or more during the year?  3c. It is the organization have unrelated business gross income of \$1,000 or more during the year?  3c. It is the organization have unrelated business gross income of \$1,000 or more during the year?  3c. It is the organization have unrelated business gross income of \$1,000 or more during the year?  3c. It is the organization have unrelated business gross income of \$1,000 or more during the year?  3c. It is the organization have unrelated business gross income of \$1,000 or more during the year?  3c. It is the organization and party to a prohibited tax shelter transaction at any time during the tax year?  3c. It is the organization and party to a prohibited tax shelter transaction?  3c. It is the organization and party to a prohibited tax shelter transaction?  3c. It is the organization have annual gross receipts that are normally greater than \$100,000, and did the organization selection of the organization file Form 8886.T)  3c. It is the organization shelt we are not tax deductible and the organization file form 8886.T)  3c. It is the organization shelt we are not tax deductible and the organization file form 8886.T)  3c. It is the organization shelt we pay the pay the pay the pay to prohibited t					Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming granting winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  2b If at least one is reported on line 2a, did the organization file all required referral employment tax returns?  2b If at least one is reported on line 2a, did the organization file all required referral employment tax returns?  2c Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3b If at least one during the calendar year, did the organization file and interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a All any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; level, as a bank account, securities account, or other financial account(?)  4b If "Yes," return the name of the foreign country."  5c West the organization as party to a prohibited tax shelter transaction at any time during the tax year?  5c West the organization have manual gross necepits that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  5c If "Yes," to lith the organization file Form 8886.77  6c Organizations that may receive deductible contributions under section 170(c).  a bill the organization received an include with every solicitation an expose statement that such contributions or grifts were not tax deductible?  5c If Wes," did the organization neceived any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c Organizations that may receive deductible contributions under section 170(c).  8 Sponsoring organizatio	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable				
a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return filed for the calendar year ending with or within the year covered by this return  Note. If the sum of lines 1 and and 2 is greater than 250, you may be required feel enterpolyment tax returns?  Note. If the sum of lines 1 and and 2 is greater than 250, you may be required to e-fife (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a I A the start of the calendar year, did the organization file all required feel or the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a A tary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. I be seen instructions for filing requirements for Fince IFOR Fore 114, Report of Foreign Bank and Financial accounts (FBAR).  5b If "Yes," and the organization approach to a prohibited tax shelter transaction at any time during the tax year?  5c I was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization sloid any contributions that were not tax deductibles of sharitable contributions?  6b I "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6c I was a such as a contribution of a pay contributions of understance or the value of the goods or services provided?  7c Organizations that may receive deductible contributions under section 170(c).  8d If "Yes," indicate the number of Forms 8282 filed during the year  9d If the organization receive a payment in excess of \$75 made pa	b					
2a Enter the number of employees reported on Form W/3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  b if at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Dt the organization have unreaded business gross incrome of \$1,000 or more during the year?  3a X  b if "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O  3b A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial account(?  4a A End of the organization and it was or is a party to a prohibited tax shelter transaction?  5b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction?  5b Did any explanation file organization file Form 8888-17  5c Was, "to line 5a or 5b, did the organization file Form 8888-17  5c To granization and the organization file Form 8888-17  5d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c To granizations that may receive deductible contributions under section 170(c).  6c Did the organization receive any parentime excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7a X  7b If Wes," did the organization network payment in excess of \$75 made party as a contribution on year payment in excess of \$75 made party as a contribution on year payment in	С					
tiled for the calendary year ending with or within the year covered by this return		(gambling) winnings to prize winners?		1c	X	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a At any time during the calendary year, did the organization have understood the year of \$1,000 or more during the year?  3a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a At any time the the name of the foreign country   ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5b If Yes, "to line 5a or 5b, did the organization file Form 88861?  6c If Yes, "to line 5a or 5b, did the organization file Form 88861?  6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  6d If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible or the organization and partly for goods and services provided to the payor?  7a Organizations that many receive deductible contributions under section 170(c).  8b If Yes, "did the organization notify the donor of the value of the goods or services provided?  7b If Yes, "did the organization network and payor and payor and payor the property for which it was required to line Form 8282? Red during the year.  8c Did the organization received a contribution of year and payor and payo	2a		4.00			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Dit the organization have unrelated business gross ancome of \$1,000 or more during the year?  3b If 1'ves, "set lifted a Form 9801 for this year? If "No," to line \$0, provide an explanation in Schedule 0  3b If 1'ves," enter the name of the foreign country, levin as a bank account, securities account, or other financial accountly over, a financial account in a foreign country (see that any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ▶  5a Va the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b If any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Va Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c Va If "Yes," in its as of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c Va If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c).  6c Va		filed for the calendar year ending with or within the year covered by this return2a	183			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b If 1'Yes,* has if filed a Form 900-17 for this year, 1' 1' 1' 2'n, 1' 1' 1' 1' 2'n, 1' 1' 1' 1' 2'n, 1' 1' 1' 1' 2'n, 1' 1' 1' 1' 1' 1' 1' 1' 1' 1' 1' 1' 1'	b			2b	X	
b If "Yes," has it flied a Form 99.0-T for this year? If "No," to line 3b, provide an explanation in Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.   4b If "Yes," enter the name of the foreign country.   5c If "Yes," enter the name of the foreign country.   5c See instructions for filling requirements for FincKH Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes," to line 5a or 5b, did the organization file Form 888617?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles?  7c Organizations that may receive deductible contributions under section 170(c).  a bill the organization state may receive deductible contributions under section 170(c).  a bill the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile Form 8828?  6d If "Yes," indicate the number of Forms 8828? flied during the year  6 bill the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c X  7d Y  7d		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  8 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12  c Gross income from members or shareholders  d Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13a Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  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  c Enter the amount of reserves on hand  13b  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  It also the first of the first of the first of the payments? If "No," provide an explanation in Schedule O.  14b						
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O						
						_X_
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			000	/O.C. :=

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 Section A. Governing Body and Management Yes No 8 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 8 **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Х a The governing body? **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe 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 X **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? X 14 14 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? Х a The organization's CEO, Executive Director, or top management official X **b** Other officers or key employees of the organization 15b 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 Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Own website Another's website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: THE ORGANIZATION - 202-562-1214

20032

DC

WASHINGTON,

908 WAHLER PLACE, SE,,

# 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) Name and Title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other		
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Institutional trustee Officer Key employee Highest compensated employee Former		ighest compensated imployee ormer		Key employee Highest compensated employee Former		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JASON ANDREAN	8.00	,,		3,7					0	0		
CHAIR	9 00	Х		Х				0.	0.	0.		
(2) BARBARA NOPHLIN	8.00	₩.		<b>.</b>					0.	0		
VICE CHAIR (3) TAIMARIE ADAMS	8.00	Х		Х				0.	0.	0.		
(3) TAIMARIE ADAMS SECRETARY	0.00	X		x				0.	0.	0.		
(4) STEPHANIE OLIVERAS	8.00	<del></del>										
TREASURER		x		х				0.	0.	0.		
(5) NICOLE NELL	8.00							_				
TRUSTEE		x						0.	0.	0.		
(6) RUFUS DAVIS	8.00											
TRUSTEE		Х						2,180.	0.	0.		
(7) JOHN MAHAFFIE	8.00											
TRUSTEE		X						0.	0.	0.		
(8) URSULA WRIGHT	8.00											
TRUSTEE		Х						0.	0.	0.		
(9) SHANTELLE WRIGHT	40.00											
HEAD OF SCHOOL AND CEO				Х				205,608.	0.	3,670.		
(10) SUSAN CANNON	40.00								_			
CHEIF ACADEMIC OFFICER				Х				141,646.	0.	7,991.		
(11) NICOLE DIAMANTES	40.00					l		100 000				
CHIEF OF STAFF	40.00					Х		109,999.	0.	0.		
(12) VALERIE EVANS	40.00					,,		110 072	0	7 100		
CHEIF TALENT OFFICER	40.00					Х		110,073.	0.	7,128.		
(13) GREGORY GAINES	40.00	4				7.		106 001	0	2 670		
CHIEF OPERATING OFFICER	40 00					Х		126,081.	0.	3,670.		
(14) ERICA HARRELL	40.00	-				x		110 222	0.	5,752.		
PRINCIPAL (15) GUARLENE POAGU GLAMBU	40.00					^		110,332.	0.	3,732.		
(15) CHARLENE ROACH-GLYMPH CHEIF SPECIAL EDUCATION OFFICER	40.00	1				x		118,068.	0.	0.		
		-										
700007 44 00 47		<u> </u>								Earm <b>990</b> (2017)		

Form 990 (2017)

Par	t VII Section A. Officers, Directors, Trus	tees. Kev Em	plov	ees	. an	d Hi	ahe	st C	ompensated Employe	es (continued)			<u></u>
	(A)	(B) (C) (D) (E)										(F)	
	Name and title	Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than is bot	h an	Reportable compensation from	Reportable compensation from related	ar	stimate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	com fi org an	npensa rom the ganizati d relate anizatio	e ion ed
	Sub-total		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>L</u>	<u> </u>	923,987.	0.	2	8,2	11
	Total from continuation sheets to Part V								0.	0.			0
d	Total (add lines 1b and 1c)							<b>&gt;</b>	923,987.	0.	2	8,2	11
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable			
	compensation from the organization												{
												Yes	No
3	Did the organization list any <b>former</b> officer,	•			-		•		•	•			v
,	line 1a? If "Yes," complete Schedule J for s										3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	•							•	•	4	x	
5	Did any person listed on line 1a receive or a										+		
	rendered to the organization? If "Yes," com	-				-			-		5		Х

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
APPLETREE INSTITUTE	PRE-K AND PRESCHOOL	
415 MICHIGAN AVE, NE, WASHINGTON, DC 20017	MGMT.	2,323,331.
REVOLUTION FOODS		
P.O. BOX 742759, LOS ANGELES, CA 90074	FOOD SERVICE	494,847.
ELLIS THERAPEUTIC CONSULTANTS	SPECIAL EDUCATION	
641 S STREET, NW, WASHINGTON, DC 20001	SERVICES	340,436.
M AND G SERVICES	JANITORIAL,	
4908 DASHIELL PLACE, WOODBRIDGE, VA 22192	LANDSCAPING, MOVING	205,788.
EDOPS, 1611 CONNECTICUT AVE NW, STE 200,	FINANCE AND HR	
WASHINGTON, DC 20009	SERVICES	173,832.
2 Total number of independent contractors (including but not limited to those lister	d above) who received more than	
\$100,000 of compensation from the organization > 8		222

20-8156566 Page 9 Form 990 (2017) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (**D)** Revenue excluded Total revenue Related or Unrelated from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues ..... 1b c Fundraising events d Related organizations 1d 1,532,564. e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ..... 29,665 g Noncash contributions included in lines 1a-1f: \$ 1,562,229, h Total. Add lines 1a-1f Business Code 2 a PER PUPIL APPROPRIATIONS Program Service Revenue 900099 14,821,344. 14,821,344 b PER PUPIL FACILITY ALLOWANCE 900099 3,071,404 3,071,404 ACTIVITY FEES 611710 28,252 28,252 d MISCELLANEOUS 900099 4,337. 4,337 f All other program service revenue g Total. Add lines 2a-2f 17,925,337. Investment income (including dividends, interest, and 34,351. 34,351 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ...... c Rental income or (loss) d Net rental income or (loss) . (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other **b** Less: direct expenses ..... c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities . 10 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold **c** Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b

34,351.

19,521,917.

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions.

17,925,337

Part IX Statement of Functional Expenses

Check if Schedule O contains a response or note to any line in this Part IX									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> 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,	250 015	212 276	46 530					
_	trustees, and key employees	358,915.	312,376.	46,539.					
6	Compensation not included above, to disqualified								
	persons (as defined under section 4958(f)(1)) and								
_	persons described in section 4958(c)(3)(B)	7,451,519.	6,485,304.	966,215.					
7	Other salaries and wages	1, = J + , J + J +	0,403,304.	JUU, ZIJ•					
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	70,443.	61,309.	9,134.					
0		361,183.	314,349.	46,834.					
9	Other employee benefits	626,311.	545,099.	81,212.					
10 11	Payroll taxes Fees for services (non-employees):	020,311.	343,033.	01,212					
	Management	2,442,419.	2,442,419.						
	Г	222,384.	197,055.	25,329.					
	Legal Accounting	150,221.	237,70300	150,221.					
	Lobbying	200,222		230,2221					
	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
	Other. (If line 11g amount exceeds 10% of line 25,								
9	column (A) amount, list line 11g expenses on Sch O.)	707,736.	377,082.	330,654.					
12	Advertising and promotion			,					
13	Office expenses	216,316.	173,053.	43,263.					
14	Information technology	96,914.	77,531.	19,383.					
15	Royalties								
16	Occupancy	629,429.	503,543.	125,886.					
17	Travel								
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest	1,600,695.	1,280,556.	320,139.					
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	1,454,998.	1,163,999.	290,999.					
23	Insurance	74,545.	59,636.	14,909.					
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)								
9	DIRECT STUDENT COSTS	1,355,998.	1,355,998.						
a h	PROFESSIONAL DEVELOPMEN	354,608.	329,657.	24,951.					
2	ADMINISTRATION FEE	174,978.	227,007.	174,978.					
d	FUNDRAISING ITEMS	44,076.		. = , > . •	44,076				
-	All other expenses	25,819.		25,819.	= = , ; . ;				
25	Total functional expenses. Add lines 1 through 24e	18,419,507.	15,678,966.	2,696,465.	44,076				
26	Joint costs. Complete this line only if the organization	. ,							
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising solicitation.								

Part X Balance Sheet

Ра	πх	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	8,029,680.	1	9,488,582.
	2	Savings and temporary cash investments	820,078.	2	690,158.
	3	Pledges and grants receivable, net	221,185.	3	260,493.
	4	Accounts receivable, net	21,638.	4	12,195.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
şţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	15,630.	9	155,092.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 34,548,892.			
	b	Less: accumulated depreciation 10b 3,360,802.	31,998,619.	10c	31,188,090.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	<b>5</b> 000	14	F 000
	15	Other assets. See Part IV, line 11	5,900.	15	5,900.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	41,112,730.	16	41,800,510.
	17	Accounts payable and accrued expenses	719,632.	17	517,393.
	18	Grants payable	02 221	18	0.45
	19	Deferred revenue	23,331.	19	945.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
ij		key employees, highest compensated employees, and disqualified persons.			
<u>=</u>		Complete Part II of Schedule L	24 620 456	22	24 440 451
	23	Secured mortgages and notes payable to unrelated third parties	34,630,456.	23	34,440,451.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of		٥-	
	00	Schedule D	35,373,419.	25	34,958,789.
	26	Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	33,373,413.	26	34,330,703.
w		complete lines 27 through 29, and lines 33 and 34.			
ĕ	27		5,616,311.	27	6,718,721.
Fund Balances	28	Unrestricted net assets Temporarily restricted net assets	123,000.	28	123,000.
Ä	29	Downson and the control of the district of the		29	223,0001
Ĕ	23	Organizations that do not follow SFAS 117 (ASC 958), check here		23	
Ϋ́		and complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds		32	
Se	33	Total net assets or fund balances	5,739,311.	33	6,841,721.
	34	Total liabilities and net assets/fund balances	41,112,730.	34	41,800,510.
	J-4	i otal liabilities aliu liet assets/iuliu balalites	11,112,100	J <del>1</del>	11,000,010

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1				17.
2	Total expenses (must equal Part IX, column (A), line 25)	2				07.
3	Revenue less expenses. Subtract line 2 from line 1	3				10.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5	,73	9,3	11.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	6	,84	1,7	21.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		[			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		- 1			
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	- 1			
	separate basis, consolidated basis, or both:		- 1			
	Separate basis Consolidated basis Both consolidated and separate basis		- 1			
b	Were the organization's financial statements audited by an independent accountant?			2b	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	- 1			
	consolidated basis, or both:		- 1			
	Separate basis Consolidated basis Both consolidated and separate basis		- 1			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,	- 1			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	- 1			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	-	lit			
	Act and OMB Circular A-133?			За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required		it			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	Х	

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

ACHIEVEMENT PREPARATORY ACADEMY **Employer identification number** Name of the organization PUBLIC CHARTER SCHOOL 20-8156566 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Section A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(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								
	Total. Add lines 1 through 3								
	The portion of total contributions								
Ŭ	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	`'								
	Public support. Subtract line 5 from line 4.								
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2014	(a) 201E	(4) 2016	(a) 2017	(f) Total		
		<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total		
	Amounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
_	and income from similar sources								
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)								
	Total support. Add lines 7 through 10								
	Gross receipts from related activities, e	•	,			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	n 501(c)(3)			
800	organization, check this box and stop ction C. Computation of Public	here	roontago				<u> </u>		
				. (0)		1 1			
	Public support percentage for 2017 (lir					14	<u>%</u>		
	Public support percentage from 2016					15			
16a	<b>33 1/3% support test - 2017.</b> If the or	-							
	<b>stop here.</b> The organization qualifies a								
b	33 1/3% support test - 2016. If the or								
	and <b>stop here.</b> The organization qualif								
17a	10% -facts-and-circumstances test								
	and if the organization meets the "fact		•	•	•	•			
	meets the "facts-and-circumstances" t								
b	10% -facts-and-circumstances test								
	more, and if the organization meets the								
	organization meets the "facts-and-circu		-				▶∐		
18	Private foundation. If the organization	ı did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box a	and see instruction	s		

#### 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.)

Sec	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(a) 2013	(b) 2014	(6) 2015	(u) 2016	(e) 2017	(I) TOTAL
'	membership fees received. (Do not						
	include any "unusual grants.")						
2							
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	: Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization'	s first second this	d fourth or fifth t	av voar as a soctio	n 501(c)(3) organi	zation
		· ·	•		-	. , . ,	Lation,
Sec	ction C. Computation of Publi						
	Public support percentage for 2017 (li			column (f))		15	%
	Public support percentage for 2017 (iii					16	
	ction D. Computation of Inves					10	90
	<u> </u>					17	04
17						18	<u>%</u> %
18	Investment income percentage from 2						
198	33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box ar						
t	33 1/3% support tests - 2016. If the						
00	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	00x on line 14, 19	a, or 19b, check t	nis box and see in	structions	

# 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
		163	NO
	1		
	2		
	3a		
	3b		
	0-		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	<b>5</b> C		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
_	10b	00 E7	2017

Pai	art IV Supporting Organizations (continued)			
	(continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	below, the governing body of a supported organization?	11a		
b	<b>b</b> A family member of a person described in (a) above?	11b		
	c 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.	11c		
	ection B. Type I Supporting Organizations		<u> </u>	·
	71 11 5 5		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			110
•	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 <b>Part VI</b> 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			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ection C. Type II Supporting Organizations			<u> </u>
	<u> </u>		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			
	the supported organization(s).	1		
Sec	ection D. All Type III Supporting Organizations	•		•
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	ıx		
	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			
	supported organizations played in this regard.	3		
Sec	ection E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see in	nstructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	c	ntity (see instruction	<u>s).</u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3				
а				
_	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	3a		
b	3 1 71 3 7			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3h	1	ı

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	J
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	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 S	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		
c	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	ly integra	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Schedule A (Form 990 or 990-EZ) 2017 PUBLIC CHARTER SCHOOL

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Organia	anizations (continued)	
Secti	on D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	าร		
4		nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8		outions to attentive supported organizations to which the	he organization is responsive	e	
		de details in <b>Part VI</b> ). See instructions.	3		
9		outable amount for 2017 from Section C, line 6			
10		amount divided by line 9 amount			
		annount annual by mile a annual in	(i)	(ii)	(iii)
Secti	on E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017
1	Distrib	outable amount for 2017 from Section C, line 6			
2	Under	rdistributions, if any, for years prior to 2017 (reason-			
	able c	ause required- explain in <b>Part VI</b> ). See instructions.			
3	Exces	s distributions carryover, if any, to 2017			
а					
b	From	2013			
С	From	2014			
d	From	2015			
е	From	2016			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h	Applie	ed to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2017 from Section D,			
	line 7:	\$			
а	Applie	ed to underdistributions of prior years			
		ed to 2017 distributable amount			
С	Rema	inder. Subtract lines 4a and 4b from 4.			
		ining underdistributions for years prior to 2017, if			
		Subtract lines 3g and 4a from line 2. For result greater			
		zero, explain in <b>Part VI.</b> See instructions.			
6		ining underdistributions for 2017. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		ss distributions carryover to 2018. Add lines 3j			
-	and 4	-			
8		down of line 7:			
		ss from 2013			
		s from 2014			
		s from 2015			
		s from 2016			
		s from 2017			
_	$ \wedge$ $\cup$ $\cup$ $\cup$	13 11 VIII E J I I			

Schedule A (Form 990 or 990-EZ) 2017

#### ACHIEVEMENT PREPARATORY ACADEMY

Schedule A (Form 990 or 990-EZ) 2017 PUBLIC CHARTER SCHOOL 20-8156566 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990, 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.

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

OMB No. 1545-0047

Name of the organization	Employer identification number
ACHIEVEMENT PREPARATORY ACADEMY	
PUBLIC CHARTER SCHOOL	20-8156566
Organization type (check one):	

Filers of	:	Section:				
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)( $3$ ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> 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: Or	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General X	For an organization	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					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 any one contributor, 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{1}{2} \$\text{\$\tex{					
but it <b>m</b> u	ıst answer "No" on l	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 be 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) (2017)

Name of organization
ACHIEVEMENT PREPARATORY ACADEMY
PUBLIC CHARTER SCHOOL

Employer identification number

20-8156566

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$	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
		- - \$	Person Payroll Noncash (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
		- _ \$	Person Payroll Noncash (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
		- - \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
ACHIEVEMENT PREPARATORY ACADEMY
PUBLIC CHARTER SCHOOL

Employer identification number

20-8156566

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

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Employer identification number Name of organization ACHIEVEMENT PREPARATORY ACADEMY 20-8156566 PUBLIC CHARTER SCHOOL Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for 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 (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ACHIEVEMENT PREPARATORY ACADEMY PUBLIC CHARTER SCHOOL

**Employer identification number** 20-8156566

Pa	t I Organizations Maintaining Donor Advised		s or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, line		•						
		(a) Donor advised funds	(b) Funds and other accounts						
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advi	sed funds						
	are the organization's property, subject to the organization's e	·							
6	Did the organization inform all grantees, donors, and donor ad								
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring								
Pa	Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.								
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).							
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a hist	orically important land area						
	Protection of natural habitat	Preservation of a cer	tified historic structure						
	Preservation of open space								
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last						
	day of the tax year.		Held at the End of the Tax Year						
а	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements		2b						
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c						
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic struct	:ure						
	listed in the National Register		2d						
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	e organization 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 period	odic monitoring, inspection, handling of							
	violations, and enforcement of the conservation easements it $% \frac{\partial f}{\partial x} = \frac{\partial f}{\partial x} + \frac{\partial f}{\partial x} = \frac{\partial f}{$								
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation easements during the year						
	<b>&gt;</b>								
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	ation easements during the year						
_	<b>&gt;</b> \$								
8	Does each conservation easement reported on line 2(d) above	•							
_	and section 170(h)(4)(B)(ii)?								
9	In Part XIII, describe how the organization reports conservation	·	·						
	include, if applicable, the text of the footnote to the organization.	on's financial statements that describes	the organization's accounting for						
Pa	t III Organizations Maintaining Collections of	Art Historical Treasures or C	Other Similar Assets						
ı a	Complete if the organization answered "Yes" on Form 9		Aller Ollillar Assets.						
12	If the organization elected, as permitted under SFAS 116 (ASC		mont and balance shoot works of art						
ıa	historical treasures, or other similar assets held for public exhi								
	the text of the footnote to its financial statements that describ	·	ance of public service, provide, if i art Am,						
b	If the organization elected, as permitted under SFAS 116 (ASC		t and halance sheet works of art historical						
	treasures, or other similar assets held for public exhibition, ed								
	relating to these items:	addition, or resourch in farther arises of pe	iblic service, provide the following amounts						
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$						
	(ii) Assets included in Form 990, Part X								
2	If the organization received or held works of art, historical trea								
_	the following amounts required to be reported under SFAS 11	•	g, p-0-1-00						
а	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	<b>&gt;</b> \$						
	Assets included in Form 990, Part X								

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

Schedule D (Form 990) 2017

	( )	HARTER SC							5656		age <b>2</b>
Pai	rt III   Organizations Maintaining Co	ollections of A	rt, His	torical Tr	easures,	or Othe	r Similar <i>i</i>	Asse <sup>-</sup>	<b>ts</b> (contii	nued)	
3	Using the organization's acquisition, accession	n, and other record	ds, chec	k any of the	following that	at are a si	gnificant use	of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	d	. 🖳	Loan or exc	hange progr	ams					
b	Scholarly research	е	• 🗀	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	in how tl	ney further tl	he organizat	ion's exer	npt purpose	in Part	t XIII.		
5	During the year, did the organization solicit or	receive donations	of art, h	istorical trea	sures, or oth	ner similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Pai	rt IV Escrow and Custodial Arrang	<b>gements.</b> Comple	ete if the	organizatio	n answered	"Yes" on	Form 990, Pa	art IV, I	line 9, oı		
	reported an amount on Form 990, Part	X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for	contribution	s or other as	ssets not	included		_		
	on Form 990, Part X?							$\square$	Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amoun	t	
С	Beginning balance						. 1c				
d	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo							$\square$	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanation	on has been	provided on	Part XIII					
Pai	rt V Endowment Funds. Complete if	the organization ar	nswered	"Yes" on Fo	rm 990, Par	t IV, line 1	0.				
		(a) Current year	(b) F	rior year	(c) Two yea	rs back (	( <b>d)</b> Three years	back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end baland	ce (line 1	g, column (a	a)) held as:	•					
а	Board designated or quasi-endowment	•	%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	<del></del>									
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are there endowment funds not in the posses	ssion of the organiz	ation th	at are held a	nd administe	ered for th	ne organizatio	on			
	by:	_								Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat								3b		
4	Describe in Part XIII the intended uses of the										
Pai	rt VI Land, Buildings, and Equipme	ent.									
	Complete if the organization answered	"Yes" on Form 990	0, Part I	V, line 11a. S	See Form 990	0, Part X,	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulated		(d) Boo	k valu	<del></del>
		basis (investr			(other)		reciation		-		
1a	Land										
	Buildings										
С	Leasehold improvements			32,71	3,051.	2,3	342,647	. 3	0,37	0,4	04.
d	Equipment				5,841.		18,155			7,6	
	Other										

Schedule D (Form 990) 2017

31,188,090.

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

0 - l l- l - D /F -	orm 990) 2017 PUBLIC CHAR		KI ACADEMI	20	-8156566 Page
Schedule D (Fo	ivestments - Other Securities.	TEK SCHOOL		20	-0130300 Page
	omplete if the organization answered "Yes"	an Farm 000 Dort IV	line 11h Coe Form 000	Dort V line 10	
	of Security or category (including name of security)	(b) Book value			I-of-year market value
		(b) Book value	(c) Welliod of V	aluation. Cost of Cric	Tor year market value
(1) Financial de					
	d equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)	15 000 D 17 1 (D) 1 40 \				
	nust equal Form 990, Part X, col. (B) line 12.)				
	vestments - Program Related.				
	omplete if the organization answered "Yes"		, line 11c. See Form 990,	Part X, line 13.	I-of-year market value
	(a) Description of investment	(b) Book value	(c) Method of V	valuation: Cost or end	1-or-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	nust equal Form 990, Part X, col. (B) line 13.)				
	ther Assets.				
C	omplete if the organization answered "Yes"		, line 11d. See Form 990,	Part X, line 15.	
	(a)	Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col. (B) line	e 15.)		<b>&gt;</b>	
Part X O	ther Liabilities.				
Co	omplete if the organization answered "Yes"	on Form 990, Part IV	, line 11e or 11f. See Forr	m 990, Part X, line 25	
1.	(a) Description of liability		(b) Book value		
(1) Federa	l income taxes				
(2)					
(3)					
(4)					
(5)					

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. 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) 2017

(6) (7) (8)

PUBLIC CHARTER SCHOOL

20110	Judio D	101111000/2017 = = = = = = ========================			i ugo i
Pa	rt XI	Reconciliation of Revenue per Audited Financial Sta	tements With Rever	nue per Returi	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total r	evenue, gains, and other support per audited financial statements		1	19,521,917.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net un	realized gains (losses) on investments	2a		
b	Donate	ed services and use of facilities	2b		
С		eries of prior year grants			
d		(Describe in Part XIII.)			
е	Add lir	nes <b>2a</b> through <b>2d</b>		2e	0.
3	Subtra	ct line <b>2e</b> from line <b>1</b>		3	19,521,917.
4	Amour	nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add lir	nes <b>4a</b> and <b>4b</b>		4c	0.
5		evenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			19,521,917.
Pa	rt XII	Reconciliation of Expenses per Audited Financial Sta	atements With Expe	enses per Retu	ırn.
		Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total e	expenses and losses per audited financial statements		1	18,419,507.
2	Amour	nts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donate	ed services and use of facilities	2a		
b	Prior y	ear adjustments	2b		
С	Other	osses	2c		
d	Other	(Describe in Part XIII.)	2d		
е	Add lir	nes <b>2a</b> through <b>2d</b>		2e	0.
3	Subtra	ct line <b>2e</b> from line <b>1</b>		3	18,419,507.
4	Amour	nts included on Form 990, Part IX, line 25, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		_
С	Add lir	nes <b>4a</b> and <b>4b</b>		4c	0.
_	Total	exponence Add lines 2 and 4c. (This must equal Form 990, Part I, line 19	S )	5	I 18 <i>1</i> 19 507.

#### Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### PART X, LINE 2:

THE SCHOOL 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) 2017

Part XIII   Supplemental Information (continued)
TAX POSITIONS TAKEN ON RETURNS FILED FOR OPEN TAX YEARS (2014-2016),OR
EXPECTED TO BE TAKEN IN ITS 2017 TAX RETURN. THE SCHOOL IS NOT AWARE OF
ANY TAX POSITIONS FOR WHICH IT BELIEVES THAT THERE IS A REASONABLE
POSSIBILITY THAT THE TOTAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS WILL
CHANGE MATERIALLY IN THE NEXT TWELVE MONTHS.

#### **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.

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

OMB No. 1545-0047

Open to Public Inspection

ACHIEVEMENT PREPARATORY ACADEMY PUBLIC CHARTER SCHOOL

Employer identification number 20-8156566

FUBLIC CHARLER SCHOOL 20-	0130	500	
tl		1	
		YES	N
Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		l	
	1	X	
		l	
	2	X	L
If you need more space, use Part II	3	X	
SEE PART II			
Does the evacuization maintain the following?			
	42	х	
			$\vdash$
	10	† <u> </u>	$\vdash$
	40	x	
			H
			Ļ
			2
Educational policios?			
Educational policies?			
Use of facilities?	5f		7
Use of facilities? Athletic programs?	5f 5g		
Use of facilities? Athletic programs? Other extracurricular activities?	5f 5g		
Use of facilities? Athletic programs?	5f 5g		
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.	5f 5g 5h	X	
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?	5f 5g 5h	X	2
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?	5f 5g 5h	X	
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?	5f 5g 5h	X	
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?  Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 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. If you need more space, use Part II  SEE PART II  Does the organization maintain the following?  Records indicating the racial composition of the student body, faculty, and administrative staff?  Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  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?	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?  Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 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. If you need more space, use Part II  Does the organization maintain the following?  Records indicating the racial composition of the student body, faculty, and administrative staff?  4a  Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  4c  Copies of all material used by the organization or on its behalf to solicit contributions?  4d  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?  5a  Employment of faculty or administrative staff?  5c  Scholarships or other financial assistance?  5d	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?  Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 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. If you need more space, use Part II  Does the organization maintain the following?  Records indicating the racial composition of the student body, faculty, and administrative staff?  As X Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  4c X Copies of all material used by the organization or on its behalf to solicit contributions?  4d X 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?  5d Employment of faculty or administrative staff?  5c Scholarships or other financial assistance?  5d Employment of faculty or administrative staff?  5c Scholarships or other financial assistance?

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

Schedule E (Form 990 or 990-EZ) 2017

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 \$17,892,748
-FEDERAL FORMULA GRANTS - ENTITLEMENTS \$ 1,431,664
-OTHER GOVERNMENT GRANTS \$ 68,335
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.

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

Open to Public

Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Department of the Treasury

ACHIEVEMENT PREPARATORY ACADEMY PUBLIC CHARTER SCHOOL

**Employer identification number** 20-8156566

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

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

Schedule J (Form 990) 2017

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) SHANTELLE WRIGHT	(i)	205,608.	0.	0.	0.	3,670.	209,278.	0.
HEAD OF SCHOOL AND CEO	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
	(ii)							
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rt III   Supplemental Information vide the information, explanation, o	or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

# SCHEDULE O

Department of the Treasury

Internal Revenue Service

BEYOND.

(Form 990 or 990-EZ)

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. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

OMB No. 1545-0047

Name of the organization

ACHIEVEMENT PREPARATORY ACADEMY PUBLIC CHARTER SCHOOL

**Employer identification number** 20-8156566

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

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) (2017)

732211 09-07-17

Name of the organization ACHIEVEMENT PREPARATORY ACADEMY
PUBLIC CHARTER SCHOOL

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 BEFORE THE 990 IS FILED WITH THE IRS.

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

Schedule O (Form 990 or 990-EZ) (2017)

Employer identification number 20-8156566

PREPARATORY ACADEMY AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO
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 MONTH IN WHICH THE
PROCESS FOR DETERMINING COMPENSATION FOR THE TOP OFFICIALS WAS DONE 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.