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#### J M & M 1730 RHODE ISLAND AVENUE, NW SUITE 800 WASHINGTON, DC 20036

MARCH 14, 2024

PAUL PUBLIC CHARTER SCHOOL, INC. 5800 8TH STREET NW WASHINGTON, DC 20011

PAUL PUBLIC CHARTER SCHOOL, INC.:

ENCLOSED IS THE ORGANIZATION'S 2022 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

J M & M

#### J M & M 1730 RHODE ISLAND AVENUE, NW SUITE 800 WASHINGTON, DC 20036

MARCH 14, 2024

PAUL PUBLIC CHARTER SCHOOL, INC. 5800 8TH STREET NW WASHINGTON, DC 20011

PAUL PUBLIC CHARTER SCHOOL, INC.:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2022 EXEMPT ORGANIZATION RETURN, AS FOLLOWS...

2022 FORM 990

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

SINCERELY,

J M & M

# **Filing Instructions** Prepared by: Prepared for: PAUL PUBLIC CHARTER SCHOOL, INC. JM&M 5800 8TH STREET NW 1730 RHODE ISLAND AVE, N.W., SUITE 8 WASHINGTON, DC 20011 WASHINGTON, DC 20036 2022 FORM 990 **ELECTRONIC FILING:** THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

#### THIS IS NOT A FILEABLE COPY \*\*\*\*\*

#### IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning  $\ JUL\ 1$  , 2022, and ending  $\ JUN\ 30$  , 20  $\ 23$ 

2022

Form **8879-TE** (2022)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Form 8879-TF

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN Name of filer PAUL PUBLIC CHARTER SCHOOL, INC. \*\*-\*\*\*9528 TRACY LEEANNE WRIGHT Name and title of officer or person subject to tax CEO Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b** Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_\_\_ **1b**2 3, 201, 605. Form 990 check here ...... 1a 2a Form 990-EZ check here **b Total revenue,** if any (Form 990-EZ, line 9) 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b Form 990-PF check here 4a Form 8868 check here ..... b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here Form 4720 check here ..... 7a Form 5227 check here ..... 8a **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here ..... b Tax due (Form 5330, Part II, line 19) 9b 9a Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that 💹 I am an officer of the above entity or 📖 I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information processary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 20011 X lauthorize JM&M to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. \*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*\* **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 54807620036 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature Date **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

202521 12-16-22

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

#### EXTENDED TO MAY 15, 2024

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	2022 calendar year, or tax year beginning $$	<u>J</u> UN 3	0, 2023			
В	Check if applicable	C Name of organization	D Emp	oloyer identifi	cation number		
Г	Addres	PAUL PUBLIC CHARTER SCHOOL, INC.					
	Name change		*	*-***95	28		
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address)  800 8TH STREET NW		E Telephone number 202-291-7499			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross	s receipts \$	23,201,605.		
	Ameno	WASHINGTON, DC 20011	<b>H(a)</b> Is	this a group re			
	Application	F Name and address of principal officer: TRACY LEEANNE WRIGHT	fo	r subordinates	? Yes X No		
	pendin	SAME AS C ABOVE	<b>H(b)</b> Are	e all subordinates ir	ncluded? Yes No		
<u> 1</u>	Tax-exe		527 If	"No," attach a	list. See instructions		
	Websit			roup exemption			
			ear of formati	ion: 2000 N	1 State of legal domicile: DC		
P		Summary		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	ma 1110		
ė	1	Briefly describe the organization's mission or most significant activities: TO EDUCA	TE OUR	STUDEN	TS AND		
aŭ		DEVELOP IN THEM THE CAPACITY TO BE RESPONSIB					
Activities & Governance	1	Check this box if the organization discontinued its operations or disposed of n		1 1	ssets. 13		
ဇ္ဗ		Number of voting members of the governing body (Part VI, line 1a)			13		
∞		Number of independent voting members of the governing body (Part VI, line 1b)			238		
ţį		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			13		
Ξ̈́		Total number of volunteers (estimate if necessary)			0.		
Ą		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	"	Net unrelated business taxable income from Form 990-T, Part I, line 11		r Year	Current Year		
_	8	Contributions and grants (Part VIII, line 1h)		36,652.	3,552,716.		
une		Program service revenue (Part VIII, line 2g)	19.3	27,935.	19,627,135.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		477.	21,754.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,8	65,064.	23,201,605.		
		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.		
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,0	95,586.	15,700,159.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ę	b.	Total fundraising expenses (Part IX, column (D), line 25) 130,394.					
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,2	43,872.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		39,458.	22,656,667.		
	19	Revenue less expenses. Subtract line 18 from line 12		25,606.	544,938.		
Net Assets or				f Current Year	End of Year		
Set	20	Total assets (Part X, line 16)		39,958.	33,847,042.		
TAS P	21	Total liabilities (Part X, line 26)		45,731.	18,935,769.		
Ž	22	Net assets or fund balances. Subtract line 21 from line 20	14,0	94,227.	14,911,273.		
_	art II	Signature Block					
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta			y knowledge and belief, it is		
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer nas any k	knowledge.			
٠.		Signature of officer		Date			
Sig		TRACY LEEANNE WRIGHT, CEO		Dato			
He	re	Type or print name and title					
		1	Date	Check	PTIN		
Pai	<sub>d</sub>	Print/Type preparer's name Preparer's signature  TINA PEACHER	- 4.5	if			
		Firm's name JM&M		self-employe	*-***3933		
	Only	Firm's address 1730 RHODE ISLAND AVE, N.W., SUITE	800	THIII S LIN			
	,	WASHINGTON, DC 20036		Phone no 20	2-296-3306		
Ma	v the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		
	,						

Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  THE COAL OF THE COULDE TO PROVIDE THE INTELLECTION CHALLENGING
	THE GOAL OF THE SCHOOL IS TO PROVIDE THE INTELLECTUALLY CHALLENGING
	EXPERIENCES REQUIRED TO DEVELOP INDEPENDENT, PRODUCTIVE, AND RESPONSIBLE INDIVIDUALS, WHO WILL LEARN TO LOVE LEARNING, WILL BE
_	TAUGHT TO THINK CRITICALLY, AND WHO WILL DEMONSTRATE THAT THEY
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
•	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
3	
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 19,759,248 • including grants of \$ ) (Revenue \$ 19,627,135 • )
44	(Code:) (Expenses \$ 19,759,246. including grants of \$) (Revenue \$ 19,627,135. THE SCHOOL IS DESIGNED TO SERVE CHILDREN AS INTEGRAL MEMBERS OF THE
	COMMUNITY; HENCE, THE SCHOOL IS DESIGNED TO BE FAR MORE THAN A
	TRADITIONAL SERVICE PROVIDER. THE GOAL OF THE SCHOOL IS TO PROVIDE
	INTELLECTUALLY CHALLENGING EXPERIENCES REQUIRED TO DEVELOP INDEPENDENT,
	PRODUCTIVE, AND RESPONSIBLE INDIVIDUALS, WHO WILL LEARN TO LOVE
	LEARNING, WILL BE TAUGHT TO THINK CRITICALLY, AND WHO WILL DEMONSTRATE
	THAT THEY UNDERSTAND THE IMPORTANCE OF TAKING ACTIVE ROLES IN COMMUNITY
	LIFE. THE SCHOOL SERVED 705 STUDENTS IN GRADES 6 THROUGH 12 DURING THE
	6/30/23 SCHOOL YEAR.
4b	(Code:) (Expenses \$
	·
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
-10	(Code) (Lixberines #
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 19,759,248.
<u>4e</u>	Total program service expenses 19,759,248.  Form <b>990</b> (2022
	Form <b>990</b> (2022

#### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			ا ۔۔
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,,
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			\ <sub>3,7</sub>
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			<b>.</b>
_	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,	_		<b>.</b>
_	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			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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	па	21	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
-	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	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			ا ۔۔
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			17
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_ v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		$\Gamma \nabla$

Checklist of Required Schedules (continued)

	Checking of Required Contained			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a	Х	77
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		x
a	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		- 25
<b>2</b> 54	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			X
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			X
22	Schedule N, Part II	32		Α.
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<sub>v</sub>
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O	_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	_		
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 238			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	<b>2</b> b	Х	
За	Did the organization have unrelated business gross income 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 on Schedule 0	o	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	rices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			
	to file Form 8282?		7с		X
d		7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a	Did the sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9a 9b		
10	Section 501(c)(7) organizations. Enter:		ЭD		
а		10a			
		10b			
11	Section 501(c)(12) organizations. Enter:	100			
	, .	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	1.14			
-		11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С		13c			
14a			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13								
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X					
6	Did the organization have members or stockholders?	6		X					
7a									
	more members of the governing body?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		X					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c	Х						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a		X					
b	Other officers or key employees of the organization	15b		X					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filedNONE								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	) availa	able					
	for public inspection. Indicate how you made these available. Check all that apply.								
	Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	TRACY LEEANNE WRIGHT - 202-291-7499  5800 8TH STREET NW, WASHINGTON, DC 20011								
	JOUG GITT DIVIDIT INM, MADITINGTON, DC ZUULL								

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## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	l		((	C)		iout	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	more	than	one	Reportable	Reportable	Estimated
	hours per week	offic				is bot or/trus		compensation from	compensation from related	amount of other
	(list any	or director						the	organizations	compensation
	hours for related	e or d	stee			ısated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	l truste	nal tru:		oyee	ompe		1099-NEC)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and related
	below line)	In dividual trustee	Institutional trustee	Offlice r	Key employee	Highest compensated employee	Former			organizations
(1) TRACY LEEANNE WRIGHT	40.00	드	드	Ð	ऊ	王品	윤			
CHIEF EXECUTIVE OFFICER		1		X				246,796.	0.	15,985.
(2) CHARLOTTE SPANN	40.00				7			7		
EXE. DIRECTOR OF SCHOOLS						X		170,380.	0.	11,648.
(3) ROSEMARIE RAGIN	40.00									
DIRECTOR OF STUDENT SERVICES			L.			X		168,947.	0.	4,957.
(4) WILLIAM HENDERSON	40.00		M			ľ				
EXECUTIVE DIR. OF OPERATIONS	10.00			Х				158,594.	0.	11,313.
(5) PAMELA LATRICA MERKERSON	40.00					37		140 002	0	12 202
DIRECTOR OF TALENT MANAGEMENT	40.00					Х		149,003.	0.	13,203.
(6) SHENDRINA ELIZABETH WALKER	40.00					Х		126 620	0.	2 000
MIDDLE SCHOOL PRINCIPAL (7) BRAD IRVIN	40.00		_			^		136,620.	0.	3,888.
(7) BRAD IRVIN DIR. OF HS ACADEMICS UNTIL 4/2023	40.00	1				Х		116,104.	0.	12,783.
(8) ERIN ALBRIGHT	4.00					^		110,104.	· ·	12,703.
CHAIR	4.00	x		x				0.	0.	0.
(9) KEMBA HENDRIX	4.00							· ·	<u> </u>	<u></u>
TRUSTEE	<u> </u>	x		х				0.	0.	0.
(10) CHRISTINA JONES, J.D.	2.00							•	•	•
TRUSTEE		х		х				0.	0.	0.
(11) SCHUYLER MALACHI	2.00									
PARENT TRUSTEE		Х		Х				0.	0.	0.
(12) ROXANA MONDRAGON-MOTTA	2.00									
TRUSTEE		Х		Х				0.	0.	0.
(13) JEFFERY NELLHAUS	2.00									
TRUSTEE		Х		Х				0.	0.	0.
(14) TERRY SALLAY	4.00								_	
TRUSTEE TRUSTEE		Х						0.	0.	0.
(15) PAMELA TAYLOR	2.00	l								
TRUSTEE	0.00	Х						0.	0.	0.
(16) STERLING WARD	2.00	Ψ,						_	_	_
TRUSTEE (17.) GUANGERA MILITARIA	2 00	Х	_				_	0.	0.	0.
(17) SHAMERA WILKINS	2.00	X						0.	0.	0.
TRUSTEE		Λ						U •	0.	- 000

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Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A)	(B)			((	C)			(D)	(E)			(F)	
Name and title	Average	(do	not o	Pos	ition	) than	ono	Reportable	Reportable	.	Es	timate	ed :
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	n	am	ount (	of
	week	_	cer an	na a a	irecto	or/trus	itee)	from	from related			other	
	(list any hours for	irecto						the	organization			pensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MIS 1099-NEC)			om the anizati	
	organizations	truste	al trus		ee/	mpen		1099-NEC)	10001120)		_	d relate	
	below	Individual trustee or director	Institutional trustee	-	Key employee	est co oyee	-e	,				nizatio	
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former						
(18) LATONIA WINSTON	2.00												
PARENT TRUSTEE		Х						0.		0.			0.
(19) BRITTANY WOOD	2.00												_
TRUSTEE		Х						0.		0.			0.
(20) JENNIFER UBIERA	2.00									ا ہ			^
TRUSTEE		Х						0.		0.			0.
					4								
		<u> </u>				L/		1 1 1 1 6 1 1 1			7	ידי כ	77
1b Subtotal				····		•						<i>3,1</i>	<del>//•</del>
			- 4								7	3 7	<del>77.</del>
									L 000 of reportab	-		<del>.</del> , .	
•	iot illimited to th				,	o,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				15
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, l	кеу е	emp	loye	e, o	r hig	hest compensated emp	oloyee on				
										[	3		X
										Γ			
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual		[	4	Х	
• •	=				-								
	plete Schedul	e J f	or su	uch	pers	son .					5		_X_
									<b>*</b>				
										npensa	ation f	rom	
	tne calendar y	ear (	endi	ng v	vith	or w	ritnir I		year. I				
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services											า		

(A) Name and business address	(B) Description of services	(C) Compensation
BRADCORP SERVICES, INC, 7150 CHESAPEAKE		
ROAD, STE 103, LANDOVER HILLS, MD 20784	JANITORIAL SERVICES	253,381.
EDOPS, 1611 CONNECTICUT AVE NW SUITE 200,	FINANCE AND DATA	
WASHINGTON, DC 20009	SERVICES	244,620.
DC PUBLIC CHARTER SCHOOL BOARD, 3333 14TH		
STREET, NW SUITE 210, WASHINGTON, DC 20010	CHARTER AUTHORIZER	179,105.
SWING EDUCATION INC. P2INVESTORS, INC.,		
548 MARKET ST STE 88403, SAN FRANCISCO ,	SUBSITUTE TEACHERS	130,373.
INTEGRITY SPEECH THERAPY		
5457 TWIN KNOLLS RD, COLUMBIA, MD 21045	THERAPY SERVICE	103,400.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization 5		

Pa			Statement of Revenue		oncon, inc	•		JZO Tage O
				or noto to any lin	o in this Dart VIII			
			Check if Schedule O contains a response	or note to any iii	(A) Total revenue	Related or exempt	(C) Unrelated business revenue	Revenue excluded
ts	1	a	Federated campaigns 1a					
iran			Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c					
Sift.			Related organizations 1d					
ons, G			Government grants (contributions) 1e	3,530,881.				
tion		f	All other contributions, gifts, grants, and					
ibu			similar amounts not included above 1f	21,835.				
do		g	Noncash contributions included in lines 1a-1f 1g \$	65,612.				
a C		h	Total. Add lines 1a-1f		3,552,716.			
				Business Code				
e S	2		PER PUPIL APPROPRIATIONS	900099	16,996,632.	16996632.		
Program Service Revenue		b	PER PUPIL FACILITY ALLOWANCE	900099	2,438,022.	2,438,022.		
n Si		С	FOOD SERVICE	900099	113,359.	113,359.		
ran ?ev		d	STUDENT REVENUE	900099	79,122.	79,122.		
rog		е						
۵			All other program service revenue					
		g	Total. Add lines 2a-2f		19,627,135.			
	3		Investment income (including dividends, intere	st, and		~		
			other similar amounts)	1	21,754.			21,754.
	4 Income from investment of tax-exempt bond pro							
	5	5 Royalties (i) Real						
	_			(ii) Personal				
			Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)  Gross amount from sales of (i) Securities	(ii) Other				
	1	а		(ii) Other				
			assets other than inventory  7a					
o l		D	Less: cost or other basis					
Revenue		_	and sales expenses 7b  Gain or (loss) 7c					
le ve			. ,					
			Net gain or (loss)  Gross income from fundraising events (not					
Other	8	а						
Ŭ			including \$ of contributions reported on line 1c). See					
			Part IV, line 188a					
		h	Less: direct expenses 8b					
			Gross income from gaming activities. See					
	•	_	Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
			Gross sales of inventory, less returns					
			and allowances 10a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory					
s				Business Code				
Miscellaneous Revenue	11	а						
ane		b						
e e		С						
Si <sub>E</sub>		d	All other revenue					
			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		23,201,605.	19627135.	0.	21,754.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	•	ner organizations must co this Part IX	, , ,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	401,431.	353,816.	45,098.	2,517
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	12,766,066.	11,251,864.	1,434,165.	80,037
8	Pension plan accruals and contributions (include	400 -0-		40.000	
	section 401(k) and 403(b) employer contributions)	436,525.		49,039.	2,736 6,810
9	Other employee benefits	1,086,067.		122,012.	6,810
10	Payroll taxes	1,010,070.	890,264.	113,473.	6,333
11	Fees for services (nonemployees):				
а	Management				
b	Legal	53,637.		53,637.	
С	Accounting	264,088.		264,088.	
d	Lobbying		<b>V</b>		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	587,551.	375,951.	207,047.	4,553
12	Advertising and promotion				
13	Office expenses	216,551.	190,867.	24,326.	1,358
14	Information technology				
15	Royalties				
16	Occupancy	994,810.	876,815.	111,758.	6,237
17	Travel	2,611.	2,301.	293.	17
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\dots$				
19	Conferences, conventions, and meetings	264,618.	233,231.	29,728.	1,659
20	Interest	695,147.	612,695.	78,094.	4,358
21	Payments to affiliates	4 6 6 6 - 5 :			
22	Depreciation, depletion, and amortization	1,869,764.	1,647,989.	210,052.	11,723
23	Insurance	120,956.	104,853.	14,584.	1,519
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	DIRECT STUDENT COSTS	1,727,188.	1,727,188.		
b	PROFESSIONAL DEVELOMENT	159,587.	149,419.	9,631.	537
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	22,656,667.	19,759,248.	2,767,025.	130,394
26	<b>Joint costs.</b> Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

#### Part X | Balance Sheet

<u>ra</u> r	πx	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			7,619,461.	1	9,221,346
	2	Savings and temporary cash investments	566,795.	2	587,005		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			1,833,308.	4	2,154,938
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	tantial	contributor, or 35%			
		controlled entity or family member of any of the	se pers	ons		5	
	6	Loans and other receivables from other disqual	ified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describe	d in se	ction 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assers	8	Inventories for sale or use				8	
<	9				160,659.	9	216,749
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	31,446,857.			
	b	Less: accumulated depreciation	10b	14,627,269.	18,306,219.	10c	16,819,588
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			2,998,294.	12	3,270,402
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		0.55	14	4 555 04	
	15	Other assets. See Part IV, line 11	855,222.	15	1,577,014		
	16	Total assets. Add lines 1 through 15 (must equ			32,339,958.	16	33,847,042
	17	Accounts payable and accrued expenses			1,363,989.	17	1,747,620
	18	Grants payable				18	
	19	Deferred revenue			16 040 664	19	16 470 201
	20	Tax-exempt bond liabilities			16,848,664.	20	16,478,201
	21	Escrow or custodial account liability. Complete				21	
2	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the				22	
	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	S 17-24	). Complete Part X	33,078.	25	709,948
	00	of Schedule D			18,245,731.	26	18,935,769
	26	Total liabilities. Add lines 17 through 25  Organizations that follow FASB ASC 958, ch			10,243,731.	26	10,555,70.
8		and complete lines 27, 28, 32, and 33.	eck nei	e <u>11</u>			
<u> </u>	27	Net assets without donor restrictions			14,094,227.	27	14,911,273
מונ	28	Net assets with donor restrictions			11/031/22/0	28	11/511/2/
3	20	Organizations that do not follow FASB ASC 9				20	
ב ב		and complete lines 29 through 33.	, cii	eck fiele			
5	29	Capital stock or trust principal, or current funds	:			29	
ן ני	30	Paid-in or capital surplus, or land, building, or e				30	
ASS	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			14,094,227.	32	14,911,273
ے ا	33	Total liabilities and net assets/fund balances			32,339,958.	33	33,847,042

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	23,20	1,6	05.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,65		
3	Revenue less expenses. Subtract line 2 from line 1	3	54	4,9	38.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,09		
5	Net unrealized gains (losses) on investments	5		$\frac{7}{2,1}$	
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	14,91	1,2	73.
Pa	rt XII Financial Statements and Reporting	I		-	
	Check if Schedule O contains a response or note to any line in this Part XII				X
	· · · · · · · · · · · · · · · · · · ·			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			X	<u> </u>
			Form	990	(2022)

#### **SCHEDULE A**

(Form 990)

Total

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.

Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

\*\*-\*\*\*9528 PAUL PUBLIC CHARTER SCHOOL, Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. 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 ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Calendar year (or fiscal year beginning in)  1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to	al
membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities	
include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities	
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities	
ization's benefit and either paid to or expended on its behalf  The value of services or facilities	
or expended on its behalf	
3 The value of services or facilities	
furnished by a governmental unit to	
the organization without charge	
4 Total. Add lines 1 through 3	
5 The portion of total contributions	
by each person (other than a	
governmental unit or publicly	
supported organization) included	
on line 1 that exceeds 2% of the	
amount shown on line 11,	
column (f)	
6 Public support. Subtract line 5 from line 4.	
Section B. Total Support	
Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) To	 :al
7 Amounts from line 4	
8 Gross income from interest,	
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources	
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income. Do not include gain	
or loss from the sale of capital	
assets (Explain in Part VI.)	
11 Total support. Add lines 7 through 10	
12 Gross receipts from related activities, etc. (see instructions) 12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and <b>stop here</b>	<u> L</u>
Section C. Computation of Public Support Percentage	
14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	
stop here. The organization qualifies as a publicly supported organization	Ш
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
and stop here. The organization qualifies as a publicly supported organization	Ш
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	[]
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	-
Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

#### 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	etion A. Public Support	elow, please com	piete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and				, ,	, , , , , , , , , , , , , , , , , , ,	,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
•	organization's tax-exempt purpose				<u> </u>		
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						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	etion B. Total Support					-	
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6				, ,	ì	` ,
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
r	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_							
	Add lines 10a and 10b						
••	activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third	, fourth, or fifth tax	year as a section	n 501(c)(3) organizat	tion,
	check this box and stop here						<u></u>
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), o	divided by line 13	, column (f))		15	9
16	Public support percentage from 2021	Schedule A, Part	: III, line 15			16	9
Sec	ction D. Computation of Inves	stment Incom	e Percentage	)			
17	Investment income percentage for 20	<b>122</b> (line 10c, colur	mn (f), divided by	line 13, column (f))		17	9
	Investment income percentage from 2					18	9
	33 1/3% support tests - 2022. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box as						
h	33 1/3% support tests - 2021. If the						and
~	line 18 is not more than 33 1/3%, che	· ·			•	•	
20	Private foundation. If the organization						
	i i i ato i oui i dationi il dio digalizalio	TI AIG HOL GHOOK A	DON OH HID IT. IT	Ja. OI IJD. UIIDUN L	DON ALIG 355 I		

232023 12-09-22

#### Part IV | Supporting Organizations

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

#### **Section A. All Supporting Organizations**

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

	Yes	No
1		
2		
3a		
01		
3b		
3с		
_		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
ad		
9b		
9c		
90		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	B. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		rively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part \	In how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sect		C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		upported organization(s).	1		
Sect		D. All Type III Supporting Organizations	<u> </u>		
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	-	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	icant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1	Check	k the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	)-		
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activit	ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	e supported organizations and explain how these activities directly furthered their exempt purposes,			
	how to	he organization was responsive to those supported organizations, and how the organization determined			
	that th	hese activities constituted substantially all of its activities.	2a		
b		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
3		at of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		bes of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b | 232025 12-09-22 | Schedule A (Form 990) 2022

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

Schedule A (Form 990) 2022

Sche		HARTER SCHOOL,		* 7	*-***9528 Page <b>7</b>
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ued)	
Sect	ion D - Distributions				Current Year
_1_	1				
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
_3_	Administrative expenses paid to accomplish exempt purpos	es of supported organization	s	3	
_4	Amounts paid to acquire exempt-use assets			4	
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
_ 7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	9		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	ns	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	<b>Total</b> of lines 3a through 3e				
g	Applied to underdistributions of prior years			-	
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				

Schedule A (Form 990) 2022

8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **Schedule of Contributors**

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

OMB No. 1545-0047

Employer identification number

2022

\*\*-\*\*\*9528 PAUL PUBLIC CHARTER SCHOOL, INC. Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 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 property) from any 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), 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;

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 **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\_\_\$

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

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on 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 certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

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

"N/A" in column (b) instead of the contributor name and address), II, and III.

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

#### PAUL PUBLIC CHARTER SCHOOL, INC.

\*\*-\*\*\*9528

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	REBA A. WILL CHARITABLE TRUST  7501 WISCONSIN AVE. STE. 600E  BETHESDA, MD 20814	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FLAMBOYAN FOUNDATION  1730 MASSACHUSETTS AVE NW  WASHINGTON, DC 20036	s8,134.	Person X Payroll
(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 Employer identification number

#### PAUL PUBLIC CHARTER SCHOOL, INC.

\*\*-\*\*\*9528

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

Name of organization **Employer identification number** \*\*-\*\*\*9528 PAUL PUBLIC CHARTER SCHOOL, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

PAUL PUBLIC CHARTER SCHOOL, INC.

**Employer identification number** \*\*-\*\*\*9528

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		milar Funds or A	ccounts. Complete if the
	organization answered Tes Officialities, in	(a) Donor advised	funds (I	) 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		l in donor advised fun	ds
	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any	other purpose confer	ring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes"	on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a histo	rically important land area
	Protection of natural habitat		Preservation of a certif	ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribut	ion in the form of a co	
	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
	Number of conservation easements on a certified historic str			2c
d	Number of conservation easements included in (c) acquired			
_	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or te	rminated by the organ	ization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe			Yes No
6	violations, and enforcement of the conservation easements i Staff and volunteer hours devoted to monitoring, inspecting,		onforcing concernation	
6	Starr and volunteer riodis devoted to morntoning, inspecting,	Tialiding of violations, and	emorcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enfo	rcing conservation ea	sements during the year
-	,g,g,g,	amig or moranome, ama omi	roing containent ca	comonic daming and year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements	of section 170(h)(4)(B	)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footi	note to the organization's f	nancial statements th	at describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections o	•	sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its rever	ue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, o	or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	e exhibition, education, or r	esearch in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre			provide
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			\$

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Schedule D (Form 990) 2022

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

Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tr	easures, d	or Other	Similar As	sets(cont	inued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check	any of the	following tha	t make sig	nificant use o	f its		
	collection items (check all that apply):									
а	Public exhibition	d	L	oan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how th	ey further t	he organizati	on's exem	pt purpose in	Part XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, his	storical trea	sures, or oth	er similar a	ssets			
	to be sold to raise funds rather than to be ma	aintained as part of th	ne orgar	nization's co	ollection?			Yes		☐ No
Par	t IV Escrow and Custodial Arran	gements. Complet	te if the	organizatio	n answered '	'Yes" on F	orm 990, Part	IV, line 9,	or	
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for o	contribution	ns or other as	sets not in	cluded			_
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
								Amou	nt	
С	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fo						/?	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanatio	n has been	provided on	Part XIII .			$\square$	
Par	t V Endowment Funds. Complete it	the organization ans	wered '	'Yes" on Fo	orm 990, Part	IV, line 10	-			
		(a) Current year	<b>(b)</b> Pi	ior year	(c) Two year	s back (d	) Three years b	ack (e) Fo	ur years	back
1a	Beginning of year balance		4							
	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships			7.7						
	Other expenditures for facilities			V /						
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balance	(line 1	g, column (a	a)) held as:	•		•		
а	Board designated or quasi-endowment		%	,						
b	Permanent endowment	%	_							
С	Term endowment	<del>//</del> 6								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse		tion tha	t are held a	ınd administe	red for the	<b>;</b>			
	organization by:	Č							Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations								)	
b	If "Yes" on line 3a(ii), are the related organiza									
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990,	Part IV	, line 11a. S	See Form 990	), Part X, lir	ne 10.			
	Description of property	(a) Cost or ot	her	(b) Cost	or other	(c) Acc	umulated	( <b>d</b> ) Bo	ok valu	ie
	,	basis (investm	ent)		(other)		eciation	, ,		
	Land									
	Buildings									
	Leasehold improvements			26,16	8,275.	9,98	39,580.	16,17	78,6	95.
	Equipment				4,924.		93,867.			57.
	Other				3,658.		43,822.		9,8	
	. Add lines 1a through 1e. (Column (d) must e		(. colum			-		16,81		

Schedule D (Form 990) 2022

Part VII	Investments -	Other	Securities.

Tart viii iiivootiiitoitto Ottici Ocodiitaco.	5 000 B 1 B 1 B	141 O E 000 D 1 V II 10
Complete if the organization answered "Yes"		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) MULTI-STRATEGY EQUITY		
(B) FUNDS	1,845,226.	END-OF-YEAR MARKET VALUE
(C) MULTI-STRATEGY BONDS		
(D) FUNDS	1,155,430.	END-OF-YEAR MARKET VALUE
(E) INTERMEDIATE TERM FUNDS	269,746.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,270,402.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

Part IX Other Assets.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Fo	orm 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE OBLIGATION	709,948.
(3)	
(4)	
(5)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	709,948.

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2022

_		- הווגרו	DIIDI TO OUN	DWED COLOOT	TNC		**	***9528 Page 4
	edule D (Form 990) 2022 rt XI Reconciliat			RTER SCHOOL inancial Statem		Revenue ner B		. 490
Га			-	n 990, Part IV, line 12a		nevenue per n	Cluii	
1	Total revenue, gains,	-					1	23,473,713
2	Amounts included on						•	20,170,720
	Net unrealized gains (				2a	272,108.		
b					•	,		
d								
е	Add lines 2a through						2e	272,108
3	Subtract line 2e from						3	23,201,605
4	Amounts included on							
а	Investment expenses	not included on Fo	rm 990, Part VIII, line	e 7b	. 4a			
b	Other (Describe in Par	t XIII.)			4b			
	Add lines 4a and 4b						4c	0
	Total revenue. Add lin						5	23,201,605
Pa	rt XII Reconciliat	_	-			ı Expenses per	Retu	ırn.
				990, Part IV, line 12a				00 656 665
1	Total expenses and lo						1	22,656,667
2	Amounts included on		· ·		47.1			
a							-	
b	, ,							
C								
d	`							n
е 3	Add lines 2a through 2						2e 3	22,656,667
4	Subtract line <b>2e</b> from Amounts included on						3	22,030,007
-	Investment expenses	· · ·	•		4a			
	Other (Describe in Par							
	Add lines <b>4a</b> and <b>4b</b>						4c	0
	Total expenses. Add I						5	22,656,667
	rt XIII Supplemen			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	ide the descriptions rec		_	III, lines 1a and 4; Par	t IV, lines 1b	and 2b; Part V, line	4; Part	X, line 2; Part XI,
ines	2d and 4b; and Part XI	I, lines 2d and 4b. A	Also complete this pa	art to provide any add	ditional inforn	nation.		
PAI	RT X, LINE 2	<u>:</u>						
	e ganoot bet	TELLEO BUSI	n rm 1120 21		GIIDDAD	m	m 3 37	DOGTETONG
LHI	E SCHOOL BEL	TEVES THA	I IT HAS A	PPROPRIATE	SUPPOR	T FOR ANY	TAX	POSITIONS
ΓAI	KEN, AND AS	SUCH, DOES	S NOT HAVE	ANY UNCERT	'AIN TA	X POSITION	S T	HAT ARE
ΜAΓ	TERIAL TO TH	E FINANCT	AI, STATEMEI	NTS OR THAT	ת.זוזOW י	HAVE AN F		CT ON TTS
ΓAΣ	X-EXEMPT STA	TUS. THERI	E ARE NO UI	NRECOGNIZED	TAX B	ENEFITS OR	LI.	ABILITIES
гна	AT NEED TO B	E RECORDEI	D.					

Schedule D (Form 990) 2022

#### **SCHEDULE E**

(Form 990)

Part I

Department of the Treasury Internal Revenue Service

#### **Schools**

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

Attach to Form 990 or Form 990-EZ.

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

INC.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

PAUL PUBLIC CHARTER SCHOOL,

Employer identification number \*\*-\*\*9528

YES NO 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, Х bylaws, other governing instrument, or in a resolution of its governing body? 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, Х catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general Х community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II 3 THE SCHOOL INCLUDES A STATEMENT OF ITS RACIALLY NONDISCRIMINATORY POLICY AS TO STUDENTS IN ITS BROCHURES AND CATALOGS DEALING WITH STUDENT ADMISSIONS AND PROGRAMS. Does the organization maintain the following? X Records indicating the racial composition of the student body, faculty, and administrative staff? 4a X b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .... c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Х X d 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: X a Students' rights or privileges? X b Admissions policies? X c Employment of faculty or administrative staff? X d Scholarships or other financial assistance? 5d X e Educational policies?

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

If you answered "Yes" on either line 6a or line 6b, explain on Part II.

racial nondiscrimination? If "No," explain on Part II

f Use of facilities?

If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering

g Athletic programs?

h Other extracurricular activities?

6a Does the organization receive any financial aid or assistance from a governmental agency?b Has the organization's right to such aid ever been revoked or suspended?

Schedule E (Form 990) 2022

Х

5f

X

X

X

X

X

#### 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.

**2022** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number \*\*-\*\*9528

	PAUL PUBLIC CHARTER SCHOOL, INC.	**-***952	8	
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 persor	ial use		
	Travel for companions Payments for business use of personal res			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeu	r, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization	on to		
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation co	ommittee		
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		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?			Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n		
	contingent on the revenues of:			
а	The organization?	<u>5a</u>		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	n		
	contingent on the net earnings of:			l
а	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III			X
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			

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

Schedule J (Form 990) 2022

Regulations section 53.4958-6(c)?

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	J-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TRACY LEEANNE WRIGHT	(i)	246,796.	0.	0.	6,995.	8,990.	262,781.	0.
CHIEF EXECUTIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHARLOTTE SPANN	(i)	170,380.	0.	0.	5,004.	6,644.	182,028.	0.
EXE. DIRECTOR OF SCHOOLS	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ROSEMARIE RAGIN	(i)	168,947.	0.	0.	4,957.	0.	173,904.	0.
DIRECTOR OF STUDENT SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) WILLIAM HENDERSON	(i)	158,594.	0.	0.	4,669.	6,644.	169,907.	0.
EXECUTIVE DIR. OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PAMELA LATRICA MERKERSON	(i)	149,003.	0.	0.	4,506.	8,697.	162,206.	0.
DIRECTOR OF TALENT MANAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

#### SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2022 Open to Public Inspection

Name o	f the organization PAUL PUBLIC									identi ***9		n num	nber
Part I	Bond Issues SE	E PART VI		N (F) CONT	INUATION					,			
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Descript	ion of purpose	(g) De	efeased	( <b>h)</b> On			
										of is	_	finan	<del>~~</del>
						DEETMAN	NE OE	Yes	No	Yes	No	Yes	No
- DO	GEDIEG 2017		NONE	06/01/17	1000000	REFINANO EXISTINO			37		\ <sub>3,7</sub>		37
A DC	SERIES 2017		NONE	06/01/17	1990000	) EXISTING	BANK OF	-	X		Х		X
ь.													
<u>B</u>			+										-
•													
<u> </u>				1				1	+	1			$\vdash$
D													
Part II	Proceeds		1										
				A		В	С				D		
<b>1</b> A	mount of bonds retired												
	mount of bonds legally defeased												
<b>3</b> To	otal proceeds of issue			18,219									
	ross proceeds in reserve funds			313	,692.								
<b>5</b> C	apitalized interest from proceeds												
<b>6</b> P	roceeds in refunding escrows												
<b>7</b> Is	suance costs from proceeds			382	,175.								
<b>8</b> C	redit enhancement from proceeds												
<b>9</b> W	orking capital expenditures from proceeds												
<b>10</b> C	apital expenditures from proceeds												
	ther spent proceeds												
	ther unspent proceeds												
13 Y	ear of substantial completion						ļ				-		
				Yes	No Ye	es No	Yes	No		Yes		No	
	/ere the bonds issued as part of a refunding i	-			v								
	issued prior to 2018, a current refunding issu				X		<del>                                     </del>		_				
	/ere the bonds issued as part of a refunding i		•	x									
	sued prior to 2018, an advance refunding iss			****	X		<del>                                     </del>						
	as the final allocation of proceeds been made				^				_		-		
	oes the organization maintain adequate book		• •		x								
tir	nal allocation of proceeds?				Λ								

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Schedule K (Form 990) 2022

Par	t III Private Business Use								
			4	I	В	(	С	Γ	D
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		Х						
2	Are there any lease arrangements that may result in private business use of					]			
	bond-financed property?	X				1			
За	Are there any management or service contracts that may result in private					]			
	business use of bond-financed property?	X				1			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside					]			
	counsel to review any management or service contracts relating to the financed property?		X			1			
С	Are there any research agreements that may result in private business use of					]			
	bond-financed property?		X			1			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other					1			
	outside counsel to review any research agreements relating to the financed property?					<u> </u>			
4	Enter the percentage of financed property used in a private business use by entities					I			
	other than a section 501(c)(3) organization or a state or local government		%		%	<u> </u>	%		%
5	Enter the percentage of financed property used in a private business use as a					I			
	result of unrelated trade or business activity carried on by your organization,					I			
	another section 501(c)(3) organization, or a state or local government		%		%	<u> </u>	%		%
_6	Total of lines 4 and 5		%		%	<u> </u>	%		%
_7	Does the bond issue meet the private security or payment test?		X			<u> </u>			
8a	Has there been a sale or disposition of any of the bond-financed property to a non-					I			
	governmental person other than a 501(c)(3) organization since the bonds were issued?		X			<u> </u>			
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or					I			
	disposed of		%		%	<u> </u>	%		<u>%</u>
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations					I			
	sections 1.141-12 and 1.145-2?					<u> </u>			
9	Has the organization established written procedures to ensure that all					I			
	nonqualified bonds of the issue are remediated in accordance with the					I			
	requirements under Regulations sections 1.141-12 and 1.145-2?		X						
Par	t IV Arbitrage								
		,	4	I	В		Ç	Γ	<u> </u>
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X			<u> </u>			
	If "No" to line 1, did the following apply?					<u> </u>			
	Rebate not due yet?		X			<u> </u>			
	Exception to rebate?		X			<u> </u>			
<u>c</u>	No rebate due?		X			<del> </del>			
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was					l			
	performed		<del></del>			<del> </del>			
_3	Is the bond issue a variable rate issue?		X			<u>.                                    </u>		<u> </u>	

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Part IV Arbitrage (continued)								
		Ą	E	3		<u> </u>	Г	)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X						
<b>b</b> Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied	X  X  X  X  X  X  X  X  X  X  X  X  X							
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X							
Part V Procedures To Undertake Corrective Action								
		4	E	3	(	<u> </u>		)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?								
Part VI Supplemental Information. Provide additional information for responses to quest	tions on Schedul	e K. See instr	uctions.					
SCHEDULE K, PART I, BOND ISSUES:								
(A) ISSUER NAME: DC SERIES 2017								
(F) DESCRIPTION OF PURPOSE:								
REFINANCE OF EXISTING BANK OF AMERICA CONSTRUC	TION LOAI	NN						

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#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization PAUL PUBLIC CHARTER SCHOOL, INC. Employer identification number \*\*-\*\*\*9528

Pai	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	-	
1	Art - Works of art			, ,			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts			4- 410			
25	Other ( <b>FEDERAL COMMODI</b> )	Х	1	65,612.	COST		
26	Other ()						
27	Other ()						
28	Other (						
29	Number of Forms 8283 received by the organia						
	for which the organization completed Form 82	83, Part V, [	Donee Acknowledg	jement 29		1	1
						Ye	es No
30a	During the year, did the organization receive by	-			-		
	must hold for at least 3 years from the date of			•			₩.
	exempt purposes for the entire holding period'	?				30a	X
	If "Yes," describe the arrangement in Part II.						₩.
31	Does the organization have a gift acceptance					31	X
32a	Does the organization hire or use third parties contributions?		•			32a	Х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,		
	describe in Part II.						
	E D. LD LE ALNE		=	_	Cobodulo M		

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

Schedule M (Form 990) 2022

Schedule M (Form 990) 2022

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#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

PAUL PUBLIC CHARTER SCHOOL, INC.

Employer identification number \*\*-\*\*\*9528

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

THINKERS AND LEADERS.

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

UNDERSTAND THE IMPORTANCE OF TAKING ACTIVE ROLES IN COMMUNITY LIFE.

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

THE FORM 990 IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE CHAIR ON

BEHALF OF THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES. THE ENTIRE BOARD

RECEIVES A COPY OF THE FORM 990 PRIOR TO FILING.

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

DURING STAFF TRAINING AT THE BEGINNING OF EVERY SCHOOL YEAR, WE SHARE OUR

CONFLICT OF INTEREST POLICY. ALL STAFF AND BOARD MEMBERS SIGN A CONFLICT OF

INTEREST STATEMENT STATING ANY CONFLICTS, OR THAT THEY HAVE NONE, AT THIS

TIME. THE DIRECTOR OF OPERATIONS MONITORS COMPLIANCE.

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

THE PERSONNEL COMMITTEE OF THE BOARD REVIEWS AND APPROVES THE COMPENSATION OF THE HEAD OF SCHOOL (CEO) AND OTHER OFFICERS USING COMPARABILITY DATA,

AND CONTEMPORANEOUSLY DOCUMENTS THE DELIBERATION AND DECISION IN THE MINUTES OF THE MEETING. THE PROCESS FOR DETERMINING COMPENSATION FOR THE HEAD OF SCHOOL WAS LAST CONDUCTED IN NOV. 2021. THE SALARY IS REVIEWED ANNUALLY.

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

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

Schedule O (Form 990) 2022