** PUBLIC DISCLOSURE COPY **									
	n	<b>nn</b>	Return of Organization Exempt Fror	n Income Tax	OMB No. 1545-0047				
For	n <b>y</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		2021				
Dena	rtment (	of the Treasury	Do not enter social security numbers on this form as it n	nay be made public.	Open to Public				
Interr	Inspection								
AF	or the			MAY 31, 2022					
B c	heck if pplicab	le: C Name of	organization	D Employer identification	on number				
	Addre		EMY PREP CENTER OF LAKELAND, INC.						
	_chang_ Name_			82-4257263					
	_chang _Initial _return		Isiness as and street (or P.O. box if mail is not delivered to street address) Room/s	suite E Telephone number					
	Final	1021	LAKELAND HILLS BOULEVARD	863-940-89	00				
	termir ated	n–	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,509,568.				
	Amen return	LAKE	LAND, FL 33805	H(a) Is this a group retur					
	Applic tion	<sup>ca-</sup> <b>F</b> Name ar	nd address of principal officer: TERRI SCARCELLI, EA	for subordinates?					
	pendi	SAME	AS C ABOVE	H(b) Are all subordinates includ	led? Yes No				
		empt status:		527 If "No," attach a list	. See instructions				
			EMYPREP.ORG/LAKELAND	H(c) Group exemption n					
		f organization:	X Corporation Trust Association Other ► L	Year of formation: 2018 M St	ate of legal domicile: FL				
Pa		Summary           Briefly describe the organization's mission or most significant activities:         TO         INSPIRE         AND         EMPOWER							
e	1	Briefly describ QUALIFY	STUDENTS						
Governance									
veri			more than 25% of its net asset	s. 7					
ဗီ		Number of vot	3	7					
s S			ependent voting members of the governing body (Part VI, line 1b) of individuals employed in calendar year 2021 (Part V, line 2a)		0				
Activities &				6	154				
kctiv				7a	0.				
4			business taxable income from Form 990-T, Part I, line 11		0.				
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Prior Year	Current Year				
Pe	8	Contributions	and grants (Part VIII, line 1h)	1,375,058.	747,872.				
Revenue		•	ce revenue (Part VIII, line 2g)	447,031.	755,217.				
Rev			ome (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.				
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0. 1,503,089.				
			add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,022,009.	<u> </u>				
			nilar amounts paid (Part IX, column (A), lines 1-3) o or for members (Part IX, column (A), line 4)	0.	0.				
6		-	compensation, employee benefits (Part IX, column (A), line 4)	1,283,054.	1,628,400.				
Expenses				0.	0.				
ber	b	Total fundraisi	Indraising fees (Part IX, column (A), line 11e) ng expenses (Part IX, column (D), line 25)		_				
ш			s (Part IX, column (A), lines 11a-11d, 11f-24e)	554,168.	793,851.				
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,837,222.	2,422,251.				
	19	Revenue less	expenses. Subtract line 18 from line 12	-15,133.	-919,162.				
Net Assets or Fund Balances				Beginning of Current Year	End of Year				
sets	20	Total assets (F	art X, line 16)	1,924,383.	779,784.				
at As nd B	21		(Part X, line 26)	293,452.	69,256.				
			und balances. Subtract line 21 from line 20	1,630,931.	710,528.				
Und	er pena	aities of perjury, l	declare that I have examined this return, including accompanying schedules and st	tatements, and to the best of my kn	owiedge and belief, it is				

trup	correct	and comi	nloto I)	eclaration of	t nror	arer (	other	than	otticari	ie haeed	on al	lintorma	ntion of	which	nre	narer	hae an	v knowled	an
սսշ,	0011001	, and com	JIGIG. D	colaration c	η μισμ	αισι (	01101	unan	0111661)	13 Dascu	Una			WINGH	μιυ	μαισι	nas an	y KIIOWICU	yu.

Sign Here	Signature of officer         TERRI SCARCELLI, EA, C         Type or print name and title	FO	Date						
Paid	Print/Type preparer's name SAM A. LAZZARA	Preparer's signature Date	Check PTIN if self-employed P01342929						
Preparer		& COMPANY, P.A.	Firm's EIN <b>59-3040705</b>						
Use Only	Firm's address P. O. BOX 172359								
	TAMPA, FL 33672		Phone no. (813) 875-7774						
May the IF	May the IRS discuss this return with the preparer shown above? See instructions								
132001 12-0	13200112-09-21LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2021)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	ACADEMY PREP CENTER OF LAKELAND, INC. 82-4257263 Pag
Par	rt III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:
•	TO INSPIRE AND EMPOWER STUDENTS QUALIFYING FOR NEED-BASED SCHOLARSHIPS
	TO BECOME FUTURE COMMUNITY LEADERS THROUGH A RIGOROUS MIDDLE SCHOOL
	PROGRAM COUPLED WITH ONGOING GRADUATE SUPPORT.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? <b>Yes Yes I</b> "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	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 \$ 1,996,254. including grants of \$) (Revenue \$ 755,217
ŧa	(Code:         ) (Expenses \$ 1,996,254.         including grants of \$ ) (Revenue \$ 755,217           SEE         SCHEDULE O.
4b	(Code:         ) (Expenses \$
	SEE SCHEDULE O.
	<u></u>
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$
4d	Other program services (Describe on Schedule O.)
4e	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses > 1,996,254.
	Form 990 (2
32002	2 12-09-21
20	3 123 795320 306402 2021.05030 ACADEMY PREP CENTER OF LAKE 306402
⊿0	123 133320 300402 2021.03030 ACADEMI PREP CENTER OF LAKE $306402$

Eorm	000	(2021)
Form	990	(2021)

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	<u> </u>
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	•		x
	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		x
5	during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		- 23
Ŭ	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			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	1		
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,	10		
••	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	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	TIE	~~~~	
•	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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F. Parts II and IV.	15		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
~~	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
132003			990	(2021)

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
_	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? <i>If</i> "Yes," <i>complete Schedule L, Part I</i>	258		- 23
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cohodula L. David	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"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
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	x	
35 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	
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2021)	ACADEMY	PREP	CENTER	OF	LAKELAND,	INC.
Statements	Regarding Ot	her IRS	Filings and	l Tax	Compliance (co	ontinued)

Form 990 (2021)

Part V

			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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.	_		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Σ
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			Ι,
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		2
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		2
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		2
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			Ι,
	any contributions that were not tax deductible as charitable contributions?	6a		2
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			2
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			Ι.
	to file Form 8282?	7c		2
	If "Yes," indicate the number of Forms 8282 filed during the year7d	-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		2
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/	_
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	Α
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
0	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	4		
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders 11a	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b	4		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? $_{ m N/A}$	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	Enter the amount of reserves on hand 13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		2
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
b				
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			1 1
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		-
		15		-
5	excess parachute payment(s) during the year?	15 16		
5	excess parachute payment(s) during the year?			
6	excess parachute payment(s) during the year?			
6	excess parachute payment(s) during the year?			2
6	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	16		

Form 990 (	
Part VI	Gov

#### ACADEMY PREP CENTER OF LAKELAND, INC.

82-4257263 Page 6

art VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" respon	ise
	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	Χ

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

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	7	100	
	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	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?		X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
eci	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vee	Na
0-	Did the exception have lead charters, hyperbox, as affiliated	10a	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		- 11
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
12	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		x	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	x	
3	Did the organization have a written whistleblower policy?		Х	
4	Did the organization have a written document retention and destruction policy?		Х	
5	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
6a	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		
	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed $ ightarrow { m FL}$			
8	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	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
_	Own website       X       Another's website       Y       Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	and fina	ncial	
~	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records $\blacktriangleright$			
0	TERRI SCARCELLI, EA - 863-940-8900			
U				
	1021 LAKELAND HILLS BLVD, LAKELAND, FL 33805	Farm	n <b>990</b>	(00)

Part VII	Со	mpensation of	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Em	ployees, and	I Independe	ent Contra	ctors			

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)		(C)			(D)	(E)	(F)		
Name and title	Average	(do		Pos heck		than o	one	Reportable	Reportable	Estimated
	hours per	box,	, unle	ss pe	rson	is botl pr/trus	h an	compensation	compensation	amount of
	week	<u> </u>				1/11/13		from	from related	other
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ruste	ll trus		/ee	mpen		1099-NEC)	1000 NEO	and related
	below	d ual 1	Institutional trustee	-	mplo	est co o yee	er			organizations
	line)	Individual trustee or director	Institu	Officer	Key employee	Highest compensated employee	Former	0		C C
(1) LINCOLN TAMAYO	40.00						-	N N		
HEAD OF SCHOOL				X				96,839.	112,292.	Ο.
(2) TERRI SCARCELLI	5.00									
CFO	27.50			X				0.	92,077.	Ο.
(3) PAUL L. WHITING SR.	2.50				$\square$					
CHAIR	12.00	x		X				0.	0.	Ο.
(4) MARIANNE PARSONS	2.50									
TRUSTEE		X	0					0.	0.	Ο.
(5) TIM MITCHELL	2,50									
TRUSTEE		x						0.	0.	Ο.
(6) NICK BARNETT	2.50									
TRUSTEE		X						0.	0.	Ο.
(7) GREGORY FANCELLI	2.50									
TRUSTEE	D	X						0.	0.	Ο.
(8) WILLIAM VASS	2.50									
TRUSTEE		X						0.	0.	0.
(9) NATALI REYES	2.50									
TRUSTEE		X						0.	0.	0.
132007 12-09-21						~				Form <b>990</b> (2021)

8

	n 990 (2	021)	ACADEMY	PREP CE	NT:	ER	OI	? ]	LAF	(E)	LAND,	INC.	82-4	257	263	Pa	age <b>8</b>
Par	t VII	Section A. Officers	, Directors, Trus	tees, Key En	nploy	yees	, an	d Hi	ighe	st C	Compensa	ited Employe	es (continued)				
		(A)		(B)			(0	-				(D)	(E)			(F)	
		Name and title	•	Average	(do	o not c	Pos heck			one		portable	Reportable	e	Es	timate	ed
				hours per	box	k, unle icer an	ss pe	rson	is bot	h an		pensation	compensatio			nount	of
				week (list any					1/1/1/1/1/1/1	(00)		from	from related			other	
				hours for	irecto							the	organization			pensa	
				related	e or d	ee			sated		Ű,	anization 099-MISC/	(W-2/1099-MI 1099-NEC)			om th anizat	
				organization	ruster s	trus		ee	npen			99-NEC)	1033-1120)	,	Ĭ	d relat	
				below	dualt	itiona		nploy	st co I	л.		,0 NEO)				anizati	
				line)	o Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					3-		
					-	-		Ť									
					4								•				
					+												
					-								7				
					+												
					1								r				
					+							$ \rightarrow $					
					1						0	-					
											20						
										)							
1b	Subto	tal							)			96,839.	204,3				0.
		rom continuation										0.	004.2	0.			0.
d		add lines 1b and 1										96,839.	204,3				0.
2		number of individua		ot limited to t	hose	e liste	d al	bov	e) wh	io r	eceived m	ore than \$100	,000 of reportab	ole			0
	compe	ensation from the or	ganization 🕨													Vee	0
	<b>.</b>															Yes	No
3		e organization list a		-		key e	emp	loye	e, or	hig	ghest com	pensated emp	oloyee on				v
		? If "Yes," complete													3		X
4		y individual listed o											the organization			v	
_		lated organizations	-											•••••	4	X	
5		y person listed on li								elat	ted organiz	zation or indiv	idual for services	6	_		х
Sec		ed to the organizati		ipiete Scheal	lie J i	tor si	ucn	pers	son .						5		Λ
1		ete this table for yo		mpensated ir	nden	onde	ont c	ont	racto	nre t	that receiv	ed more than	\$100.000 of cor	nnons	ation	rom	
•		ganization. Report of	-	-	-									npena	ation	IOIII	
			(A)		jour	onai	<u></u>		01 11		in the organ	(B)	Jour		(0	)	
		Na	me and business	address							De	escription of s	ervices	C	ompe		n
MOI	DERN	BUSINESS	ASSOCIAT	ES, 945	5 1	KOC	GEF	R									
BL	VD N	#200, ST.	PETERSB	URG, FL	3	370	)2				PEO/HI	EALTH I	NS	1	,62	5,7	96.
										_							
										-							
2	Total r	number of independ	ent contractors (	ncluding but	not li	imite	d to	tho	se lis	stec	d above) w	ho received n	nore than				
	\$100,0	000 of compensatio	n from the organi	zation 🕨					1								
															Form	<b>990</b> (2	2021)

132008 12-09-21

			ACADEMY PREP	CENTER OF	F LAKELAND	, INC.	82-4257	263 Page 9
Pa	rt \	/111						_
			Check if Schedule O contains a response	or note to any line	e in this Part VIII	(B)	(0)	
					<b>(A)</b> Total revenue	(b) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts S	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	•		Membership dues 1b					
¶ Ano G				137,808.				
ar /			Related organizations 1d					
s, C			Government grants (contributions) <b>1e</b>	329,056.				
r Si			All other contributions, gifts, grants, and					
but			similar amounts not included above <b>1f</b>	281,008.				
d dt		g	Noncash contributions included in lines 1a-1f					
an Co		h	Total. Add lines 1a-1f	►	747,872.			
				Business Code				
e	2	а	TUITION - SCHOLARSHIP	611710	743,781.	743,781.		
Program Service Revenue		b	ACTIVITY FEE	611710	11,436.	11,436.		
n S		С						
Jran Rev		d						
rog		е						
<b>D</b>		f	All other program service revenue			$\sim$		
			Total. Add lines 2a-2f		755,217.	()		
	3		Investment income (including dividends, intere					
			other similar amounts)					
	4		Income from investment of tax-exempt bond p	F		/		
	5		Royalties	(ii) Personal				
	6	2			5			
	Ŭ		Less: rental expenses		$\cap$			
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
		b	Less: cost or other basis					
anı			and sales expenses 7b					
evenue		С	Gain or (loss)					
Å		d	Net gain or (loss)	►				
Other R	8	а	Gross income from fundraising events (not					
Ò			including \$ 137.808. of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses		0.			
	~		Net income or (loss) from fundraising events	▶	0.			
	9	a	Gross income from gaming activities. See Part IV, line 19 9a					
		h	Part IV, line 19         9a           Less: direct expenses         9b					
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
			and allowances <b>10</b> a					
		b	Less: cost of goods sold 10b					
			Net income or (loss) from sales of inventory	►				
s			<b>`</b> `	Business Code				
Miscellaneous Revenue	11	а						
lan. enu		b						
Sev la		С						
Mis			All other revenue					
			Total. Add lines 11a-11d					
	12		Total revenue. See instructions	🕨 🖡	1,503,089.	755,217.	0.	0.
13200	9 12	-09	-21					Form <b>990</b> (2021

15120123 795320 306402 2021.05030 ACADEMY PREP CENTER OF LAKE 306402\_1

Form 990 (	2021)	ACADEMY	( PREP
Part IX	Statement	of Functional	Expenses

ACADEMY PREP CENTER OF LAKELAND, INC.

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 respor	(A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> 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	96,839.	78,381.	13,431.	5,027
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 107 107			
7	Other salaries and wages	1,187,167.	960,005.	164,630.	62,532
8	Pension plan accruals and contributions (include	27 262	22 147		1 400
~	section 401(k) and 403(b) employer contributions)	27,362. 199,176.	22,147. 161,064.	3,795.	1,420 9,551
9	Other employee benefits	117,856.	96,427.	15,433.	5,996
0	Payroll taxes	117,050.	90,421	15,455.	5,990
1	Fees for services (nonemployees):		.01		
a	•				
b		18,050.		18,050.	
ر م	0	10,050.	S	10,050.	
d					
e f	Investment management fees				
f					
g	column (A), amount, list line 11g expenses on Sch O.)	96,932.	72,734.		24,198
2	Advertising and promotion	7,687.	,	7,553.	24,198 134
3	Office expenses	104,487.	55,501.	42,637.	6,349
4	Information technology				
5	Royalties	5			
6	Occupancy	64,623.	64,623.		
7	Travel	30,943.	30,943.		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	50,196.	50,196.		
3	Insurance	47,230.	47,230.		
4	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		90,239.	90,239.		
b	REPAIRS AND MAINTENANCE	75,511.	75,141.	370.	
С	BOOKS	26,612.	26,612.		
d	MISCELLANEOUS	150.		150.	
е	· · · · · ·	181,191.	165,011.	15,253.	927
5	Total functional expenses. Add lines 1 through 24e	2,422,251.	1,996,254.	309,863.	116,134
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

15120123 795320 306402

11 2021.05030 ACADEMY PREP CENTER OF LAKE 306402\_1

15120123 795320 306402

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

controlled entity or family member of any of these persons

5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

ACADEMY PREP CENTER OF LAKELAND, INC.

1

2

3

4

5

(A)

Beginning of year

459,101.

16,385.

1,200,000.

82-4257263 Page 11

(B)

End of year

514,143.

19,235.

0.

Form 990 (2021)

1

2

3

4

Assets

Liabilities

Net Assets or Fund Balances

6	Loans and other receivables from other disquali	fied pe	rsons (as defined			
	under section 4958(f)(1)), and persons describe	d in sea	ction 4958(c)(3)(B)		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	<u>331,346.</u> 123,457.			
b	Less: accumulated depreciation	10b	123,457.	229,424.	10c	207,889.
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line	11		11,659.	12	30,418.
13	Investments - program-related. See Part IV, line	11			13	
14	Intangible assets				14	
15	Other assets. See Part IV, line 11			7,814.	15	8,099.
16	Total assets. Add lines 1 through 15 (must equ	al line 3	33)	1,924,383.	16	779,784.
17	Accounts payable and accrued expenses			44,378.	17	61,824.
18	Grants payable				18	
19	Deferred revenue		$\sim$		19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
22	Loans and other payables to any current or form	ner offic	cer, director,			
	trustee, key employee, creator or founder, subs	tantial o	contributor, or 35%			
	controlled entity or family member of any of the	se pers	ons		22	
23	Secured mortgages and notes payable to unrel	ated thi	rd parties		23	
24	Unsecured notes and loans payable to unrelate	d third	parties	234,297.	24	0.
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines	s <b>1</b> 7-24)	. Complete Part X			
	of Schedule D			<u>14,777.</u> 293,452.	25	7,432.
26	Total liabilities. Add lines 17 through 25			293,452.	26	69,256.
	Organizations that follow FASB ASC 958, che	eck her	e 🕨 🔟			
	and complete lines 27, 28, 32, and 33.			420 021		C00 100
27	Net assets without donor restrictions			430,931.	27	699,133. 11,395.
28	Net assets with donor restrictions			1,200,000.	28	11,395.
	Organizations that do not follow FASB ASC 9	58, che	eck here 🕨 📖			
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds				29	
30	Paid-in or capital surplus, or land, building, or ed				30	
31	Retained earnings, endowment, accumulated in			1 620 021	31	
32	Total net assets or fund balances			1,630,931.	32	710,528.
33	Total liabilities and net assets/fund balances			1,924,383.	33	779,784.
						Form <b>990</b> (2021)

Part X Balance Sheet

Form	ACADEMY PREP CENTER OF LAKELAND, INC.	82-4	257263	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,503		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,422		
3	Revenue less expenses. Subtract line 2 from line 1	3	-919		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,630	),9	31.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1	.,2	41.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				~ ~
D	column (B))	10	710	),5	28.
Pa	rt XII Financial Statements and Reporting				37
	Check if Schedule O contains a response or note to any line in this Part XII				
_				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.			x
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		2b	х	
D	Were the organization's financial statements audited by an independent accountant			<u></u>	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat consolidated basis, or both:	te basis,			
	Image: Separate basis       Image: Consolidated basis       Image: Both consolidated and separate basis				
•	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	o oudit			
C	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc				
30	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
Ja	Act and OMB Circular A-133?				x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	iired audit			<u> </u>
	er evelitet eveletet verste en Cabadula O and desertitet et attack telves telves telves eveletet.				
			Form	990	(2021)
					(2021)
	or audits, explain why on schedule O and describe any steps taken to undergo such audits				
	$\sim$				
	X				
	▼				

132012 12-09-21

Department of the Treasury

(Form 990)

Total

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

	OMB No. 1545-0047
	2021
	Open to Public Inspection

Interna	al Reve	nue Service		Go to www.irs.gov	/Form990 for instruction	ons and t	he latest i	nformation.		Inspection
Nam	e of t	the organizati								identification number
Pa	rt I	Reason			ENTER OF LAK (All organizations must c					2-4257263
									115.	
	organ		•		(For lines 1 through 12, c		,	IV A V:\		
1	X				on of churches described		)(a)UT no	I)(A)(I).		
2					Attach Schedule E (Forn					
3		•	•		anization described in <b>se</b>					Ale - Is
4			-	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A	A)(III). Enter	the hospital's name,
F		city, and stat	-	or the henefit of a co		d or opora	tod by o a	ovoromontal	upit dooorik	and in
5		-	-	Complete Part II.)	ollege or university owned	u or opera	lied by a g	overnmental	unit descrit	
~				• •			70/6//4//4/	(.)		
6		A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
7					antial part of its support i	rom a gov	remmental		the general	public described in
~				omplete Part II.)						
8 9					(1)(A)(vi). (Complete Par		ad in a suit			
9					l in section 170(b)(1)(A)(					
			or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, cit	, and state c	of the colleg	je or
10		university:	ion that norma	ally receives (1) more	than 33 1/3% of its sup	port from	contributic	ne mombor	ship foos a	nd gross receipts from
10		•			ct to certain exceptions;				• •	•
				mplete Part III.)	e (less section 511 tax) fr		sses acqu	lired by the d	ryanization	alter Julie 30, 1975.
11				• •	ively to test for public se	faty See	section 5(	)Q(a)(4)		
12	$\square$	-	-	-	sively for the benefit of, to				arry out the	nurnoses of one or
					ed in section 509(a)(1) o					
					of supporting organizatio					
а					supervised, or controlled					/ aivina
					gularly appoint or elect a					
				complete Part IV, Se						
b					d or controlled in connec	tion with if	ts support	ed organizati	on(s), by ha	aving
				-	anization vested in the s					
			-	t complete Part IV,		·				
с					g organization operated	in connec	tion with, a	and function	ally integrate	ed with,
		its support	ed organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.		
d		] Type III no	n-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	orted organi	ization(s)
		that is not	functionally int	tegrated. The organi	zation generally must sat	tisfy a dist	ribution re	quirement ar	nd an attent	iveness
		requiremer	nt (see instruct	ions). <b>You must cor</b>	nplete Part IV, Sections	A and D	, and Part	<b>V</b> .		
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	6 that it is a	а Туре I, Туре	e II, Type III	
		functionally	y integrated, or	r Type III non-functio	onally integrated support	ing organi	zation.			
f	Ente	er the number	of supported of	organizations						
g			<u> </u>	n about the supporte			ninotion linted			
	(	<ul> <li>(i) Name of supp organizatior</li> </ul>		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount of support (see i	,	(vi) Amount of other support (see instructions)
		organization	1		above (see instructions))	Yes	No	Support (See 1	nstructions)	

#### Schedule A (Form 990) 2021 ACADEMY PREP CENTER OF LAKELAND, INC. 82-4257263 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a				A		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				$\sim$		
	column (f)						
-	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		1			1	
	endar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	• C 1	Ť				
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th		irst, second, third,	fourth, or fifth tax	year as a section (	501(c)(3)	. —
	organization, check this box and stop				<u></u>		
	ction C. Computation of Publi			. (2)			
	Public support percentage for 2021 (li					14	%
	Public support percentage from 2020					15	. %
16a	<b>33 1/3% support test - 2021.</b> If the o	-			14 is 33 1/3% or r	nore, check this be	ox and
	stop here. The organization qualifies a		•				
b	<b>33 1/3% support test - 2020.</b> If the o						
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts			-	-	-	
-	meets the facts-and-circumstances te	0	•		•		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th						
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	1 uld not check a	box on line 13, 16	a, 160, 17a, or 17b	D, CHECK THIS DOX 2		
						Scriedule A	(Form 990) 2021

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#### 82-4257263 Page 3 ACADEMY PREP CENTER OF LAKELAND, INC. Schedule A (Form 990) 2021 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to					1	
the organization without charge $\dots$						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and				$\sim$		
3 received from disqualified persons			0.			
<b>b</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						
<b>c</b> Add lines 7a and 7b			2			
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support			0			
	(-) 0017	(1) 10010	(-) 0010	(-1) 0000	(-) 000	4 (0 T-+-)
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 202	1 (f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<ul><li>12 Other income. Do not include gain or loss from the sale of capital</li></ul>						
assets (Explain in Part VI.)	L					
<b>13</b> 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	501(c)(3) orga	anization,
check this box and stop here						<b>&gt;</b>
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2021 (	line 8, column (f), a	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020	) Schedule A, Part	III, line 15			16	%
Section D. Computation of Inve	stment Incom	e Percentage	1			
17 Investment income percentage for 20	<b>)21</b> (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the	organization did r	not check the box			33 1/3%, and	l line 17 is not
more than 33 1/3% , check this box a						▶□
b 33 1/3% support tests - 2020. If the						/3%, and
line 18 is not more than 33 1/3% , che						
20 Private foundation. If the organization						
132023 01-04-22			,, see.(1			dule A (Form 990) 2021
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### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

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2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2021

Yes No

1

### Schedule A (Form 990) 2021 ACADEMY PREP CENTER OF LAKELAND, INC. 82-4257263 Page 5

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

- how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
  b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the response for the organization's position that its supported organization(s) would have been engaged in?
- one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
  Parent of Supported Organizations. Answer lines 3a and 3b below.
- Bid the exception base the power to regularly appoint or elect a majority of the
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard*.
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3b | Schedule A (Form 990) 2021

2a

2b

3a

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Sche	dule A (Form 990) 2021 ACADEMY PREP CENTER OF L			82-4257263 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	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 c	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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b	$\sim$	
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors	0		
	(explain in detail in <b>Part VI</b> ):			
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	integr	ated Type III supporting o	organization (see
	instructions).			

Schedule A (Form 990) 2021

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### ACADEMY PREP CENTER OF LAKELAND, INC. 82-42572

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Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1			
2	Amounts paid to perform activity that directly furthers exempt						
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	IS	(iii) Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - <i>explain in</i> <b>Part VI</b> ). See instructions.						
3	Excess distributions carryover, if any, to 2021		$\sim$				
-	From 2016						
b	From 2017						
C	From 2018						
d	From 2019						
e	From 2020						
f	Total of lines 3a through 3e						
	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
i	Carryover from 2016 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7: \$						
-	Applied to underdistributions of prior years						
-	Applied to 2021 distributable amount						
	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
-	Excess from 2017 Excess from 2018						
	Excess from 2018 Excess from 2019						
	Excess from 2019 Excess from 2020						
-							
e	Excess from 2021						

Schedule A (Form 990) 2021

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hedule A	(Form 990) 2021	ACADEMY I	PREP	CENTER	OF	LAKELAN	D, INC.	82-4257263 <sub>Pa</sub>
Part VI	Supplemental In Part IV, Section A, Iir line 1; Part IV, Section	<b>Iformation.</b> Provide les 1, 2, 3b, 3c, 4b, 4c, 4 n D, lines 2 and 3; Part	the expl 5a, 6, 9a IV, Secti	anations requ , 9b, 9c, 11a, on E, lines 1c	ired by 11b, a , 2a, 2l	/ Part II, line 10; ind 11c; Part IV o, 3a, and 3b; P	Part II, line 1 Section B, lir art V, line 1; P	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V
	Section D, lines 5, 6, (See instructions.)	and 8; and Part V, Sect	ion E, lin	ies 2, 5, and 6	6. Also	complete this p	art for any ad	Iditional information.
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028 01-04-2	22							Schedule A (Form 990)

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# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

* *	PUBLIC	DISCLOSURE	COPY	* *
	TODUTO	DIDCHODOR		

## 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

2021

Employer identification number

AC	CADEMY PREP CENTER OF LAKELAND, INC.	82-4257263
Organization type (check o	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Bule and a Special Ru	le. See instructions
General Rule		
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor?	
Special Rules	is is a second s	
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amount on (i) F , line 1. Complete Parts Land II.	d that received from any one
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a the year, total contributions of more than \$1,000 exclusively for religious, charitable, sc onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e ) instead of the contributor name and address), II, and III.	ientific,
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a secclusively for religious, charitable, etc., purposes, but no such contributions totaled more the total contributions that were received during the year for an <i>exclusively</i> religious mplete any of the parts unless the <b>General Rule</b> applies to this organization because it r e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box , charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	

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

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>20,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	<u>Puloi</u>	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>10,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$234,297.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)
	22		

#### ACADEMY PREP CENTER OF LAKELAND, INC.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

Name, address, and ZIP + 4

\$

(c)

**Total contributions** 

225,000.

Employer identification number

(d)

Type of contribution

X

82-4257263

Person Payroll

Noncash

(Complete Part II for noncash contributions.)

15120123 795320 306402

Name of organization

Part I

(a)

No.

1

Page 2

ACADE	MY PREP CENTER OF LAKELAND, INC.	82-4257263	
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
		\$ 0003	
(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
		\$	
3453 11-11		*	Schedule B (Form 990) (2

Name of organization

Schedule B (Form 990) (2021)

15120123 795320 306402

Employer identification number

Page 3

<sup>2021.05030</sup> ACADEMY PREP CENTER OF LAKE 306402\_1

Schedule E	B (Form 990) (2021)		Page				
Name of or	rganization		Employer identification number				
ACADEI	MY PREP CENTER OF LAKEL	AND, INC.	82-4257263				
Part III		tions to organizations described ir ) through (e) and the following line e charitable, etc., contributions of \$1,000 c	in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year entry. For organizations				
(a) No. from			(a) Decembring of how with its hold				
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
-		(e) Transfer of g					
-	Transferee's name, address, a	nd 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				
ŀ		(e) Transfer of g	hift				
		(e) mansier of g					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
		<u> </u>					
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		·					
-		(e) Transfer of g	gift				
-	Transferee's name, address, a	nd 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 g					
	Transferee's name, address, a		Relationship of transferor to transferee				
	· · ·						
123454 11-11	1-21	25	Schedule B (Form 990) (202				

15120123 795320 306402 2021.05030 ACADEMY PREP CENTER OF LAKE 306402\_1

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form	990)
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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.



Name of the organization

ACADEMY PREP CENTER OF LAKELAND, INC. Employer identification number 82-4257263

Pa	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		ds or Acco	unts.Complete if the
		(a) Donor advised funds	<b>(b)</b> Fu	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor ad	vised funds	
	are the organization's property, subject to the organization's	-		Yes No
6	Did the organization inform all grantees, donors, and donor a			
-	for charitable purposes and not for the benefit of the donor o			
			-	Yes No
Pa				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recrea	tion or education)	of a historicall	y important land area
	Protection of natural habitat	Preservation	of a certified h	iistoric structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the for	m of a conser	vation easement on the last
	day of the tax year.	0		Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements			
c	Number of conservation easements on a certified historic stru	ucture included in (a)		
u	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, rel			I during the tax
5	year >	leased, extinguished, or terminated by	the organizatio	
4	·	amount in lagated		
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the per			
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	onservation ea	sements during the year
_				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conser	vation easeme	ents during the year
_	▶\$			
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 1	70(h)(4)(B)(i)	
				Yes 📖 No
9	In Part XIII, describe how the organization reports conservation	•		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial state	ements that de	scribes the
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of		Other Simi	lar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statemer	nt and balance	sheet works
	of art, historical treasures, or other similar assets held for put	olic exhibition, education, or research ir	n furtherance c	f public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these it	ems.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement ar	nd balance she	et works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fu	urtherance of p	oublic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1		►	\$
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB A		5 /1	
а		-	►	\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions		····· /	
	1 10-28-21			
10200		26		

15120123 795320 306402

2021.05030 ACADEMY PREP CENTER OF LAKE 306402\_1

Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued)         a Using the organization acquisition, accession, and other records, check ary of the following that make significant use of its collection items (check all that apply): <ul> <li>Public exhibition</li> <li>Provide acceptation is acquisition, accession, and other records, check ary of the following that make significant use of its constraints of a collection is exempt purpose in Part XIII.</li> </ul> 5       Dring the var, did the organization solucitors and explain how they further the organization's exempt purpose in Part XIII.         5       Dring the var, did the organization solucitors and explain how they further the organization accelection?       Ves       No         Part III Encore and CutsOdial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an anount on Form 900, Part X, line 21, for secree or cutsOdial access for the Vise in Part XIII.       Yes       No         6       Diffication of Units Part XIII. Check here if the organization and of Part X, line 10, or reported at a mount on Form 900, Part X, line 21, for secree or cutsOdial access for the Vise in Part XIII. Check here if the organization and program if the Part XIII. Check here if the organization and of Part XIII.       Yes       No         0       If Yes, avplain the arrangement in Part XIII. Check here if the organization and of Part XII.       Yes       No         1       Position of the organization and yes of the organization and yes of the organization and yes o			PREP CENT				4257263 Page 2
collection terms (check all that apply):       a       b       Scholarly research       c       Other							
a       Public schibtion       d       Loan or exchange program         b       Scholarly research       e       Other	3		on, and other record	is, check any of the	Tollowing that the	ake significant use of	115
b       Scholarly research       e       Other         c       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive domations of art, historical treasures, or other similar assets       to soliciton's exempt purpose in Part XIII.         6       During the year, did the organization solicit or receive domations of art, historical treasures, or other similar assets       to soliciton's exempt purpose in Part XIII.         7       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 980, Part X, Ine 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 980, Part X, Ine 21.       Amount       to an amount on form 980, Part X, Ine 21.       Amount       to an amount on form 980, Part X, Ine 21.       Amount       to an amount on form 980, Part X, Ine 21.       Amount       to an amount on form 980, Part X, Ine 21.       Amount       to an amount on form 980, Part X, Ine 21.       Amount       to an amount on form 980, Part X, Ine 21.       Amount       to an amount on form 980, Part X, Ine 21.       Amount       to an amount on form 980, Part X, Ine 21.       Amount       to an amount on form 980, Part X, Ine 21.       Amount       to an form 680, Part X, Ine 21.       Amount       to an form 680, Part X, Ine 21.       Amount       Amount       Amount       Amoun	а		d		hange program		
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         6       Dering the year, did the organization's collection?       Yes         7       No.         Pert IV       Escrew and Classification an experted 'Yes' on Form 990, Part X, line 21.         1a       Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         1a       Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         1a       Is the organization include an amount on Form 990, Part X, line 21. for escrew or custodial accombiability for the organization nawwed 'Yes' on Form 990, Part X, line 21.         2a       Dot the organization include an amount on Form 990, Part X, line 21. for escrew or custodial accombiability for the organization nawwed 'Yes' on Form 990, Part X, line 21.         2a       Dot the organization include an amount on Form 990, Part X, line 21. for escrew or custodial accombiability for the organization include an amount on Form 990, Part X, line 21. for escrew or custodial accombiability for the organization answered 'Yes' on Form 990, Part X, line 10.         2a       Dot the organization include an amount on Form 990, Part X,			۰. ۵				
Provide a description of the organization's collectors and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization's collectors' or other similar assets     to be soid to raise funds rather than to be mantained as part of the organization's collectors'     Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 900, Part X, Ine 9, or     reported an amount on Form 900, Part X, Ine 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X, Ine 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X, Ine 21.     Is the organization include an amount on Form 900, Part X, Ine 21.     If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII.     Part V Endowment Funds. Complete if the organization include and programs     Other expenditures for facilities     and programs     Other explanation include an amount on Form 900, Part X, Ine 21.     Part V Endowment Funds. Complete if the organization include and programs     Other explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII.     Part V Endowment Funds. Complete if the organization include and programs     Other explanation include an amount on Form 900, Part X, Ine 21.     Part V Endowment Funds. Complete if the organization include and programs     Other explanation and the organization include and programs     Other explanative explaneses     114.     28.     Provide the estimated processes of the organization include     part XII.     Part V Endowment M M Part XII.     Part X			Ū				
5       During the year, did the organization solicit or receive donations of at, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1       Is the organization an agent trustee, cuscidian or other intermediary for contributions or other assets not included on Form 990, Part XP.       Ves       No         b If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Image: Complete the following table:       Amount         c       Beginning balance       1d       Image: Complete the following table:       Image: Complete the following table:         2       Did the organization angement in Part XIII and complete the following table:       Image: Complete the following table:       Image: Complete the following table:       Image: Complete the following table:         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accountuality.       Image: Complete the organization answered 'Yes' on Form 596, Part V, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 596, Part V, line 10.       Image: Complete the organization answered 'Yes' on Form 596, Part V, line 10.         1a       Beginning of year balance       [a) (Current year (c)) Prory year (c) Part Y, line 10.       Image: Complete the organization answered 'Yes' on Form 596, Part V, line 10.         1a       Beginning of year		-	ollections and explai	n how they further t	he organization's	exempt purpose in l	Part XIII.
to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No.         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part N, line 21.       14       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Is the organization during the year       Is the organization during the year       Is the organization include an amount on Form 990, Part X, line 21.       In the organization include an amount on Form 990, Part X, line 21.       In the organization include an amount on Form 990, Part X, line 21.       In the organization include an amount on Form 990, Part X, line 21.       In the organization include an amount on Form 990, Part X, line 21.       In the organization include an amount on Form 990, Part X, line 21.       In the organization include an amount on Form 990, Part X, line 21.       In the organization include an amount on Form 990, Part X, line 21.       In the organization include an amount on Form 990, Part X, line 21.       In the organization include an amount on Form 990, Part X, line 21.       In the organization include an amount on Form 990, Part X, line 21.       In the organization include an amount on Form 990.       In the organization include an amount on Form 990.       In the organization include an amount on Form							
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       10         d       Additions during the year       11         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accountiability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part X in 10.       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part X in 10.       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part X in 10.       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part X in 10.       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part X in 10.       Yes       No         c       Atomistrative expenses       11, 659.       In 1, 10.       In 1, 659.       In 1, 659.       In 1, 659.       I							Yes No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount       1         c       Beginning balance       1       1       1       1         d       Additions during the year       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1	Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes	s" on Form 990, Part	IV, line 9, or
on Form 990, Part X?       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         e Distributions during the year       1d         a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accountiability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Part V       Endowment Funds. Complete if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accountiability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Yes       No         b If "Yes," explain the arrangement in Part XIII.       Check here if the explanation has been provided on Part XIII.       Yes       No         b If "Yes," explain the arrangement in Part XIII.       Check here if the explanation has been provided on Part XIII.       Yes       No         b If "Yes," and the arrangement in Part XIII.       Check here if the explanation has been provided on Part XII.       Yes       No         b Endowreaxpenditures for facilities and progranziation		reported an amount on Form 990, Pa	rt X, line 21.	-			
b       If "Yes," explain the arrangement in Part XII and complete the following table: <ul> <li>Amount</li> <li>tc</li> <li>Amount</li> <li>tc</li> <li>additions during the year</li> <li>Id</li> <li>If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided of Pait Xiiine 10.</li> </ul> Part V         Endowment Funds. Complete if the organization answered "Yes" on Form 900. Part Xi line 10.           Ia         Beginning of year balance         Id. (559.           b         Contributions         Id         Id           c Net investment earnings, gains, and losses         -1, 127.         1, 869.         Id           d Grants or scholarships         Id         Id         Id         Id           e Other expenditures for facilities         -1, 127.         1, 869.         Id         Id	1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contributior	ns or other assets	s not included	
b       If "Yes," explain the arrangement in Part XII and complete the following table: <ul> <li>Amount</li> <li>tc</li> <li>Amount</li> <li>tc</li> <li>additions during the year</li> <li>Id</li> <li>If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided of Pait Xiiine 10.</li> </ul> Part V         Endowment Funds. Complete if the organization answered "Yes" on Form 900. Part Xi line 10.           Ia         Beginning of year balance         Id. (559.           b         Contributions         Id         Id           c Net investment earnings, gains, and losses         -1, 127.         1, 869.         Id           d Grants or scholarships         Id         Id         Id         Id           e Other expenditures for facilities         -1, 127.         1, 869.         Id         Id		on Form 990, Part X?					Yes No
c       Beginning balance       1c         d       Additions during the year       1d         e       Distributions during the year       1d         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custod of Part XM       Yes       No         b       If "ves," explain the arrangement in Part XIII. Check here if the explanation has been provided of Part XM       Part V       Endowment Funds. Complete if the organization answered "Ves" on Form 960, Part V, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Prusyalis back       (d) Three years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Puruyalis back       (d) Three years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Puruyalis back       (d) Three years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Puruyalis back       (d) Three years back         1a       Contributions       (a) Current year       (b) Prior year       (c) Puruyalis back       (d) Three years back         1a       Contributions       Go and co subice was proved balance       (a) Purue years back       (d) Three year	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			
d Additions during the year       1d         e Distributions during the year       1d         f Ending balance       1t         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accouncilability       Image: Complete if the organization has been provided on Part Xiii         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part Xiii E10.       Image: Complete if the organization answered "Yes" on Form 990, Part Xiii E10.         a Beginning of year balance       (a) Current year       (b) Prior year       (c) No.ugars back       (d) Three years back         b Contributions       20,000,10,000       10,000       10,000       10,000       10,000         c Net investment earnings, gains, and losses       -1,127,1,867       1,867       10       10         d Grants or scholarships       -1,127,1,867       10,699       10,000       10,000       10,000         e Other expenditures for facilities       and programs       114,28,3       11,659       11       100       %         g End of year balance       9       9       11,659       10,000       10,000       10,000       10,000       10,000       10,000       10,000       10,000       10,000       10,000       10,000       10,000       10,000       10,000       10,000							Amount
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accountuability?       Ves       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10.       Image: Contributions							
f Ending balance       If         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accountilability       Yes       No         b If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided of Part XIII.       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part V, line 10.       (a) Current year       (b) Pror year       (c) Two years back       (d) Three years back       (e) Four years back         1       Beginning of year balance       (a) Current year       (b) Pror year       (c) Two years back       (d) Three years back       (e) Four years back         6 Contributions       20,000       10,000              6 Other expenditures for facilities       20,000       10,000 </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>							
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accountiability       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part KV, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part KV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       11, 659             1a       Contributions       20, 000       10, 000             c       Net investment earnings, gains, and losses       -1, 127.       1, 867              c       Other expenditures for facilities       and programs       114       28.							
b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) No years back       (e) Four years back         1a       Beginning of year balance       11, 659.       20,000.       10,000.       20,000.       20,000.         c       Net investment earnings, gains, and losses       -1,127.       1,687.       -       -         6       Grants or scholarships       -       -       -       -       -         g       End of year balance       -       114.       28.       -       -       -         g       End of year balance       -       114.       28.       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -       -	f	Ending balance				·····	
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 960, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       11, 653.       (b) Contributions       (c) Two years back       (c) Two years back       (e) Four years back         c       Net investment earnings, gains, and losses       -1,127.       1,047.       (c) Two years back       (c) Two years back         d       Grants or scholarships       -1,127.       1,047.       (c) Two years back       (c) Two years back         e       Other expenditures for facilities       and programs       114       28.       (c) Two years       (c) Two years         g       End of year balance       114       28.       (c) Two years       (c) Two years       (c) Two years         g       End of year balance       114       28.       (c) Two years       (							
1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       11,659.       (d) Three years back       (e) Four years back         b       Contributions       20,000.       10,000.       (d) Three years back       (e) Four years back         b       Contributions       20,000.       10,000.       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       -1,127.       1,687.       (d) Three years back       (e) Four years back         c       Other expenditures for facilities       -1,127.       1,687.       (d) Three years back       (e) Four years back         and programs       -1,127.       1,687.	_						·····
1a       Beginning of year balance       11,659       1         b       Contributions       20,000       10,000       1         c       Net investment earnings, gains, and losses       -1,127       1,667       1         d       Grants or scholarships	1 61						ick (e) Four years back
b       Contributions       20,000.       10,000.       10,000.         c       Net investment earnings, gains, and losses       -1,127.       1,987.	10	Reginning of year balance	() )	(b) Horyour			
c       Net investment earnings, gains, and losses       -1,127.       1,887.         d       Grants or scholarships       -1,127.       1,887.         e       Other expenditures for facilities and programs       -1,127.       1,887.         f       Administrative expenses       114.       28.         g       End of year balance       30,414.       11,659.         g       End of year balance       100       %         p       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a         a       Board designated or quasi-endowment ▶			,	10 000	$\bigcirc$		
d Grants or scholarships			,	,			
e       Other expenditures for facilities and programs       Image: Constraint of the co					*		
and programs       114.       28.         g End of year balance       30,448.       11,659.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶       100 %         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶       9%         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment ▶       9%         2 Premanent endowment ▶       9%       7%       7%       7%         3 A re there endowment ▶       9%       7%       7%         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       3a Are there endowment ▶       9%         (i) Unrelated organizations       9%       7%       7%       3a(i) X       3a(ii) X         (ii) Related organizations       9%       3a(ii) X       3b X       4       Describe in Part XIII the intended uses of the organization's endowment funds.       2       2       A       2       A       A       A       A       A       A       A       A       A       A <th></th> <th></th> <th></th> <th>6</th> <th></th> <th></th> <th></th>				6			
f       Administrative expenses       114.       28.         g       End of year balance       30,418.       11,659.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a         a       Board designated or quasi-endowment ▶       100 %         b       Permanent endowment ▶       %         c       Term endowment ▶       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i)         (i)       Unrelated organizations       3a(i)       X         (ii)       Related organizations       3a(ii)       X         j       Joseripe in Part XIII the intended uses of the organization's endowment funds.       3b       X         Part VI       Land, Buildings, and Equipment.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         1a       Land       4       28.3 (investment)       basis (other)       (c) Accumulated depreciation         1a       Land       4       28.9 , 063 · 1112 , 496 · 176 , 567 · 176 , 567 · 176 , 567 · 176 , 567 · 176 , 567 · 176 / 567 · 176 / 567 · 176 / 567 · 176 / 567 · 176 / 567 · 100 / 112 /	•			$\langle O'$			
g End of year balance       30, 418, 11, 659.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a Board designated or quasi-endowment ▶       100 %         b Permanent endowment ▶       %         c Term endowment ▶       %         medowment ▶       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i) Unrelated organizations         (ii) Unrelated organizations       3a(i) X       3a(i) X         (iii) Related organizations       3a(ii) X       3a(i) X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b X       3b X         4 Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         a Land       42, 283, 10, 961, 31, 322.       42, 283, 10, 961, 31, 322.       42, 283, 10, 961, 31, 322.       42, 283, 10, 961, 31, 322.         a Equipment       289, 063, 1112, 496, 176, 567.       4289, 063, 1	f		114.	28.			
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶			30,418.	11,659.			
b       Permanent endowment ▶      %         c       Term endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i)         (ii)       Unrelated organizations       3a(i)       X         (iii)       Related organizations       3a(ii)       X         (iii)       Related organizations       3a(iii)       X         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       X         Part VI       Land, Buildings, and Equipment.       (a) Cost or other       (b) Cost or other       (c) Accumulated         0       Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated       (d) Book value         b       Buildings       4       283 (other)       10 , 961 · 31 , 322 · 10 , 961 · 31 , 322 · 10 , 961 · 31 , 322 · 10 , 961 · 31 , 322 · 10 , 961 · 31 , 322 · 10 , 961 · 31 , 322 · 10 , 961 · 31 , 322 · 10 , 961 · 31 , 322 · 10 , 961 · 31 , 322 · 10 , 961 · 31 , 322 · 10 , 961 · 31 , 322 · 10 , 961 · 31 , 322 · 10 , 961 · 31 , 322 · 10 , 961 · 31 , 322 · 10 , 961 · 31 , 322 · 10 , 961 · 31 , 322 · 10 , 961 · 31 , 322 · 10 , 961 · 31 , 322 · 10 , 961 · 31 , 322 · 10 , 961 · 31 , 322 · 10 , 961 · 31 , 322 · 10 , 961 · 31 , 322 · 10 , 961 · 31 , 322 · 10 , 961 · 31 , 322 · 10 , 961 · 31 , 322 · 10 , 961 · 31 , 322	-		rent year end balanc	e (line 1g, column (a	a)) held as:	•	
c       Term endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Completion (for gravity)</li> <li>(iii) Cost or other</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(d) Cost or other</li> <li>(d) Cost</li></ul>	а	Board designated or quasi-endowment 🕨	100	_%			
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i) Unrelated organizations         (ii) Related organizations       3a(i) X         3a(ii)       X         3a(iii)       X <t< th=""><th>b</th><th>Permanent endowment</th><th>%</th><th></th><th></th><th></th><th></th></t<>	b	Permanent endowment	%				
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Image: Test state in the possession of the organization that are held and administered for the organization is th	С						
by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other (b) Cost or other (c) Accumulated (d) Book value (d) Book value (d) Book value (e) Cost or other (f) Book value (f) Book val							
(i) Unrelated organizations       3a(i) X         (ii) Related organizations       3a(ii) X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b X         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b X         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         b Buildings       42,283.       10,961.       31,322.         c Leasehold improvements       42,283.       10,961.       31,322.         d Equipment       289,063.       112,496.       176,567.	3a	Are there endowment funds not in the posse	ession of the organization	ation that are held a	nd administered	for the organization	
(ii) Related organizations       3a(ii) X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b X         4 Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI         Land, Buildings, and Equipment.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       42,283.       10,961.       31,322.         4 Equipment       289,063.       112,496.       176,567.			)				
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       X         4       Describe in Part XII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       40       40         b       Buildings       40       40         c       Leasehold improvements       42,283.       10,961.       31,322.         d       Equipment       289,063.       112,496.       176,567.         e       Other       0ther       0ther       0ther       0ther							
4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings       (d) Book value         c Leasehold improvements       42,283.         d Equipment       289,063.         e Other       0							
Part VI Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land		· · · · · · · · · · · · · · · · · · ·					3b 🗛
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land	_			owment funds.			
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land	Fai			) Part IV line 11a 9	See Form 990 Pa	art X line 10	
basis (investment)         basis (other)         depreciation           1a Land							
1a Land		Description of property					(u) DOOK Value
b Buildings       42,283.       10,961.       31,322.         c Leasehold improvements       289,063.       112,496.       176,567.         e Other       0       0       0       0	1a	Land			(		
c Leasehold improvements       42,283.       10,961.       31,322.         d Equipment       289,063.       112,496.       176,567.         e Other       0       0       0							
d Equipment 289,063. 112,496. 176,567.				4	2,283.	10,961.	31,322.
e Other							
	-			X, column (B), line 1	10c.)	►	207,889.

Schedule D (Form 990) 2021

132052 10-28-21

15120123 795320 306402

	P CENTER OF	LAKELAND, INC.	82-4257263 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 000 Part IV lir	a 11c Soo Form 990 Part X li	no 13
(a) Description of investment	(b) Book value		Cost or end-of-year market value
		(c) Method of Valdation.	Cost of end-or-year market value
(1)			<b>`</b>
(2)			•
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<u> </u>		
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11d. See Form 990. Part X. li	ne 15.
	Description		(b) Book value
(1)			(,
(2)			
(3)			
(4)			
(5)	)		
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		
Part X Other Liabilities.	,		
Complete if the organization answered "Yes"	on Form 990, Part IV, lir	ne 11e or 11f. See Form 990, Pa	art X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) DUE TO ACADEMY PREP FOUND	ATION		7,432.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		▶ 7,432.
2. Liability for uncertain tax positions. In Part XIII, provide		to the organization's financial s	-
organization's liability for uncertain tax positions unde			

132053 10-28-21

Schedule D (Form 990) 2021

	dule D (Form 990) 2021 ACADEMY PREP CENTER OF LAKELAND, INC.		
Pai	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retur	า.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		2,152,873.
1	Total revenue, gains, and other support per audited financial statements	. 1	2,152,075.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments       2a         Donated services and use of facilities       2b	:	
b		· ·	
с	Recoveries of prior year grants     2c       Other (Describe in Part XIII.)     2d     -1,241	_	
d		_	610 701
-	Add lines 2a through 2d		649,784. 1,503,089.
3	Subtract line <b>2e</b> from line <b>1</b>	. 3	1,505,009.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIII.)	_	0
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1,503,089.
Pa	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Reti	irn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	3,073,276.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 651, 025	<u>· · </u>	
b	Prior year adjustments 2b	_	
С	Other losses 2c	_	
d	Other (Describe in Part XIII.) 2d		<b>654 005</b>
е	Add lines 2a through 2d	. 2e	651,025.
3	Subtract line 2e from line 1	. 3	2,422,251.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	. 4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part ), line 18.)	. 5	2,422,251.
	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, lir	ne 4; Parl	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
PAR	RT X, LINE 2:		
THE	E ORGANIZATION IS NOT AWARE OF ANY TAX POSITIONS IT HAS T	AKEN	THAT ARE
SUI	BJECT TO A SIGNIFICANT DEGREE OF UNCERTAINTY. TAX YEARS A	FTER	2018
RE	AIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAXING A	UTHO	RITIES.
PAE	RT XI, LINE 2D - OTHER ADJUSTMENTS:		
INT	TEREST IN ACADEMY PREP FOUNDATION		-1,241.
100-5		Calif	dula D (Earm 000) 0001
13205	<sup>4</sup> 10-28-21 <b>29</b>	Sche	dule D (Form 990) 2021

	HEDULE E				Scł	nools		(	DMB No.	_	-
(For	m 990)		•	-		on answered "Yes' n 990-EZ, Part VI,			20	21	
Depart	ment of the Treasury		Га			990 or Form 990-I			Open to	o Publ	lic
Interna	I Revenue Service		► G	o to www.irs.g	ov/Forn	n990 for the latest inf	ormation.		nspec		
Nam	e of the organizatio				<b>0 T</b>		<b>T</b> NO	Employer ider			
Pa	rt I	ACADEMY	PREP	CENTER	OF	LAKELAND,	INC.	82-	4257	263	5
Га										YES	NO
1	Does the organiza	tion have a racially	nondiscrii	minatory policy	/ towai	d students by state	ement in its charter.				
-	•					-			1	x	
2							d students in all its br				
	catalogues, and o	ther written commu	inications	with the publi	c dealir	ng with student adn	nissions, programs, ar	nd scholarships?	2	X	
3							cly accessible Interne				
	10	Ũ				, ,	oticed by visitors to th				
	10,	0 11			•		or students, or during	<b>,</b>			
							n to all parts of the ge e space, use Part II		3	x	
		OOD PUBLI			e expi	am. Il you need mor	e space, use Part II		3	- 23	
								)			
4	•	tion maintain the fo	•								
а							ve staff?		4a	X	
b							a racially nondiscrimi		4b	X	
С							s to the public dealing	-	4-	x	
d		ssions, programs, a								X	
u						d more space, use			+u		
	n you anoworou		sore, pica	oo oxpiaini ir y							
						)					
					2						
5	-	tion discriminate by									
а	Students' rights o	r privileges?		<u>C</u>					5a		X
		es?									X X
ے اہ	Employment of fa	culty or administrat	ive staff?	•••••					5c		X
d	Educational polici	ner milancial assist	anue:						5d 5e		X
	Use of facilities?										X
											X
									5h		X
						ed more space, use					
									-		v
		tion receive anv fin	ancial aid	or assistance							X
	Does the organiza		التحريم امل		· · · · · ·	n al a al O			<u></u>		IY
	Has the organizat	on's right to such a				nded?			6b		X
b	Has the organizat If you answered "	on's right to such a Yes" on either line 6	6a or line	6b, explain on	Part II.				6b		X
	Has the organizat If you answered " Does the organiza	on's right to such a Yes" on either line 6 tion certify that it h	3a or line 6 as complie	8b, explain on ed with the ap	Part II. plicable	e requirements of s	ections 4.01 through xplain on Part II		6b 7	x	X

hedule E	(Form 990) 2021					LAKELAND		82-4	257263	Pag
Part II	Supplemental I	nformation. Provide any other addition	de the exp	lanations requ	uired by	Part I, lines 3, 40	l, 5h, 6b, and	7, as		
	applicable. Also pro	vice any other addition	nanniorm	allUI1.						
							1			
							2			
							$\mathcal{X}^{\prime}$			
						C				
						<u>.</u>				
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				<u> </u>	5					
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			5							
		$\sim$								
		×								
									le E (Form §	

 $15120123 \ 795320 \ 306402$ 

SCHEDULE G	Suppleme	ntal Info	rmation R	egardiı	ng Fund	drais	ing or Gan	ning Act	tivities	S OMB No. 1545-0047		
(Form 990)	Complete if the								9, or if the	2021		
Department of the Treasury	C	rganizatio	Attach te				rm 990-EZ, liı 0-EZ.	ne oa.		Open to Public		
Internal Revenue Service		to www.ir	•				the latest inf	ormation		Inspection		
Name of the organization	n ACADEMY	PREP	CENTER	OF I	LAKEL	AND	, INC.		Employer id 82-425	lentification number 7263		
	sing Activities		if the organiz	ation ans	wered "Y	'es" o	n Form 990, P	art IV, line	17. Form 990-I	Z filers are not		
1 Indicate whether th	complete this par		hrough any of	the follo	wing acti	vities.	Check all that	apply.				
a 📃 Mail solicitat			e				overnment gra					
	email solicitations	6	f			-	nment grants					
c D Phone solici			g∟	Spec	ial fundra	aising	events					
2 a Did the organization		or oral agree	ement with an	ıy individ	ual (includ	ding o	fficers, directo	ors, trustee	es, or			
key employees list		,			•		•					
<b>b</b> If "Yes," list the 10 compensated at le	•		•	alsers) pu	rsuant to	agree	ements under	which the	fundraiser is to	De		
	· · ·	-			(iii)	Did			Amount paid			
(i) Name and addres or entity (fund			(ii) Activity		(iii) fundr have ci or con	aiser ustody	(iv) Gross red from activ	ceipts to	(or retained by fundraiser	[ to (or retained by)		
					contribu	utions?	inoni dotti	li	isted in col. (i)	organization		
					Yes	No						
							0.					
							0					
						5	•					
					3							
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				$\sim$	•							
				2								
			$\rightarrow$	*								
			<del>C,</del>									
		Y										
	$\overline{\mathbf{O}}$											
Total												
3 List all states in wh						oution	s or has been	notified it i	is exempt from	registration		
or licensing.												
LHA For Paperwork R	eduction Act Not	ice see th	e Instruction	s for For	m 990 or	990-	F7		Schodu	le G (Form 990) 2021		
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ACADEMY PREP CENTER OF LAKELAND, INC.

82-4257263 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, 1 ist events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990	)-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1 LAUNCHING	(b) Event #2 EVENING OF	(c) Other events NONE	(d) Total events (add col. (a) through
e			LEADERSHIP (event type)	STARS (event type)	(total number)	col. (c))
Hevenue	1	Gross receipts	8,173.	130,954.		139,127.
_	2	Less: Contributions	6,962.	85,432.		92,394.
	3	Gross income (line 1 minus line 2)	1,211.	45,522.		46,733.
	4	Cash prizes				
ŝ	5	Noncash prizes				
kpense	6	Rent/facility costs	1,615.			1,615.
Ulrect Expenses	7	Food and beverages				
	8	Entertainment			5	6.050
	9	Other direct expenses		6,479.		6,969.
		Direct expense summary. Add lines 4 through		.01	🕨	8,584.
	11 rt I	Net income summary. Subtract line 10 from li II Gaming. Complete if the organization		a 000 Dart IV line 10 or		38,149.
u		\$15,000 on Form 990-EZ, line 6a.	answered res on on	1990, Fait IV, IIIe 19, 01	reported more than	
anne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Hevenue	1	Gross revenue	C.			
	2	Cash prizes				
Ulrect Expenses	3					
		Noncash prizes				
ב	4	Rent/facility costs	*			
+	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	□ Yes % □ No	No 765 70	□ res % □ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	ls t	ter the state(s) in which the organization conduct he organization licensed to conduct gaming a No," explain:	ctivities in each of these			Yes No
~						
			evoked, suspended, or t	erminated during the tax	year?	Yes No
		re any of the organization's gaming licenses re				
		re any of the organization's gaming licenses re Yes," explain:				
		Vaa II avalain:				

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Sch	edule G (Form 990) 2021	ACADEMY	PREP	CENTER	OF	LAKELAND,	INC.	82-42	57263	B Page 3
11	Does the organization conduct g	gaming activities w	ith nonme	embers?				[	Yes	No
12	Is the organization a grantor, be	-			-		•	_		
	to administer charitable gaming							L	Yes	No
	Indicate the percentage of gami									
	The organization's facility								I3a	%
	An outside facility								l3b	%
14	Enter the name and address of t	the person who pre	epares the	e organization	's gami	ing/special events b	ooks and rec	ords:		
	Name 🕨									
	Address 🕨									
15a	a Does the organization have a co	ontract with a third	party fror	m whom the or	ganiza	tion receives gamin	g revenue?		Yes	🗌 No
Ł	If "Yes," enter the amount of gai	mina revenue rece	ived by th	ne organizatior	n 🕨 \$		and the am	nount		
	of gaming revenue retained by t									
c	If "Yes," enter name and addres		-							
	Name 🕨									
						6	$\mathbf{V}$			
	Address 🕨									
	<b>.</b>									
16	Gaming manager information:									
						.01				
	Name				4					
	Gaming manager compensation	▶ \$				<b>)</b>				
	daming manager compensation	• • <u> </u>			$\mathbf{C}$					
	Description of services provided									
		-		C						
	Director/officer	Employee	Ó		endent	contractor				
47	Mandatan diatributiana			/						
	Mandatory distributions: a Is the organization required under	er state law to mal	ro charita	hle distribution	ne from	the gaming proces	de to			
	retain the state gaming license?							E	Yes	
k	Enter the amount of distribution									
	organization's own exempt activ					1 3				
Pa	rt IV Supplemental Info	rmation. Provid	e the exp	lanations requ	ired by	/ Part I, line 2b, colu	mns (iii) and (v	v); and Part	III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, a	as applicable. Also	provide a	any additional	informa	ation. See instructio	ns.			
1320	83 10-21-21				34			Schedule	G (Form	990) 2021

Schedule G	i (Form 990)	ACADEMY PRE	P CENTER	OF	LAKELAND,	INC.	82-4257263	Page <b>4</b>
Part IV	Supplemental	ACADEMY PRE Information (continued)						
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132084 11 10	21						Schedule G (Fo	rm 990)
132084 11-18-	21			35				

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Form 990)     For certain Officers, Directors, Trustees, Key Employees, and Highest     Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.     Action of the organization     Action of the organization answered 'Yes' on Form 990, Part IV, line 23.     Action of the organization     Action	SCHEDULE J Compensation Information				OMB No. 1545-0047			
Comports of the first value in the organization answerd Yes' on Form 990, Part IV, line 23.     Attach to Form 990.     A		•		2021				
Department         Attach to Form 990.         Open to Public inspection           Name of the organization         ACADEMY PREP CENTER OF LAKELAND, INC.         Employer identification number 82-4257263           Part Devices         Concentration         Employer identification number 82-4257263           Image: Concentration         Employer identification number 82-4257263           Image: Concentration         Image: Concentration         Image: Concentration           Image: Concentration         Image: Concentration         Image: Concentration           Image: Concentration         Image: Concentration         Image: Concentration         Image: Concentration           Image: Concentration         Image: Concentration         Image: Concentration         Image: Concentration         Image: Concentration           Image: Concentration         Image: Concentration         Image: Concentration         Image: Concentration         Image: Concentration           Image: Concentration         Image: Concentration         Image: Concentration         Image: Concentration         Image: Concentration         Image: Concentration           Image: Concentration         Image: Concentration         Image: Concentration         Image: Concentration         Image: Concentration         Image: Concentration         Image: Concentration           Image: Concentration         Image: Concentratin         Imag	•	Compensated Employees						
Indexed tensors served          AcaDEMY PREP CENTER OF LAXELAND, INC.          Employer identification number          AcaDEMY PREP CENTER OF LAXELAND, INC.          Employer identification number          82-4257263          Part II, Questions Regarding Compensation          AcaDEMY PREP CENTER OF LAXELAND, INC.          Yes No.          AcaDEMY PREP CENTER OF LAXELAND, INC.          Yes No.          AcaDEMY PREP CENTER OF LAXELAND, INC.          Yes No.          AcaDEMY PREP CENTER OF LAXELAND, INC.          AcaDEMY PREP CENTER OF LAXELAND, INC.          Yes No.          AcaDEMY PREP CENTER OF LAXELAND, INC.	Denert	N Attack to Forms 000	C			ic		
ACADEMY PREP CENTER OF LAKELAND, INC.         82-4257263           Part I         Questions Regarding Compensation         Yes         No           a Check the appropriate box(se) if the organization provide any of the following to or for a person listed on Form 990, Part VII, Section A. Ine 1a. Complete Part III to provide any relevant information regarding these terms.         Yes         No           Part UI, Section A. Ine 1a. Complete Part III to provide any relevant information regarding these terms.         Paryments for business use of personal residuce of personal use Discretionary spending account         Paryments for business use of personal residuce of the approximation of all of the sognalization follow a written policy regarding payment or reinducement or provision of all of the sognalization follow a written policy regarding payment or reinducement or provision of all of the sognalization follow a written policy regarding payment or reinducement or provision of all of the sognalization topics work if the organization and of all of the sognalization topics work if the compensation of the organization sector is table of parity parity on the tolowing the organization used to establish the compensation of the organization to establish on promised or provision and the organization to establish compensation committee         1b         2         1b           3 Indicate which, if any, of the following the organization used to establish the compensation and provide any personal based on Form 990, Part VII, Section A. Ine 1a, did the organization and or complexitient and or a related organization.         2         2         2           4 During the year, did any person listed on Form 990, Part VII, Section A. Ine 1a, did the orga				Inspe	ction			
Part I       Questions Regarding Compensation         a       Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Complete Part III to provide any relevant information regarding these items.         Image: Intervent III in the complete Part III to provide any relevant information regarding these items.       Image: Complete Part III in the provide any relevant information regarding these items.       Image: Complete Part III in the provide any relevant information regarding these items.         Image: Intervent III in the Complete Part III in the provide any relevant information regarding these items.       Image: Complete Part III in the provide any relevant information regarding these items.       Image: Complete Part III in the provide any relevant information regarding these items.         Image: Intervent III in the complete Part III in the provision of all of the expenses described above? If "No", complete Part III in the provision of all of the expenses described above? If "No", complete Part III in the provision in the Complex to relevant in the provision or a participation in the COC-Executive Director. Check any boxes for methods used to a relevant or complex to relevant in the COC-Executive Director. Check any the approval by the board or complex to relevant in the COC-Executive Director. Check any board or complex to relevant in the relevant i	Nam					mber		
a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Yes         No           Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.         Housing allowance or residence for personal services (bub dues or initiation fees)         No           Discretionary spending account         Personal services (such as maid, chariffeur, cher)         Ite           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 expanses described advorge expenses incurred by all director trustees, and officers, including the CRU/Executive Director, regarding the items checked on line 1a?         Ite           2 Indicate which, If any, of the following the organization to setablish the compleration is CECU/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee         Ite           charge present to an asupplemental morputies for an approxement or anisoling organizations         Compensation fortung to contract (add any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment from an equity based completion arrangement?         4a         X           4 Participate in or receive payment from an equity based completion arrangement?         5a         X           4 Participate in or receive payment from an equ	_	-	82-425	5726	3			
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, Ine 1a. Complete Part III to provide any relevant information regarding these items.            First-list as or charter travel           Housing allowance or residence for personal use             First-list as or charter travel           Housing allowance or residence for personal use             First-list as or charter travel           Housing allowance or residence for personal use             Travel for companions           Heatt to ro social club dues or initiation fees             Discretionary spending account           Personal services (such as maid, chauffeur, chef)             Di 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 descreted above? If "No," complete Part III to explain             Di 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 descreted above? If "No," complete Part III to explain             Di If any of the boxes on line 1a are checked, provide to check any boxes for methods used to a related organization to estabilish the CEO/Executive Director, but explain in Part III.             Diad boxes or a related organization             Doring bol of ther organization <td< td=""><td>Pa</td><td>t I Questions Regarding Compensation</td><td></td><td></td><td></td><td></td></td<>	Pa	t I Questions Regarding Compensation						
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.       Image: Comparison of Comparison Comparison of Comparison o					Yes	No		
<ul> <li>First-class or charter travel</li> <li>Payments for business use of personal use</li> <li>Payments for business use of personal residence</li> <li>Travel for companions</li> <li>Payments for business use of personal residence</li> <li>Payments for business or submosine of the forgenization is</li> <li>CEO/Executive Director. Check all that apply. Do not check any boxes for methods used b a related organization is</li> <li>CEO/Executive Director. Due tapinin in Part III.</li> <li>Compensation committee</li> <li>Written employneting contract</li> <li>Participate in or receive payment from an equity based coments for an angement?</li> <li>Participate in or receive payment from an equity based coments for an angement?</li> <li>Participate in or receive payment from an equity based coments for an angement?</li> <li>Payments for bised on form 930, Part VII, Saction A, line 1a, did the organization pay or accrue any compensation committee</li> <li>Participate in or receive payment from an equity based coments for each item in Part III.</li> <li>Onl</li></ul>			0,					
Image: Travel for companions       Payments for business use of personal residence         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for companions       Personal services (such as maid, chauffeur, chef)         Image: Travel for the organization requires substantiation prior to reimbursing or allowing expenses incurred by all director       Image: Travel for companions         Image: Travel for companions       Personal setvices of methods used by a related organization to establish compensation committee       Image: Travel for companions         Image: Travel for companions       Personal setvices of methods used by a related organization to establish compensation committee       Image: Travel for companions <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
Tax indemnification and gross-up payments       Health or social club dues or initiation fees         Discretionary spending account       Personal services (such as maid, chauffeur, cheft)         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 director. trustees, and officers, including the CEO/Executive Director, regarding the tems 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, but explain in Part III.       2         Compensation committee       Written employment contract       2         Indicate which, if any operand listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       2         4 During the yaar, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization:       4a       X         b Participate in or receive payment from an equity-based compensation carangement?       4a       X         f 'Yes' to any of lines 4ac, list the persons and provide thi abplicable amounts for each item in Part III.       5b       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations pay or accrue any compensation contingent on the revensue o:       5a       X <tr< td=""><td></td><td></td><td></td><td></td><td></td><td></td></tr<>								
Discretionary spending account       Personal services (such as maid, chauffeur, chef)         b       If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.       1b         2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all director.       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the OC/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         4       Indicate which, if any, of the following the organization used to establish the compensation organization to establish the compensation organization to establish compensation consultant       2         COMPensation are neared organization:       Compensation committee       3         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:       4a       X         5       Participate in or receive payment from an equity-based chase for each item in Part III.       4b       X         6       Participate in or receive payment from an equity-based chase of reach item in Part III.       5b       X         7       Yes" to any of lines 4a.c, list the persons and proved the applicable amounts for each item in Part III.       6a </td <td></td> <td></td> <td>ence</td> <td></td> <td></td> <td></td>			ence					
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 director 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 CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2         Compensation committee       Written employned contract       0         Compensation committee       Written employned contract       0         Compensation committee       Written employned to contract       0         Compensation a supplemental nonquelifies different plan?       4a       X         Participate in or receive payment from a supplemental nonquelifies different plan?       4a       X         Participate in or receive payment from a supplemental nonquelifies different plan?       4a       X         Only section 501(c)(3), 501(c)(4), and 501(c)(20 organizations must complete lines 5-9.       5       5a       X         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the receamings of:       5a <td< td=""><td></td><td></td><td></td><td></td><td></td><td></td></td<>								
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 director.       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the Organization's CEO/Executive Director, but explain in Part III.       2          CEO/Executive Director, beck all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       2          Compensation committee       Written employment contract       2          Compensation committee       Written employment contract       2          Compensation committee       Written employment contract       4a       X          Porroyal by the board or compensation committee       4a       X          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:       4a       X          Participate in or receive payment from a supplemental nonqualified usfirement plan?       4b       X          Participate in or receive payment from a supplemental nonqualified usfirement plan?       4c       X          Participate in or receive payment from a supplemental nonqualified usfirement plan?       4b       X          Porti		Discretionary spending account	chef)					
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.       2         3 Indicate which, if any, of the following the organization used to establish the compensation of the GEO/Executive Director, but explain in Part III.       2         4 Indicate which, if any, of the following the organization used to establish the compensation of the GEO/Executive Director, but explain in Part III.       2         6 Compensation committee       Written employment contract       0         6 Compensation committee       Written employment contract       4         7 Form 990 of other organization:       X Approval by the board or compensation committee       4a         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:       4a       X         9 Participate in or receive payment from a supplemental nonqualified conferement plan?       4a       X         16 Yes* to any of lines 4ac, list the persons and provoe the applicable amounts for each item in Part III.       5b       X         17 Yes* to any of lines 4ac, list the persons and provoe the applicable amounts for each item in Part III.       5a       X         18 core is a sort of SD, described Part III.       5b       X       Y         19 Any related organization?	<b>L</b>							
2       Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directory 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 GEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         3       Indicate which, if any, of the following the organization used to establish the compensation of the CEO/Executive Director, but explain in Part III.       2         4       Compensation committee       Written employment contract       3         1       Independent compensation consultant       Compensation or arelated organization       4         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:       4       4         5       Participate in or receive payment from a supplemental nonqualified usforment plan?       4       4       X         6       Participate in or receive payment from a supplemental compensition management?       4       X       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retearings of:       5       5       S       X         <				16				
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 CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.       2         Compensation committee       Written employnemic contract       1         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:       4a       X         Participate in or receive payment from a supplemental nonqualified arrement plan?       4b       X         Contigenentiation of the revenues of:       4c       X         The organization?       5a       X         May related organization?       5a       X         May related organization?       5a       X         If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5b       X         Only section 501(c)(3), 501(c)(4), and 501(c)(2) organizations must complete lines 5-9.       5b       X         For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         Any related organization?       5b       X       5b<				di				
3       Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee       Image: CEO/Executive Director, but explain in Part III.         Compensation committee       Written employment contract         Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       X Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:         a       Receive a severance payment or change-of-control payment?         b       Participate in or receive payment from an equity-based compensation pay or accrue any compensation commistee         c       X         dc				0				
GEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <ul> <li>Compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>Independent compensation consultant</li> <li>Compensation stucey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> </ul> 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: <ul> <li>Receive a severance payment or change-of control payment?</li> <li>Participate in or receive payment from a supplemental nonqualified untrement plan?</li> <li>Participate in or receive payment from an equity-based compensation arangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> </ul> <ul> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>The organization?</li> <li>So To persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>The organization?</li> <li>Any related organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not desc</li></ul>		induces, and officers, including the CEO/Executive Director, regarding the items checked of line 12?		2				
GEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <ul> <li>Compensation of the CEO/Executive Director, but explain in Part III.</li> <li>Compensation committee</li> <li>Independent compensation consultant</li> <li>Compensation stucey or study</li> <li>Form 990 of other organizations</li> <li>Approval by the board or compensation committee</li> </ul> 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: <ul> <li>Receive a severance payment or change-of control payment?</li> <li>Participate in or receive payment from a supplemental nonqualified untrement plan?</li> <li>Participate in or receive payment from an equity-based compensation arangement?</li> <li>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</li> </ul> <ul> <li>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</li> <li>The organization?</li> <li>So To persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</li> <li>The organization?</li> <li>Any related organization?</li> <li>For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not desc</li></ul>	3	Indicate which if any of the following the organization used to establish the compensation of the organization's						
establish compensation of the CEO/Executive Director, but explain in Part III.       Written employment contract         Compensation committee       Written employment contract         Independent compensation consultant       Compensation storedy or study         Form 990 of other organizations       X Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line Ta, with respect to the filing organization or a related organization:       4a       X         b       Participate in or receive payment from a supplemental nonqualified afforment plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         d       The organization?       5a       X         if "Yes" on line 5a or 5b, describe in Part III.       6b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X			to					
Compensation committee       Written employment contract         Independent compensation consultant       Compensation survey or study         Form 990 of other organizations       X Approval by theboard or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         a Receive a severance payment or change of control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified reforement plan?       4c       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       5a       X         Dary section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X       5b       X         b Any related organization?       6a       X			10					
Independent compensation consultant       Compensation study or study         Form 990 of other organizations       Approval by the board or compensation committee         4       During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:       4a       X         b       Participate in or receive payment for an aupulted referement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and proved the applicable amounts for each item in Part III.       6       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X       X         b       Any related organization?       5a       X         if "Yes" on line 5a or 5b, describe in Part III.       6b       X         f       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the retermings of:       a       a         a       The organization?       6a       X       X         b<								
Image: Source of the second state second state of the second state second s								
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:       4a       X         a       Receive a severance payment or change-of-control payment?       4a       X         b       Participate in or receive payment from a supplemental nonqualified refirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         if "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         7       The organization?       6a       X       4b       X         8       Ay related organization?       6a       X       4b       X         9       If "Yes" on line 6a or 6b,			imittee					
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualitied torrement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d The organization?								
organization or a related organization:       4a       X         a Receive a severance payment or change-of-control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualitied torrement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d C       X       X         d The organization?	4	During the year, did any person listed on Form 990. Part VII, Section A, line 1a with respect to the filing						
a Receive a severance payment or change of control payment?       4a       X         b Participate in or receive payment from a supplemental nonqualified refirement plan?       4b       X         c Participate in or receive payment from an equity-based compensation arrangement?       4c       X         lf "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a The organization?       5a       X         b Any related organization?       5b       X         lf "Yes" on line 5 aor 5b, describe in Part III.       5b       X         orningent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6a       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         c For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not describe on lines 5 and 6? If "Yes," describe in Part III.       7       X         b Any related organization?       6a       X       6b       X								
b       Participate in or receive payment from a supplemental nonqualified refirement plan?       4b       X         c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       4c       X         Only section 501(c)(3), 501(c)(4), and 501(c)(29) or ganizations must complete lines 5-9.       5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       6a       X         b       Any related organization?       6a       X         b       Any related organization?       6a       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         f       "Yes" on line 6a or 6b, describe in Part III.       7       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       X         7       For persons listed 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				4a		Х		
c       Participate in or receive payment from an equity-based compensation arrangement?       4c       X         If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Compensation Compensation Compensation Compensation Compensation Contingent on the revenues of:       Image: Compensation Compensation Compensation Compensation Compensation Contingent on the revenues of:       Image: Compensation Compensatis compensatis compensatis compensatis compensation Compensation Co						Х		
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.       Image: Control of Co				4c		Х		
5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes," on line 6a or 6b, describe in Part III.       7       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 Regulations section 53.4958-6(c)?       9       9								
5       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:       5a       X         a       The organization?       5a       X         b       Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes" on line 6a or 6b, describe in Part III.       6b       X         f "Yes," on line 6a or 6b, describe in Part III.       7       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 Regulations section 53.4958-6(c)?       9       9								
contingent on the revenues of:       5a       X         a The organization?       5b       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       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 Regulations section 53.4958-6(c)?       9       9								
a The organization?       5a       X         b Any related organization?       5b       X         if "Yes" on line 5a or 5b, describe in Part III.       5b       X         6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       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 Regulations section 53.4958-6(c)?       9       9	5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
b Any related organization?       5b       X         If "Yes" on line 5a or 5b, describe in Part III.       6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III       8       X         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9       9								
b       Ministriction       Image: Section of Sect				5a				
6       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:       6a       X         a       The organization?       6a       X         b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       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 Regulations section 53.4958-6(c)?       9       9	b	Any related organization?		5b		X		
contingent on the net earnings of:       6a       X         a The organization?       6a       X         b Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       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 Regulations section 53.4958-6(c)?       9       9		If "Yes" on line 5a or 5b, describe in Part III.						
a The organization?       6a       X         b Any related organization?       6b       X         if "Yes" on line 6a or 6b, describe in Part III.       6b       X         7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       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 Regulations section 53.4958-6(c)?       9       9	6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
b       Any related organization?       6b       X         If "Yes" on line 6a or 6b, describe in Part III.       6b       X         7       For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.       7       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 Regulations section 53.4958-6(c)?       9       9		• •						
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.         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         9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?				6a				
<ul> <li>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</li></ul>				6b		X		
not described on lines 5 and 6? If "Yes," describe in Part III       7       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 Regulations section 53.4958-6(c)?       9       9								
<ul> <li>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</li></ul>						v		
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9				7		X		
9       If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?       9				_		v		
Regulations section 53.4958-6(c)?				8		X		
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132111 11-02-21

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			other deferred	(D) Nontaxable benefits	(E) Total of column (B)(i)-(D)	in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) LINCOLN TAMAYO	(i)	96,839.	0.	0.	0.	0.	96,839.	0.	
HEAD OF SCHOOL	(ii)	112,292.	0.	0.	0.	0.	112,292.	0.	
	(i)								
	(ii)				c O				
	(i)								
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	(i)								
	(ii)								

## Part III Supplemental Information

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

PART I, LINE 3:
COMPENSATION OF THE HEAD OF SCHOOL IS APPROVED BY THE BOARD AND/OR ITS
COMPENSATION COMMITTEE.
~?``
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Schedule J (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

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. Name of the organization

OMB No. 1545-0047 **Open to Public** Inspection Employer identification number

82-4257263 ACADEMY PREP CENTER OF LAKELAND, INC.

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

LEADERS THROUGH A RIGOROUS MIDDLE SCHOOL PROGRAM COUPLED WITH ONGOING

Supplemental Information to Form 990 or 990-EZ

GRADUATE SUPPORT.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT ACADEMY PREP CENTER OF LAKELAND IS A RIGOROUS, PRIVATE, NON-PROFIT MIDDLE SCHOOL (5TH-8TH GRADES) FOR LOW INCOME STUDENTS IN LAKELAND, FLORIDA. ACADEMY PREP PROVIDES AN EXEMPLARY COLLEGE PREPARATORY MIDDLE SCHOOL EDUCATION THAT INCLUDES EXTENDED DAYS, WEEKS, AND SCHOOL YEAR, COUPLED WITH A WIDE ARRAY OF ENRICHMENT ACTIVITIES AND SERVICES. ACADEMY PREP CONTINUES TO SUPPORT OUR GRADUATES IN HIGH SCHOOL, COLLEGE, AND INTO THEIR CAREERS, ENSURING SUCCESSFUL TRANSITIONS INTO EACH PHASE OF THEIR LIVES.

ACADEMY PREP STUDENTS ATTEND SCHOOL UP TO 11 HOURS A DAY, 6 DAYS A
WEEK, 11 MONTHS A YEAR, WITH CLASSES OF NO MORE THAN 20 STUDENTS,
SEPARATED BY GENDER IN 5TH AND 6TH GRADES. ACADEMY PREP OFFERS A UNIQUE
COMBINATION OF DEMANDING ACADEMICS AND ENRICHMENT ACTIVITIES THAT OFFER
OPPORTUNITIES FOR GROWTH. IN ADDITION TO RIGOROUS EDUCATION IN ENGLISH,
MATH, HISTORY, AND SCIENCE, ALL STUDENTS ARE REQUIRED TO TAKE ART,
CHESS, SPANISH, MUSIC, AND PHYSICAL EDUCATION CLASSES WEEKLY AS
IMPORTANT PARTS OF THEIR ACADEMIC SCHEDULE. OVER 25 ENRICHMENT
ACTIVITIES ARE OFFERED TO ACADEMY PREP STUDENTS DURING THE LATE
AFTERNOON AS PART OF THEIR SCHOOL DAY, INCLUDING GOLF, MUSIC, CHOIR,
DANCE, GARDENING, DRAMA, JOURNALISM, MARTIAL ARTS AND COOKING, TO NAME
A FEW. ADDITIONALLY, STUDENTS SPEND SATURDAYS ON FIELD TRIPS THAT
LHA       For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.       Schedule O (Form 990) 2021
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Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization ACADEMY PREP CENTER OF LAKELAND, INC.	Employer identification number 82-4257263
INCLUDE KAYAKING AND NATURE EXPLORATION, VISITS TO ART, S	CIENCE AND
HISTORY MUSEUMS, AND COMMUNITY SERVICE.	
COMMUNITY PARTNERSHIPS PROVIDE POSITIVE ROLE MODELS IN TH	E CLASSROOM
AND FACILITATE ENRICHMENT ACTIVITIES THAT CONNECT ACADEMY	PREP STUDENTS
TO THE DYNAMIC AND DIVERSE LAKELAND COMMUNITY. FAMILY INV	OLVEMENT IS
ALSO AN ESSENTIAL COMPONENT IN STUDENT ACHIEVEMENT - 40 H	OURS OF
VOLUNTEER SERVICE PER FAMILY IS REQUIRED ANNUALLY.	
THE ACADEMY PREP MODEL ACHIEVES OUTSTANDING RESULTS. ACAD	EMY PREP
STUDENTS SHOW SIGNIFICANT IMPROVEMENT IN ACADEMIC ABILITY	THROUGH THEIR
ACADEMY PREP YEARS. MOST ENTER AT OR LESS THAN GRADE LEVE	L IN MATH AND
READING. BY GRADUATION, 8TH GRADERS ARE SCORING AHEAD OF	GRADE LEVEL IN
MATH AND READING ON NATIONAL ASSESSMENT TESTS.	
WHILE ACADEMY PREP CENTER OF LAKELAND HAS ONLY BEEN OPEN	SINCE 2019, WE
ARE MODELED AFTER OUR SISTER CAMPUSES IN ST. PETERSBURG (	OPENED IN
1997) AND TAMPA (OPENED IN 2003). THROUGH THE YEARS AT TH	ESE CAMPUSES,
APPROXIMATELY 81% OF GRADUATES HAVE ATTENDED PRIVATE OR B	OARDING
COLLEGE PREP SCHOOLS AFTER LEAVING ACADEMY PREP. 99% OF G	RADUATES HAVE
GRADUATED FROM HIGH SCHOOL ON TIME, AND 84% OF OUR GRADUA	TES HAVE GONE
ON TO POST-SECONDARY EDUCATION, WITH AN ADDITIONAL 6% SER	VING IN THE
ARMED FORCES.	
ACADEMY PREP CENTER OF LAKELAND'S FIRST GRADUATING CLASS	IS CURRENTLY

IN 9TH GRADE. 83% OF THAT CLASS IS CURRENTLY ENROLLED IN PRIVATE,

BOARDING, OR PUBLIC IB/MAGNET COLLEGE PREPARATORY PROGRAMS. THIS

EXEMPLARY CLASS EXCELLED ACADEMICALLY AND HAD THE 2ND HIGHEST 132212 11-11-21

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2021.05030 ACADEMY PREP CENTER OF LAKE 306402\_1

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization ACADEMY PREP CENTER OF LAKELAND, INC.	Employer identification number 82-4257263
PERCENTAGE OF STUDENTS ON OR ABOVE GRADE LEVEL IN BOTH MA	TH AND READING
AMONG ALL SCHOOLS COUNTY-WIDE, ACCORDING TO CONCORDANT SC	ORES OF THE
MAP AND FSA TESTS, WITH 79% OF THE CLASS BEING ON OR ABOV	E GRADE LEVEL
IN READING AND 88% OF THE CLASS BEING ON OR ABOVE GRADE L	EVEL IN MATH.
WE ARE THE ONLY SCHOOL IN POLK COUNTY TO RANK THAT HIGHLY	IN BOTH
SECTIONS.	

FORM 990, PART III, LINE 4B - SECOND ACCOMPLISHMENT
GRADUATE SUPPORT SERVICES PROVIDES GUIDANCE AND FINANCIAL SUPPORT FOR
ACADEMY PREP STUDENTS AND GRADUATES THROUGH HIGH SCHOOL AND COLLEGE AS
THEY BECOME LEADERS AND BREAK THE CYCLE OF POVERTY. CLOSE SUPPORT AND
COUNSELING IS PROVIDED WHILE STUDENTS ARE IN OUR MIDDLE SCHOOL PROGRAM,
WHICH INCLUDES EMPHASIZING POSITIVE LIFE CHOICES, A COLLEGE-GOING
CULTURE, AND THE DEVELOPMENT OF LIFE GOALS WHILE ENSURING STUDENTS
MASTER ACADEMIC AND ENRICHMENT COURSES AT THE HIGHEST LEVEL.

PRIOR TO GRADUATING FROM ACADEMY PREP, STUDENTS DEVELOP EDUCATIONAL AND CAREER GOALS AND ARE THEN MATCHED WITH PRIVATE COLLEGE PREPARATORY LOCAL AND BOARDING SCHOOLS AND ADVANCED PUBLIC HIGH SCHOOLS. THE GRADUATE SUPPORT TEAM MONITORS THEIR PROGRESS THROUGHOUT THEIR HIGH SCHOOL AND COLLEGE ENROLLMENTS, ENSURING SUCCESSFUL TRANSITIONS AND OUTCOMES.

GRADUATE SUPPORT'S FOCUS ON CURRENT ACADEMY PREP STUDENTS IS PRIMARILY ON THE 7TH AND 8TH GRADE CLASSES, ENSURING THAT EACH STUDENT APPLIES TO, IS ACCEPTED INTO, AND RECEIVES FUNDING FOR THE HIGH SCHOOL BEST SUITED FOR THE STUDENT - WHETHER LOCAL PRIVATE PREPARATORY SCHOOLS, 132212 11-11-21 Schedule O (Form 990) 2021 41 15120123 795320 306402 2021.05030 ACADEMY PREP CENTER OF LAKE 306402\_1

Schedule O (Form 990) 2021	Page 2
Name of the organization ACADEMY PREP CENTER OF LAKELAND, INC.	Employer identification number 82-4257263
LOCAL MAGNET OR IB PROGRAMS, OR BOARDING SCHOOLS. GRADUAT	E SUPPORT ALSO
PROVIDES THE ACADEMY PREP 8TH GRADE CLASS WITH SUPPLEMENT	AL EDUCATION
AND TRAINING IN A WEEKLY CLASS, WHICH TEACHES STUDENTS LI	FE LESSONS
LIKE INTERVIEWING SKILLS, DINING AND DRESSING ETIQUETTE,	TIME
MANAGEMENT AND LEADERSHIP. STUDENTS ARE ALSO OFFERED AN I	NTENSIVE SSAT
PREP CLASS DURING LUNCH AND RECESS.	

THE GRADUATE SUPPORT TEAM SERVES ACADEMY PREP GRADUATES IN HIGH SCHOOL AND COLLEGE BY CLOSELY MONITORING THEIR ACADEMIC PROGRESS AND HELPING TO ADDRESS ANY CHALLENGES IN THEIR ACADEMIC OR PERSONAL LIVES TO ENSURE THAT STUDENTS GRADUATE HIGH SCHOOL AND MATRICULATE INTO COLLEGE.

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

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Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization ACADEMY PREP CENTER OF LAKELAND, INC.	Employer identification number 82-4257263
THE FINANCE COMMITTEE REVIEWS THE 990 AND REPORTS TO THE	BOARD. A COPY OF
THE 990 IS PROVIDED TO EACH BOARD MEMBER PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
TRUSTEES ARE ASKED TO DISCLOSE ANY POSSIBLE CONFLICTS OF	INTEREST AND
ENFORCES THE POLICY.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD APPROVES ALL COMPENSATION AND HIRING.	
$C^{O^{*}}$	
FORM 990, PART VI, SECTION C, LINE 19:	
PRINTED GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY	AND FINANCIAL
STATEMENTS AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGES IN INTEREST IN ACADAMY PREP FOUNDATIONS	-1,241.
, C	
FORM 990, PART XII, LINE 2C - FINANCIAL STATEMENTS AND RE	PORTING
THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBIL	
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SE	
INDEPENDENT ACCOUNTANT. THIS OVERSIGHT PROCESS HAS NOT CH	
PRIOR YEAR.	
FORM 990 PART III - ADDITIONAL INFORMATION	
DEVELOPMENT-RELATED EXPENSES SEEM DISPROPORTIONATELY HIGH	I ACCORDING TO
PERCEIVED FUNDRAISING STANDARDS. DUE TO OUR UNIQUE MODEL	OF OFFERING
FREE-TUITION TO ALL OF OUR STUDENTS, WE DEPEND ALMOST ENT	
132212 11-11-21 43	Schedule O (Form 990) 2021

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Name of the organization ACADEMY PREP CENTER OF LAKELAND, INC.	Employer identification number 82-4257263
DEVELOPMENT EFFORTS IN ORDER TO COVER OPERATING EXPENSES.	
THE ROLE OF THE DEVELOPMENT DEPARTMENT EXTENDS FAR BEYOND	FUNDRAISING.
AT ACADEMY PREP, DEVELOPMENT ENCOMPASSES ALL EVENT-PLANNI	NG AND
MANAGEMENT, MARKETING, AND COMMUNICATIONS AS WELL AS CULT	IVATION OF
MAJOR AND CAPITAL GIFTS, WHICH REQUIRE FRONT-END INVESTME	NTS TO ACHIEVE
LONG-TERM BENEFITS. WE EXPECT TO REALIZE THESE BENEFITS I	N FUTURE
YEARS.	
ACADEMY PREP'S GRADUATES ARE ITS BEST EXAMPLES OF THE SCH	OOL'S SUCCESS
IN TRANSFORMING THE LIVES OF YOUNG, ECONOMICALLY DISADVAN	TAGED
STUDENTS. OUR GRADUATES ARE SERVING AS COMMUNITY LEADERS	AND WORKING
HARD AS THEY STRIVE FOR EXCELLENCE. FOR EXAMPLE, ONE OF O	UR STUDENTS
FROM THE ACADEMY PREP CLASS OF 2007 ATTENDED HIGH SCHOOL	AT BERKELEY
PREPARATORY SCHOOL AND GRADUATED FROM THE UNIVERSITY OF C	ENTRAL FLORIDA
IN 2015. HE WENT ON TO LAW SCHOOL AT THE UNIVERSITY OF FL	ORIDA LEVIN
COLLEGE OF LAW, AND WORKED AS A SUMMER ASSOCIATE IN 2017	AT A MAJOR LAW
FIRM IN TAMPA. HE HAS SINCE PASSED THE BAR AND CURRENTLY	PRACTICES
COMMERCIAL REAL ESTATE LAW AT THAT PRESTIGIOUS LAW FIRM.	
ANOTHER GRADUATE FROM ACADEMY PREP CENTER OF TAMPA CAME T	O THE SCHOOL
WHILE IN FOSTER CARE AND LIVING IN A GROUP HOME. SHE GRAD	UATED FROM

Page 2

ACADEMY PREP IN 2011, WENT ON TO CHATHAM HALL, A PRIVATE BOARDING

SCHOOL IN CHATHAM VIRGINIA, ON FULL SCHOLARSHIP, AND OBTAINED HER

DEGREE IN COMPUTER SCIENCE AT THE UNIVERSITY OF CENTRAL FLORIDA. SHE

WAS ACCEPTED INTO A COVETED AND HIGHLY COMPETITIVE INTERNSHIP PROGRAM

WITH MICROSOFT THE SUMMER BEFORE GRADUATION AND WAS OFFERED A SALARIED

POSITION AT MICROSOFT, COMPLETE WITH SIGNING BONUS AND STOCK OPTIONS, Schedule O (Form 990) 2021 132212 11-11-21 44 2021.05030 ACADEMY PREP CENTER OF LAKE 306402\_1

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Schedule O (Form 990) 2021

Name of the organization	Employer identification nu
ACADEMY PREP CENTER OF LAKELAND, INC.	82-4257263
POST-GRADUATION. ABOUT HER ACADEMY PREP EXPERIENCE, S	SHE SAID, "ACADEMY
PREP DEVELOPS COMMUNITY LEADERS BY GIVING EVERY CHILD	D A CHANCE TO
SUCCEED AND A CHANCE TO FIGURE OUT WHAT THEY'RE PASSI	IONATE ABOUT."
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22212 11.11.21	Schedule O (Form 990
<sup>32212</sup> 11-11-21 <b>45</b>	Schedule O (Form 990

SCHEDULE R	1	<b>Related Organizations</b>	and Unrelated Pa	rtnershins			0	MB No. 1545	5-0047
(Form 990)		lete if the organization answered "			6, or 37.			202	-
Department of the Treasu Internal Revenue Service	ıry	Go to www.irs.gov/Form990 f		st information.			0	pen to Po Inspecti	
Name of the organ	ization	ENTER OF LAKELAND,					oyer identifi 2-42572		umber
Part I Identifie	cation of Disregarded Entities. Complet	e if the organization answered "Yes'	' on Form 990, Part IV, line 3	3.					
Name, a	<b>(a)</b> address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state c foreign country)	or (d) Total incor	(e) me End-of-year		Direct o	<b>(f)</b> controlling ntity	)
		-		<u>, 6</u> ,					
		-							
		-	GUIL						
		-	10-						
	cation of Related Tax-Exempt Organiza ations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, t	because it had one	e or more re	elated tax-exe	empt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	Direct of	<b>(f)</b> controlling entity	Section 5 contr enti	olled
					501(c)(3))			Yes	No
1021 LAKELAND									
/	33805	SUPPORT	FLORIDA	501C3	12C	N/A			X
	ENTER OF ST. PETE - 59-3623000								
1021 LAKELAND LAKELAND, FL	33805	EDUCATION	FLORIDA	501C3	2	N/A			x
/	ENTER OF TAMPA, INC	EDUCATION	I DOVIDA	50105	<u> </u>			+	
	21 LAKELAND HILLS BLVD,	-							
LAKELAND, FL		EDUCATION	FLORIDA	501C3	2	N/A			x

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

Schedule R (Form 990) 2021

# Schedule R (Form 990) 2021 ACADEMY PREP CENTER OF LAKELAND, INC.

82-4257263 Page 2

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

Name, address, and EIN of related organization       Primary activity       Legal (state or foreign country)       Direct controlling entity       Predominant income (related, unrelated,	al or Perc ging owr PRO	ging
Income     endods, and autor       income     income     endods, and autor       allocations?     allocations?     allocations?       income     excluded from tax under       income     income     allocations?       income     income     income       income     income     income       income     income     income       income     income <td>No</td> <td>No</td>	No	No
country     sections 512-514)     Yes     No     K-1 (Form 1065)     Yes	<u>No</u>	<u>No</u>
		+
		+
(a)       (b)       (c)       (d)       (e)       (f)       (g)       (h)         Name, address, and EIN of related organization       Primary activity       Legal domicile (state or foreign       Direct controlling entity       Type of entity (C corp, S corp, or rust)       Share of total income       Share of end-of-year       Percenta ownersh	age 51: nip cor	age nip
foreign country) or trust) assets	Yes	Y

# Schedule R (Form 990) 2021 ACADEMY PREP CENTER OF LAKELAND, INC.

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transaction	s with one or more r	elated organizations listed	in Parts II-IV?					
а	a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity								
	<ul> <li>b Gift, grant, or capital contribution to related organization(s)</li> </ul>								
	Gift, grant, or capital contribution from related organization(s)				1c		Х		
	Loans or loan guarantees to or for related organization(s)				1d	Х			
	Loans or loan guarantees by related organization(s)				1e	Х			
				4					
f	Dividends from related organization(s)				1f		X		
	Sale of assets to related organization(s)				1g		Х		
	Purchase of assets from related organization(s)				1h		Х		
i	Exchange of assets with related organization(s)		<b>~</b> U		<b>1</b> i		Х		
j	Lease of facilities, equipment, or other assets to related organization(s)				<b>1</b> j		Х		
					-				
k	k Lease of facilities, equipment, or other assets from related organization(s)								
Т	Performance of services or membership or fundraising solicitations for related organization(s)								
m	m Performance of services or membership or fundraising solicitations by related organization(s)								
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
	o Sharing of paid employees with related organization(s)								
р	p Reimbursement paid to related organization(s) for expenses								
	q Reimbursement paid by related organization(s) for expenses								
-									
r	Other transfer of cash or property to related organization(s)				1r		Х		
	s Other transfer of cash or property from related organization(s)								
2	If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	his line, including covered	relationships and transaction thresholds.					
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount in	volved				
<u>(1)</u> I	DUE TO ACADEMY PREP CENTER OF TAMPA, INC.	D	699.	FAIR MARKET VALUE					
(2) 2	ACADEMY PREP FOUNDATION, INC.	D	7,152.	FAIR MARKET VALUE					
<u>(3)</u> Z	ACADEMY PREP FOUNDATION, INC.	К	528,472.	SHARING OF FACILITIES					
	ACADEMY PREP FOUNDATION, INC.	0	156,081.	SHARING OF EMPLOYEES					
	DUE TO ACADEMY PREP CENTER OF ST. PETERSBURG	Е	419.	FAIR MARKET VALUE					

(6)

## Schedule R (Form 990) 2021 ACADEMY PREP CENTER OF LAKELAND, INC.

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)		(e) Are all partners sec 501(c)(3) orgs.? Yes No		<b>(g)</b> Share of end-of-year assets	(h) Dispropor- tionate allocations Yes No	of Schedule K-1	(j) General o managing partner? Yes NO	<b>(k)</b> Percentage ownership
					Ŕ	ト				
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	0	30.								

Schedule R (Form 990) 2021

<u>ichedule R</u>	(Form 990) 2021	ACADEMY	PREP	<u>CENTER</u>		LAKELAND	, INC.	02-42	57263 Pag
Part VII	Supplemental Inf	ormation							
	Provide additional info	rmation for respons	es to ques	tions on Sch	edule R	. See instructions			
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								Schedule	R (Form 990) 2
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WAITING ON	3RD	PARTY	INFO
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Form	8868
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#### (Rev. January 2022)

Exempt Organization Return

Application for Automatic Extension of Time To File an

Department of the Treasury
Internal Revenue Service

#### File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or Name of exempt organization or other filer, see instructions.	r / I INN					
print	xpayer identification number (TIN)					
ACADEMY PREP CENTER OF LAKELAND, INC. 82-4257263	3					
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions.						
filing your return. See 1021 LAKELAND HILLS BOULEVARD						
instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions.						
LAKELAND, FL 33805						
Enter the Return Code for the return that this application is for (file a separate application for each return)	0 1					
Application Return Application	Return					
Is For Code Is For	Code					
Form 990 or Form 990-EZ 01 Form 1041-A	08					
Form 4720 (individual) 03 Form 4720 (other than individual)	09					
Form 990-PF 04 Form 5227	10					
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069	11					
Form 990-T (trust other than above) 06 Form 8870	12					
Form 990-T (corporation) 07						
TERRI SCARCELLI, EA						
• The books are in the care of  1021 LAKELAND HILLS BLVD - LAKELAND, FL 33805						
Telephone No. ▶ 863-940-8900 Fax No. ▶						
If the organization does not have an office or place of business in the United States, check this box						
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, ch	eck this					
box 🕨 🗌 . If it is for part of the group, check this box 🕨 🛄 and attach a list with the names and TINs of all members the extension is f						
1 I request an automatic 6-month extension of time until APRIL 18, 2023 , to file the exempt organization return	n for					
the organization named above. The extension is for the organization's return for:						
calendar year or						
► X tax year beginning JUN 1, 2021 , and ending MAY 31, 2022 .						
2 If the tax year entered in line 1 is for less than 12 months, check reason:						
Change in accounting period						
<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less						
any nonrefundable credits. See instructions. 3a \$	0.					
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b	0.					
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by						
using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$	0.					
Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for p instructions.	ayment					
LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev	. 1-2022)					

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