** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

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

Open to Public

Α	For the	2020 calendar year, or tax year beginning $JUN I$, $2U2U$ and	ending M	<u>IAY 31, 2021</u>		
В	Check if applicable	C Name of organization		D Employer identific	cation number	
	Addres					
L	Name change	Doing business as		82-42572	63	
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 1021 LAKELAND HILLS BOULEVARD	Room/suite	E Telephone number 863-940-8900		
	termin- ated			G Gross receipts \$	1,829,342.	
	Amend			_		
F	lreturn ⊟Applica		Σ	H(a) Is this a group re		
	⊥ltiöh pendin	SAME AS C ABOVE		for subordinates		
_	_			H(b) Are all subordinates in		
		mpt status: X 501(c)(3)	or 527	1,	list. See instructions	
		e: ACADEMYPREP.ORG/LAKELAND		H(c) Group exemptio		
	_	organization: X Corporation Trust Association Other	L Year	of formation: 2018 N	$f 1$ State of legal domicile: ${f FL}$	
P		Summary				
ø	1 1	Briefly describe the organization's mission or most significant activities: ${\hbox{{\tt TO}}}$ ${\hbox{{\tt II}}}$	NSPIRE	AND EMPOWE	R STUDENTS	
auc	1 1	WHO QUALIFY FOR NEED-BASED SCHOLARSHIPS '	TO BEC	OME FUTURE	COMMUNITY	
ž	2 (Check this box 🕨 📖 if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.	
ŏ	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	6	
ر م	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			6	
Ş		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			0	
įį		Total number of volunteers (estimate if necessary)		6	92	
Activities & Governance				7a	0.	
⋖				7b	0.	
	 ~	vet dinolated scomood taxasic moonic nonin con i, r art i, mic 17		Prior Year	Current Year	
	8 (Contributions and grants (Part VIII, line 1h)		5,670,368.	1,375,058.	
ηe	9 1			311,696.	447,031.	
Revenue	10 1	, , , , , , , , , , , , , , , , , , , ,		0.	0.	
æ	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,982,064.	1,822,089.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.	
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)		1,016,336.	1,283,054.	
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				
ens	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>.</u>	0.	0.	
Ϋ́	b	Total fundraising expenses (Part IX, column (D), line 25)		F06 200	FF4 1C0	
	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		506,299.		
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,522,635.		
		Revenue less expenses. Subtract line 18 from line 12		4,459,429.	-15,133.	
Net Assets or Find Balances	<u> </u>		Ве	ginning of Current Year	End of Year	
set	20	Total assets (Part X, line 16)		1,941,177.	1,924,383.	
TAS P	21	Total liabilities (Part X, line 26)		306,772.	293,452.	
<u>====</u>	22	Net assets or fund balances. Subtract line 21 from line 20		1,634,405.	1,630,931.	
P	art II	Signature Block				
Und	der penal	ties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	knowledge and belief, it is	
true	e, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.		
Sig	ın	Signature of officer		Date		
He	re	TERRI SCARCELLI, EA, CFO				
		Type or print name and title				
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN	
Pai	d ,	SAM A. LAZZARA		if self-employe	P01342929	
Pre	parer	Firm's name RIVERO, GORDIMER & COMPANY, P.A	•		59-3040705	
		Firm's address P. O. BOX 172359		2		
		TAMPA, FL 33672		Phone no. (8	13) 875-7774	
Ma	v the IF	S discuss this return with the preparer shown above? See instructions		1	X Yes No	
	,					

Par	t III Statement of Program Service Accom	nplishments		
	Check if Schedule O contains a response or note	to any line in this Part III		X
1	Briefly describe the organization's mission:			
	TO INSPIRE AND EMPOWER STUDE			
	SCHOLARSHIPS TO BECOME FUTUR			ROUS
	MIDDLE SCHOOL PROGRAM COUPLE	D WITH ONGOING GRA	ADUATE SUPPORT.	
2	Did the organization undertake any significant program s	services during the year which were	not listed on the	
	prior Form 990 or 990-EZ?			Yes X No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make signification	ant changes in how it conducts, any	program services?	Yes X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplish			
	Section 501(c)(3) and 501(c)(4) organizations are require	ed to report the amount of grants an	d allocations to others, the total e	expenses, and
	revenue, if any, for each program service reported.			445 021
4a	(Code: 1, 269, 076.	including grants of \$) (Revenue \$	447,031.
	SEE SCHEDULE O.			
			-07	
			~ () \	
				
				_
		(2)		
		- 110		
		-63		_
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	(codd:) (_D,pd://cod		, (
		~ \ \		
		10		_
	110			
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)			
. •	(Expenses \$ including grants of \$	\$) (Re)	venue \$)
4e		9,076.	· ·	
				Form 990 (2020)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			ا ۔۔
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
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? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	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,			
u	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		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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	37	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	v
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

	n 990 (2020) ACADEMY PREP CENTER OF LAKELAND, INC. 82-4257 rt IV Checklist of Required Schedules (continued)	263	Р	age 4
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1.00	1110
	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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schodulo I	23	x	
24.0	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		\vdash
2 4 a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		X
	Schedule K. If "No," go to line 25a	24a	-	 ^
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	┢
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		├
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			٦,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			۱
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	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 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		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			İ
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Ŀ		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b)		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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Form **990** (2020)

(gambling) winnings to prize winners?

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return)		
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 e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a				١
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	l _		v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	+		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	N/	
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	N/	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11	-11/	
Ü	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	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		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
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 year	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? 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			
	Enter the amount of reserves on hand	44-		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		 ^
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		X
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
10	If "Yes," complete Form 4720, Schedule O.	10		
	ii res, complete i omi 4720, conedule O.	Forn	990	(2020

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

_					X
Sec	tion A. Governing Body and Management				
		1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	6		
	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 0.		_		
b	Enter the number of voting members included on line 1a, above, who are independent	1b	6		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip 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	he 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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	5		Х
6	Did the organization have members or stockholders?		6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a				
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or			
	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:			
а	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)			
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of				
	and branches to ensure their operations are consistent with the organization's exempt purposes? $$		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe			
	in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approve				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?			
	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement 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				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's			
_	exempt status with respect to such arrangements?		16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup$				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 501(c)	(3)s onl	y) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.				
		n on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest policy,	and fina	ncial	
	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks and records 🕨			
	TERRI SCARCELLI, EA - 863-940-8900				
	1021 LAKELAND HILLS BLVD. LAKELAND. FL 33805				

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	l	11 1126	((пре	iisai	(D)	(E)	(F)
Name and title	Average	(do	not cl	Posi	ition	than	ono	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week	\vdash	cer an	a a a	irecto	or/trus	itee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	stee			sated		(W-2/1099-MISC)	(88-2/1099-181130)	organization
	organizations	truste	al trus		yee	mper		(112/000 11.00)		and related
	below	idual	Institutional trustee	Je.	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) LINCOLN TAMAYO	40.00						. 4	(V)		
HEAD OF SCHOOL				Х				127,624.	90,750.	0.
(2) TERRI SCARCELLI	5.00							7		
CFO	27.50			Х			2	0.	86,154.	0.
(3) PAUL L. WHITING SR.	2.50			/						
CHAIR	12.00	Х		X)			0.	0.	0.
(4) MARIANNE PARSONS	2.50									
TRUSTEE		X						0.	0.	0.
(5) TIM MITCHELL	2.50									
TRUSTEE		Х						0.	0.	0.
(6) NICK BARNETT	2.50									
TRUSTEE		Х						0.	0.	0.
(7) GREGORY FANCELLI	2.50									
TRUSTEE		Х						0.	0.	0.
(8) WILLIAM VASS	2.50									
TRUSTEE		Х						0.	0.	0.
		1								
			Щ							
										- 000

Form **990** (2020)

		PREP CEN	TI	ΞR	OI	? I	LAF	Œ.	LAND, INC.	82-42	57263	Р	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	Compensated Employe	es (continued)			
	(A)	(B)			(C Pos				(D)	(E)		(F)	
	Name and title	Average hours per week	box offic	not c , unle	heck ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	I	stimate nount other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	C) fi org an	npensa rom th ganizat d relat anizati	e tion ted
									~C	3			
									60,				
									0				
							G		105 604	156.00			
1b	Subtotal)		127,624.		0.		0.
	Total from continuation sheets to Part V								127,624.		• •		0.
u	Total (add lines 1b and 1c) Total number of individuals (including but r)O r		<u> </u>			•
_	compensation from the organization	lot illilited to th	1030	IISIC	su ai	DOVE	<i>5)</i> WI	10 1	eceived more than wro	o,000 of reportable			1
	componential for the enganization)									Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> \$			кеу е					ghest compensated em		3		х
4	For any individual listed on line 1a, is the stand related organizations greater than \$15	um of reportab	le co		ensa	ation	and	d ot	her compensation from	the organization	4	Х	
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," com	accrue comper	nsat	ion f	rom	any	unr unr	elat	ted organization or indiv	ridual for services	5		Х
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co the organization. Report compensation for										ensation	from	
	(A) Name and business								(B) Description of	services	(Compe	C) ensatio	n
	DERN BUSINESS ASSOCIAT D N #200, ST. PETERSB					₹.			PEO/HEALTH I	ns	1,23	3.5	36.

the organization. Report compensation for the calendar year ending with or within		
(A) Name and business address	(B) Description of services	(C) Compensation
MODERN BUSINESS ASSOCIATES, 9455 KOGER BLVD N #200, ST. PETERSBURG, FL 33702	PEO/HEALTH INS	1,233,536.
2 Total number of independent contractors (including but not limited to those lister	d above) who received more than	

Form **990** (2020)

\$100,000 of compensation from the organization

Pa	rt v	1111			5			
			Check if Schedule O contains a response of	or note to any lin	e in this Part VIII (A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
Sis	4	_	Federated campaigns 1a					000110110 0 12 0 1 1
ant cut			Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c	77,801.				
ifts ar A			Related organizations 1d	7770010				
3, ⊒is				216,759.				
Sig			All other contributions, gifts, grants, and					
but				080,498.				
풀		a	Noncash contributions included in lines 1a-1f	, , ,				
a Co		_	Total. Add lines 1a-1f	•	1,375,058.			
_		-		Business Code				
ø	2	а	TUITION - SCHOLARSHIP	611710	446,981.	446,981.		
Program Service Revenue			ACTIVITY FEE	611710	50.	50.		
Se		С						
am		d				7		
og R		е						
ቯ		f	All other program service revenue			-07		
		g	Total. Add lines 2a-2f		447,031.			
	3		Investment income (including dividends, interest					
			other similar amounts)	▶	0	4		
	4		Income from investment of tax-exempt bond pr	roceeds 🕨	. ()			
	5		Royalties					
			(i) Real	(ii) Personal				
			Gross rents 6a		~			
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other	/			
	′	а	., .,	(II) Other				
		L	assets other than inventory Less: cost or other basis					
ē		D	and sales expenses7b					
Revenue		_	Gain or (loss) 7c					
3e		q	Net gain or (loss)					
ē			Gross income from fundraising events (not					
ᅙ		_	including \$ 77,801. of					
			contributions reported on line 1c). See					
			Part IV, line 18	7,253.				
		b	Less: direct expenses 8b	7,253.				
					0.			
	9	а	Gross income from gaming activities. See					
			Part IV, line 19 9a					
		b	Less: direct expenses 9b					
		С	Net income or (loss) from gaming activities	>				
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold10b					
		С	Net income or (loss) from sales of inventory					
ns				Business Code				
leo ue	11							
lar		b						
Miscellaneous Revenue	'	C	All other was a second					
Ξ			All other revenue					
		е	Total Add lines 11a-11d	·	1,822,089.	447,031.	0.	0.
	12		Total revenue. See instructions	🖊	_,,,,	,,,,,,,,	ı •	ı •

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respor	se or note to any line in	this Part IX		
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	105 604	00 465	20 002	6 064
	trustees, and key employees	127,624.	82,467.	38,893.	6,264
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.60 577	F C 1 2 0 7	2000 001	40.000
7	Other salaries and wages	869,577.	561,397.	266,091.	42,089
8	Pension plan accruals and contributions (include	20 020	10 110	0 540	1 276
_	section 401(k) and 403(b) employer contributions)	28,030.	18,112.	8,542.	1,376 8,338
9	Other employee benefits	169,877.	109,770.		Ø,338
10	Payroll taxes	87,946.	57,328	25,711.	4,907
11	Fees for services (nonemployees):		401		
а	Management		.(0		
b	Legal	15,050.		15 050	
C	Accounting	15,050.	6	15,050.	
d	, , , , , , , , , , , , , , , , , , , ,				
e	, ,)		
f	Investment management fees				
g	`	67,093.	63,076.		A 017
40	column (A) amount, list line 11g expenses on Sch 0.)	2,911.	05,070.	2,283.	4,017 628
12	Advertising and promotion	93,991.	59,086.	31,150.	3,755
13 14	Office expenses	33,331.	33,000.	31,130.	3,733
15	Information technology Royalties				
16	Occupancy	66,219.	59,151.		7,068
17	Travel	118.	118.		,,,,,
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	43,015.	43,015.		
23	Insurance	46,439.	30,008.	14,152.	2,279
24	Other expenses. Itemize expenses not covered	,	,	, -	
	above (List miscellaneous expenses on line 24e. If				
	line 24è amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	REPAIRS AND MAINTENANCE	71,476.	71,397.	79.	
b	STUDENT MEALS	62,220.	62,220.		
С	MISCELLANEOUS	19,639.	-	19,639.	
d	BOOKS	17,091.	17,091.		
е	All other expenses	48,906.	34,840.	13,692.	374
25	Total functional expenses. Add lines 1 through 24e	1,837,222.	1,269,076.	487,051.	81,095
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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	1 990 (2 rt X	Balance Sheet	ID, INC.	0 2	4237203 Page 11
ı u	I C X	Check if Schedule O contains a response or note to any line in this Part X			
-		Chlock in Contours C Contains a response of fiste to any line in this rate X	(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	448,122.	1	459,101.
	2	Savings and temporary cash investments	1 250 000	2	1 200 000
	3	Pledges and grants receivable, net	1,250,000.	3	1,200,000.
	4	Accounts receivable, net	965.	4	16,385.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
	_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other	4		
		basis. Complete Part VI of Schedule D 10a 302, 685.	227 000		220 424
		Less: accumulated depreciation 10b 73,261.	237,990.	10c	229,424.
	11	Investments - publicly traded securities		11	11 650
	12	Investments - other securities. See Part IV, line 11	~ () \	12	11,659.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	4 100	14	7 01/
	15	Other assets. See Part IV, line 11	4,100.	15	7,814.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,941,177. 136,132.	16	1,924,383.
	17	Accounts payable and accrued expenses	130,132.	17	44,370.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ijes	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		-00	
Lia		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	161,100.	23	234,297.
	24	Unsecured notes and loans payable to unrelated third parties	101,100.	24	234,231.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	9,540.	25	14,777.
	06		306,772.	26	293,452.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ► X	300,1721	20	273,432.
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	384,405.	27	430,931.
3al	28	Net assets with donor restrictions Net assets with donor restrictions	1,250,000.	28	1,200,000.
Б	20	Organizations that do not follow FASB ASC 958, check here	2/200/0001	20	2/200/0001
Ξ		and complete lines 29 through 33.			
٥	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,634,405.	32	1,630,931.
~	33	Total liabilities and net assets/fund balances	1,941,177.	33	1,924,383.
	J	Total liabilities allu Het assets/Turiu paidHets	1,741,110	JJ	- 000 (coop)

D -	LVII				ı uç	,c
Ра	rt XI Reconciliation of Net Assets					X
	Check if Schedule O contains a response or note to any line in this Part XI					Δ
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	82	2 0	89.
2	Total expenses (must equal Part IX, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	2		, 83'		
3		3				33.
4	Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1.	63		
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:	1.6	59.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1.	63	0.9	31.
Pa	rt XII Financial Statements and Reporting				,	
	Check if Schedule O contains a response or note to any line in this Part XII					X
	,				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.	_			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit				
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
	• C1		ļ	Form	990 ((2020)
	V					

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** ACADEMY PREP CENTER OF LAKELAND, 82-4257263 TNC Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Total

Schedule A (Form 990 or 990-EZ) 2020 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)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a				_		
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				~ O \		
	column (f)			-			
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	() 00/0	" > 00.4=	(100)	1,0040	() 2222	(n =
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4						
8	Gross income from interest,			6			
	dividends, payments received on		. (
	securities loans, rents, royalties,)			
_	and income from similar sources						
9	Net income from unrelated business		. 62				
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)	()					
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc (see instruction	nne)			12	<u> </u>
	First 5 years. If the Form 990 is for the			fourth or fifth tax			
	organization, check this box and stop						
Sec	ction C. Computation of Publi						
	Public support percentage for 2020 (lin			column (f))		14	%
	Public support percentage from 2019					15	%
	33 1/3% support test - 2020. If the or					nore, check this bo	ox and
	stop here. The organization qualifies a						
b	33 1/3% support test - 2019. If the or						
	and stop here. The organization qualit						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts						
	meets the facts-and-circumstances tes						
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not o	check a box on line			
	more, and if the organization meets the	-					
	organization meets the facts-and-circu	mstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	b, check this box a	nd see instruction	ns ▶
							or 990-EZ) 2020

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

Sec	ction A. Public Support	elow, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(2) 23 17	(6) 2515	(4) 2515	(0) 2020	(i) rotal
·	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						
2	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
4	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					3	
	furnished by a governmental unit to					Ĭ	
	the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			-0			
b	Amounts included on lines 2 and 3 received from other than disqualified persons that			.(0			
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	1				1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources		•				
b	Unrelated business taxable income	110					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	NO'					
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	I irst second third	fourth or fifth tax	vear as a section	501(c)(3) organizat	ion
•	check this box and stop here	•	,		•		▶ □
Sec	ction C. Computation of Publ						
	Public support percentage for 2020 (column (f))		15	9/
	Public support percentage from 2019					16	9
	ction D. Computation of Inves					1 10 1	
	Investment income percentage for 20					17	9
	Investment income percentage from					18	9
	33 1/3% support tests - 2020. If the						
136							17 13 11UL
	more than 33 1/3%, check this box a						P 🗀
C	33 1/3% support tests - 2019. If the	•			*	•	
00	line 18 is not more than 33 1/3%, che						
ZU	Private foundation. If the organization	on ala not check a	DOX ON IME 14, 19	ອ່ລ, Or 1910, Check t	nis box and see in	ISTRUCTIONS	🗩 📖

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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
46:		
10b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	ction 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	_		
Sec	the supported organization(s). etion D. All Type III Supporting Organizations	1		Ь
	The Property of Same and Prope		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	NO
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	·		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction 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. Complete line 3 below.			
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.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
I-	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
n	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.

Schedule A (Form 990 or 990-EZ) 2020 ACADEMY PREP CENTER OF LAKELAND, INC. 82-4257263 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Org	anizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A - Adjusted Net Income (A) Prior Year (B) Current (optional							
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see		. \				
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):	Y					
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 org	anization (see			

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ection D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported					
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
_6	Other distributions (describe in Part VI). See instructions.			6			
_7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which to	he organization is responsive	Э				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2020 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	ns	(iii) Distributable Amount for 2020		
_1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020 (reason-						
	able cause required - explain in Part VI). See instructions.		()				
3	Excess distributions carryover, if any, to 2020						
а	From 2015						
b	From 2016						
c	From 2017	0					
d	From 2018	16					
e	From 2019						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2020 distributable amount	10					
i_	Carryover from 2015 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from Section D,	7					
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2020 distributable amount						

Schedule A (Form 990 or 990-EZ) 2020

c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.
Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2021. Add lines 3j

Part VI. See instructions.

and 4c.

8 Breakdown of line 7:

a Excess from 2016

b Excess from 2017

c Excess from 2018

d Excess from 2019

e Excess from 2020

Schedule B

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

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

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

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

INC.

OMB No. 1545-0047

2020

Name of the organization

ACADEMY PREP CENTER OF LAKELAND,

Employer identification number

82-4257263

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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

ACADEMY PREP CENTER OF LAKELAND, INC.

82-4257263

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$500,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 40,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PUNIC PROPERTY OF THE PROPERTY	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>161,100.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

ACADEMY PREP CENTER OF LAKELAND, INC.

82-4257263

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional 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
		\$ 6067	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization

	Y PREP CENTER OF LAKE		82-4257263
rt III	Exclusively religious, charitable, etc., contribution any one contributor. Complete columns (completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additional	 a) through (e) and the following line ent charitable, etc., contributions of \$1,000 or I 	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the ry. For organizations ess for the year. (Enter this info. once.)
No I	Ose duplicate copies of Part III if additional	al space is needed.	
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
	Transferee's name, address,	(e) Transfer of gift	
	Transferee's fiame, address,	anu ZIF + 4	Relationship of transferor to transferee
No. om ort I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-		(e) Transfer of gift	<u> </u>
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
No.			
om irt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- $ $			
-	ON	(e) Transfer of gift	
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
-		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
		I	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ACADEMY PREP CENTER OF LAKELAND, INC.

Employer identification number 82-4257263

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	nferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	V, line 7.
1	Purpose(s) of conservation easements held by the organizat		4
	Preservation of land for public use (for example, recrea		istorically important land area
	Protection of natural habitat	Preservation of a co	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	
	day of the tax year.	401	Held at the End of the Tax Year
	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the org	ganization during the tax
4	year Number of states where property subject to conservation to	consust in located	
4 5	Number of states where property subject to conservation ea Does the organization have a written policy regarding the pe		
3	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	Thanding of violations, and emoreing conserv	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	▶ \$, caseee cag and year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
		, , , , , , , , , , , , , , , , , , , ,	□ v □ N-
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footi		
	organization's accounting for conservation easements.	-	
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	ance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial ga	in, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

		Ollections of A								Page Z
	To game and the second of the									
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	Public exhibition	d			hange progra	am				
b	Scholarly research	е	0	ther						
С	Preservation for future generations									
4	Provide a description of the organization's co							ose in Par	t XIII.	
5	During the year, did the organization solicit of								_	
_	to be sold to raise funds rather than to be m								Yes	└── No
Par	t IV Escrow and Custodial Arran	-	ete if the o	organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	· · · · · · · · · · · · · · · · · · ·								
1a	Is the organization an agent, trustee, custod		-						٦.,	—
	on Form 990, Part X?							└─	∐ Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	ıble:						
									Amount	
	Beginning balance									
	Additions during the year									
е	Distributions during the year						. 1e			
f	Ending balance						. 1f			
	Did the organization include an amount on F						•	L	Yes	☐ No
_	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	f the organization an	swered "	Yes" on Fo					1	
		(a) Current year	(b) Pri	or year	(c) Two year	rs back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	0.			0.					
b	Contributions	10,000.			O					
С	Net investment earnings, gains, and losses	1,687.			•					
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses	28.								
g	End of year balance	11,659.)							
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g	, column (a	a)) held as:					
а	Board designated or quasi-endowment	100	_%							
b	Permanent endowment	%								
С	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse		ation that	are held a	nd administe	ered for th	he organiz	ation		
	by:) `								Yes No
	(i) Unrelated organizations								(-)	X
	(ii) Related organizations								3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Sc	hedule R?					. 3b	X
4	Describe in Part XIII the intended uses of the									·
Par	t VI Land, Buildings, and Equipm	nent.								
	Complete if the organization answere	d "Yes" on Form 990	0, Part IV,	line 11a. S	See Form 990), Part X,	line 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ad	ccumulate	d	(d) Book	value
		basis (investr	ment)		(other)	dep	oreciation			
1a	Land									
b	Buildings									
С	Leasehold improvements			4	2,283.		6,71	14.	35	,569.
	Equipment				0,402.		66,54			,855.
	Other									

Schedule D (Form 990) 2020

229,424.

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

(G) (H)

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		O ₄
(7)		10
(8)		
(9)		5
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	DUE TO ACADEMY PREP FOUNDATION	14,777.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	14,777.

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

Schedule D (Form 990) 2020

Sche	edule D (Form 990) 2020 ACADEMY PREP CENTER OF LAK	ELAND,	, INC.	82-	4257263 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	n Revenue per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	2,473,101.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		651,012.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	1 1			
е	Add lines 2a through 2d			2e	651,012.
3	Subtract line 2e from line 1			3	1,822,089.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,822,089.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,488,234.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	651,012.		
b	Prior year adjustments	2b	. () \		
С	Other losses		1		
d	Other (Describe in Part XIII.)				654 040
е	Add lines 2a through 2d			2e	651,012.
3	Subtract line 2e from line 1			3	1,837,222.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	[*] 4a			
b	Other (Describe in Part XIII.)	4b			•
С				4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part), line 18.)			5	1,837,222.
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			4; Part	X, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional infor	mation.		
ם אם	RT X, LINE 2:				
FAI	XI A, DINE Z:				
тні	E ORGANIZATION IS NOT AWARE OF ANY TAX POS	TTTONS	מיד צמו יד צ	KEN	ΤΗΔΤ ΔΡΕ
	OKOMITANITON ID NOT AWAKE OF ANY TAKE TOD	111011) II 1111D 17	71/11/	IIMI MU
SIII	BJECT TO A SIGNIFICANT DEGREE OF UNCERTAIN	ጥ Υ. ጥΖ	AY VEARS AF	אאַייי	2017
	SOLET TO IT DIGNITIONAL DEGREE OF ORGENTALIN	<u> </u>	121 11211(0 211	1111	2017
REN	MAIN SUBJECT TO EXAMINATION BY FEDERAL AND	STATE	TAXING AU	тно	RTTTES.
		, , , , , , , , , , , , , , , , , , ,			

Schedule D (Form 990) 2020

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

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

► Attach to Form 990 or Form 990-EZ.

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

INC.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization ACADEMY PREP CENTER OF LAKELAND, Employer identification number 82-4257263

Part I YES NO 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, Х bylaws, other governing instrument, or in a resolution of its governing body? 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, Х catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general Х 3 community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II NEIGHBORHOOD PUBLICATIONS Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Х 4a X b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Х X d Copies of all material used by the organization or on its behalf to solicit contributions? 4d If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: X a Students' rights or privileges? X **b** Admissions policies? X c Employment of faculty or administrative staff? X **d** Scholarships or other financial assistance? 5d X e Educational policies? X f Use of facilities? 5f X g Athletic programs? 5g X h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Х 6a Does the organization receive any financial aid or assistance from a governmental agency? X **b** Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through Х 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.

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

Schedule E (Form 990 or 990-EZ) 2020

ırt II	Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.
	601
	:5
	· C1
	<u> </u>

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization ACADEMY PREP CENTER OF LAKELAND, 82-4257263 INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants h Internet and email solicitations Solicitation of government grants Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (or retained by) (vi) Amount paid (i) Name and address of individual (iv) Gross receipts have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No

i Ota	al			
	List all states in which the organization is registered or licensed to solicit contributions or licensing.	or has been notified	d it is exempt from re	egistration

032081 11-25-20

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

Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) 2020 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 gr		0-EZ, lines 1 and 6b. List	events with gross recei	pts greater than \$5,000.
			(a) Event #1 EVENING OF STARS	(b) Event #2 CHESS TOURNAMENT	(c) Other events NONE	(d) Total events (add col. (a) through
Ф			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	84,527.	527.		85,054.
	2	Less: Contributions	77,801.			77,801.
	3	Gross income (line 1 minus line 2)	6,726.	527.		7,253.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect E	7	Food and beverages			0)	
亩	8	Entertainment			<u>ر</u>	7 252
	9 10	Other direct expenses Direct expense summary. Add lines 4 through			<u> </u>	7,253. 7,253.
	11	. , ,	. ,	30		0.
Pa	ırt I		answered "Yes" on Forr	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	() 5:	(b) Pull tabs/instant	4) 011	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev	1	Gross revenue	C			
ses	2	Cash prizes	Olo			
Expen	3	Noncash prizes	<u></u>			
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9	En	ter the state(s) in which the organization condu	uoto gaming activitios:			
а	ls t	the organization licensed to conduct gaming a No," explain:	-	states?		Yes No
	<u></u>					
		ere any of the organization's gaming licenses re Yes," explain:	evoked, suspended, or t	erminated during the tax	year?	Yes No
	_				October 207	····· 000 -·· 000 ET\ 0000
J320	R2 1	1-25-20			Schedule G (Fo	rm 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 ACADEMY PREP CENTER OF LAKELAND, INC. 82-4	<u> 1257263</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	□ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	o An outside facility	13b	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	70
14	Efficient the frame and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party \$\sim \\$		
	Figure 1 is a second se		
	, in 1999, since name and datases of the time party.		
	Name ▶		
	Traine p		
	Address ►		
	Addition F		
16	Gaming manager information:		
10	Carriing manager information.		
	Nama N		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	s Is the organization required under state law to make charitable distributions from the gaming proceeds to		
		Yes	□ No
ŀ	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. —	
•	organization's own exempt activities during the tax year > \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III lings Q	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	11 111, 111163 3,	30, 100,
	13b, 13c, 10, and 17b, as applicable. Also provide any additional information. See instructions.		

Solution (s) (Signal Solution) (Solutions) Part IV Supplemental Information (continued)	Schedule C	G (Form 990 or 990-EZ)	ACADEMY PREP	CENTER OF	' LAKELAND, I.	NC.	82-425/263	Page 4
Public Dischosure Public Dischosure	Part IV	Supplemental Info	ormation (continued)					
Public Dischosure Public Dischosure								
Public Dischosure Public Dischosure								
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Public Dischosure Public Dischosure								
Qubic Dischosure								
Public Dischosure Copy								
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SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

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

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2020

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 compensation				(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) LINCOLN TAMAYO	(i)	127,624.	0.	0.	0.4	0.	127,624.	0.
	ii)	90,750.	0.	0.	0.	0.	90,750.	0.
	(i)					7		
	ii)					•		
	(i)							
	ii)							
	(i) _				· (7)			
	ii)							
	(i) _				*			
	ii)			<u> </u>				
	(i)			10 ²				
	ii)							
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(ii)							
	(i) _							
	ii)							
	(i) _							
	ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
COMPENSATION OF THE HEAD OF SCHOOL IS APPROVED BY THE BOARD AND/OR ITS
COMPENSATION COMMITTEE.
\sim
.0)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

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

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: LEADERS THROUGH A RIGOROUS MIDDLE SCHOOL PROGRAM COUPLED WITH ONGOING GRADUATE SUPPORT.

FORM 990, PART III, LINE 4A

ACADEMY PREP CENTER OF LAKELAND IS A RIGOROUS, PRIVATE, NON-PROFIT MIDDLE SCHOOL FOR LOW INCOME STUDENTS IN LAKELAND, FLORIDA. ACADEMY PREP PROVIDES AN EXEMPLARY, COLLEGE PREPARATORY MIDDLE SCHOOL EDUCATION 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, ACADEMY PREP OFFERS A UNIQUE COMBINATION OF SEPARATED BY GENDER. 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, COMPUTER TECHNOLOGY, MUSIC, AND PHYSICAL EDUCATION CLASSES WEEKLY AS IMPORTANT PARTS OF THEIR ACADEMIC SCHEDULE. OVER 25 ENRICHMENT ACTIVITIES ARE OFFERED TO ACADEMY PREP STUDENTS DURING EVERY AFTERNOON AS PART OF THEIR SCHOOL DAY, INCLUDING GOLF, MUSIC, CHOIR, DANCE, GARDENING, DRAMA, JOURNALISM, MARTIAL ARTS AND COOKING.

ADDITIONALLY, STUDENTS SPEND SATURDAYS ON FIELD TRIPS THAT INCLUDE

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

ANNUALLY.

Employer identification number

ACADEMY PREP CENTER OF LAKELAND, INC. 82-4257263

KAYAKING AND NATURE EXPLORATION, VISITS OF ART, SCIENCE AND HISTORY

MUSEUMS, AND COMMUNITY SERVICE. COMMUNITY PARTNERSHIPS PROVIDE POSITIVE

ROLE MODELS IN THE CLASSROOM AND FACILITATE ENRICHMENT ACTIVITIES THAT

CONNECT ACADEMY PREP STUDENTS TO THE DYNAMIC AND DIVERSE TAMPA BAY AREA

COMMUNITY. FAMILY INVOLVEMENT IS ALSO AN ESSENTIAL COMPONENT IN STUDENT

ACHIEVEMENT - 40 HOURS OF VOLUNTEER SERVICE PER FAMILY IS REQUIRED

THE ACADEMY PREP MODEL ACHIEVES OUTSTANDING RESULTS. ACADEMY PREP
STUDENTS SHOW SIGNIFICANT IMPROVEMENT IN ACADEMIC ABILITY THROUGH THEIR
ACADEMY PREP YEARS. MOST ENTER AT OR LESS THAN GRADE LEVEL IN MATH AND
READING. BY GRADUATION, 8TH GRADERS ARE SCORING AHEAD OF GRADE LEVEL IN
MATH AND READING ON NATIONAL ASSESSMENT TESTS. ABOUT 74% OF ACADEMY
PREP GRADUATES HAVE ATTENDED LOCAL PRIVATE OR BOARDING PREP SCHOOLS AND
97% OF GRADUATES HAVE GONE ON TO POST-SECONDARY EDUCATION, AND 10% ARE
SERVING IN THE ARMED FORCES.

FORM 990, PART V, LINE 2B

ACADEMY PREP CENTER OF LAKELAND, INC. CONTRACTS WITH A PROFESSIONAL

EMPLOYER ORGANIZATION (PEO) FOR ADMINISTRATION OF THE EMPLOYEES. UNDER

THIS AGREEMENT, ALL EMPLOYEES OF ACADEMY PREP CENTER OF LAKELAND, INC.

ARE IN ACTUALITY LEASED FROM THE PEO. DUE TO THIS AGREEMENT, ACADEMY

PREP CENTER OF LAKELAND, INC. DOES NOT FILE FORM W-3 TRANSMITTAL OF

WAGE AND TAX STATEMENTS, BUT RATHER THE PEO WILL FILE FORM W-3 WHICH

WOULD INCLUDE THE EMPLOYEES OF ACADEMY PREP CENTER OF LAKELAND, INC.

LEASED PERSONNEL COSTS ARE BROKEN DOWN INTO COMPONENTS OF SALARIES,

PAYROLL TAXES, RETIREMENT, AND OTHER BENEFITS AND ARE REPORTED ON THE

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization **Employer identification number** ACADEMY PREP CENTER OF LAKELAND, INC. 82-4257263 APPROPRIATE SCHEDULES. FOR THE YEAR ENDED MAY 31, 2021, ACADEMY PREP CENTER OF LAKELAND, INC. UTILIZED 26 EMPLOYEES THROUGH THE PEO. FORM 990, PART VI, SECTION B, LINE 11B: 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. 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 INTERST IN ACADAMY PREP FOUNDATIONS 11,659. FORM 990 PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS NET ASSETS SUBJECT TO TIME RESTRICTIONS AS OF MAY 31, 2021 \$1,200,000

FORM 990, PART XII, LINE 2C - FINANCIAL STATEMENTS AND REPORTING

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR

Name of the organization		ADEMY E	REP C	ENTER	OF LA	KELAND,	INC	•			r identific -42572	cation number 263
OVERSIGHT OF	THE	AUDIT	OF IT	S FINA	ANCIAL	STATEM	ENTS	AND	SEI	LECTIO	ON OF	AN
INDEPENDENT	ACCOU	JNTANT.	THIS	OVERS	SIGHT	PROCESS	HAS	NOT	СН	ANGED	FROM	THE
PRIOR YEAR.												

FORM 990 PART III - ADDITIONAL INFORMATION

DEVELOPMENT-RELATED EXPENSES SEEM DISPROPORTIONATELY HIGH ACCORDING TO

PERCEIVED FUNDRAISING STANDARDS. DUE TO OUR UNIQUE MODEL OF OFFERING

FREE-TUITION TO ALL OF OUR STUDENTS, WE DEPEND ALMOST ENTIRELY ON OUR

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-PLANNING AND

MANAGEMENT, MARKETING, AND COMMUNICATIONS AS WELL AS CULTIVATION OF

MAJOR AND CAPITAL GIFTS, WHICH REQUIRE FRONT-END INVESTMENTS TO ACHIEVE

LONG-TERM BENEFITS. WE EXPECT TO REALIZE THESE BENEFITS IN FUTURE

YEARS.

ACADEMY PREP'S GRADUATES ARE ITS BEST EXAMPLES OF THE SCHOOL'S SUCCESS
IN TRANSFORMING THE LIVES OF YOUNG, ECONOMICALLY DISADVANTAGED
STUDENTS. OUR GRADUATES ARE SERVING AS COMMUNITY LEADERS AND WORKING
HARD AS THEY STRIVE FOR EXCELLENCE. FOR EXAMPLE, ONE OF OUR STUDENTS
FROM THE ACADEMY PREP CLASS OF 2007 ATTENDED HIGH SCHOOL AT BERKELEY
PREPARATORY SCHOOL AND GRADUATED FROM THE UNIVERSITY OF CENTRAL FLORIDA
IN 2015. HE WENT ON TO LAW SCHOOL AT THE UNIVERSITY OF FLORIDA 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.

Name of the organization ACADEMY PREP CENTER OF LAKELAND, INC.

Employer identification number 82-4257263

ANOTHER GREAT EXAMPLE IS AN ACADEMY PREP GRADUATE FROM THE CLASS OF

2007 WHO WENT ON TO ATTEND HIGH SCHOOL AT TAMPA PREP, AND GRADUATED

FROM AGNES SCOTT COLLEGE IN GEORGIA IN MAY 2015, WHERE SHE MAJORED IN

PHILOSOPHY AND MINORED IN WOMEN'S STUDIES. SHE STAYED VERY BUSY

THROUGHOUT COLLEGE, COMPLETING INTERNSHIPS AT CHILD AWARE OF AMERICA,

VOICES FOR GEORGIA'S CHILDREN, AND THE LEAGUE OF WOMEN VOTERS. SHE

INTERNED AT THE AMERICAN ASSOCIATION OF UNIVERSITY WOMEN IN WASHINGTON,

D.C. HER PROFESSIONAL GOALS ARE TO HELP UNDERREPRESENTED WOMEN AND

CHILDREN IN AREAS OF POLICY AND GRASS ROOTS ADVOCAGY. AFTER GAINING

MORE WORKING EXPERIENCE, SHE HOPES TO RETURN TO SCHOOL TO STUDY LAW AND

COMPLETE A MASTER'S IN PUBLIC POLICY.

ANOTHER ONE OF OUR GRADUATES CAME TO US WHILE IN FOSTER CARE AND LIVING

IN A GROUP HOME. SHE GRADUATED FROM 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, POST-GRADUATION. ABOUT HER

ACADEMY PREP EXPERIENCE, SHE SAID, "ACADEMY PREP DEVELOPS COMMUNITY

LEADERS BY GIVING EVERY CHILD A CHANCE TO SUCCEED AND A CHANCE TO

FIGURE OUT WHAT THEY'RE PASSIONATE ABOUT."

SCHEDULE R (Form 990)

Part I

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

(c)

(d)

(e)

N/A

N/A

2020
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

(a)

Department of the Treasury

Internal Revenue Service

ACADEMY PREP CENTER OF LAKELAND, INC.

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

EDUCATION

EDUCATION

(b)

Employer identification number 82-4257263

(f)

Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state o	r Total inco	me End-of-yea	r assets Direct c	ontrolling	9
of disregarded entity		foreign country)			er	ntity	
			06,				
		(0)					
		SUITE					
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	nswered "Yes" on Form 990), Part IV, line 34, t	pecause it had one	e or more related 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	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
		loreigh country)	00011011	501(c)(3))	5,	Yes	No
ACADEMY PREP FOUNDATION, INC 59-3377240	101						
1021 LAKELAND HILLS BLVD							
	SUPPORT	FLORIDA	501C3	12C	N/A		X
ACADEMY PREP CENTER OF ST. PETE - 59-3623000	X						

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

Schedule R (Form 990) 2020

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X

FLORIDA

FLORIDA

501C3

501C3

1021 LAKELAND HILLS BLVD

ACADEMY PREP CENTER OF TAMPA, INC. - 59-3622978, 1021 LAKELAND HILLS BLVD,

LAKELAND, FL 33805

LAKELAND, FL 33805

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.

			1	1					1	1	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI	General	Percentage
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	ations?	amount in box	partner?	ownership
		foreign country)		Predominant income (related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes No	5
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(l conti ent	tion b)(13) rolled tity?
	()	country)						Yes	No
	1011								
	82								

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

Note: 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	ons with one or more r	elated organizations listed	in Parts II-IV?			X			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity									
b Gift, grant, or capital contribution to related organization(s)				1b		X			
c Gift, grant, or capital contribution from related organization(s)									
d Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)				1e	Х				
			A						
f Dividends from related organization(s)		4		1f		X			
g Sale of assets to related organization(s)				1g		X			
h Purchase of assets from related organization(s)				1h		X			
 h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) 		~ U		1i		X			
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X			
k Lease of facilities, equipment, or other assets from related organization(s)		.01		1k	Х				
Performance of services or membership or fundraising solicitations for related organizations	ganization(s)			11		X			
m Performance of services or membership or fundraising solicitations by related orc	ganization(s)			1m		X			
Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
Sharing of paid employees with related organization(s)									
C 1 1 , C (,									
p Reimbursement paid to related organization(s) for expenses				1p		X			
q Reimbursement paid by related organization(s) for expenses	. 6			1a		Х			
3									
r Other transfer of cash or property to related organization(s)				1r		Х			
s Other transfer of cash or property from related organization(s)				1s		X			
2 If the answer to any of the above is "Yes," see the instructions for information on									
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount inv	olved					
	type (a-s)		J						
(1) DUE TO ACADEMY PREP CENTER OF TAMPA, INC.	D	806.	FAIR MARKET VALUE						
(2) ACADEMY PREP FOUNDATION, INC.	D	14,390.	FAIR MARKET VALUE						
(-)		,	-						
(3) ACADEMY PREP FOUNDATION, INC.	K	528,472.	SHARING OF FACILITIES						
		===,===							
(4) ACADEMY PREP FOUNDATION, INC.	0	140,274.	SHARING OF EMPLOYEES						
DUE TO ACADEMY PREP CENTER OF ST.		,							

Ε

(5) PETERSBURG

419. FAIR MARKET VALUE

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

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

(a)	(b)	(c)	(d)	(e) Are all partners sec 501(c)(3) orgs.?	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners sec	Share of	Share of	Dispropo	r- amount in box 20 of Schedule K-1 (Form 1065)	General o	Percentage
of entity		(state or foreign	related, unrelated, lexcluded from tax under	501(c)(3) orgs.?	total	end-of-year	allocation	of Schedule K-1	partner?	ownership
		country)	sections 512-514)	Yes No	income	assets	Yes N	(Form 1065)	Yes No	
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Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

OMB No. 1545-0047

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.

illing or ti	ila fatti, visit www.ira.govie ilio providerate ilio fatti	inoo arra r	ion promo.								
Automa	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).								
All corpor	rations required to file an income tax return other than F	orm 990-T	(including 1120-C filers), partnership	s, REMIC	Cs, and trusts						
must use	Form 7004 to request an extension of time to file incom	ne tax retu	rns.								
Type or											
print	ACADEMY PREP CENTER OF LAKELAND, INC. 82-4257263										
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions. 1021 TAKETAND HILLS BOULEVARD										
return. See instructions.	City, town or post office, state, and ZIP code. For a for LAKELAND, FL 33805	oreign add	dress, see instructions.	7							
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 1					
Applicati	on	Return	Application			Return					
Is For		Code	Is For			Code					
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07					
Form 990	-BL	02	Form 1041-A			08					
Form 472	0 (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					
	TERRI SCARCELL										
	poks are in the care of \triangleright 1021 LAKELAND	HILLS	BLVD - LAKELAND,	FL 33	805						
	none No. ► 863-940-8900		Fax No.								
	organization does not have an office or place of busines					▶ Ш					
If this j	is for a Group Return, enter the organization's four digit										
box 🕨	. If it is for part of the group, check this box 🕨 🔼	and atta	ach a list with the names and TINs of	all memb	ers the extens	ion is for.					
			10 0000								
1 I re	quest an automatic 6-month extension of time until	APR	IL 18, 2022 , to file	the exen	npt organizatio	n return for					
the	organization named above. The extension is for the org	anization's	s return for:								
▶ļ	calendar year or										
►l	X tax year beginning JUN 1, 2020	, an	nd ending MAY 31, 2021								
2 If th	ne tax year entered in line 1 is for less than 12 months, o	heck reas	on: Initial return I	Final retur	rn						
	_l Change in accounting period										
3a If th	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less								
	nonrefundable credits. See instructions.	,	,	За	\$	0.					
	nis application is for Forms 990-PF, 990-T, 4720, or 6069), enter an	v refundable credits and								
	imated tax payments made. Include any prior year over			3b	\$	0.					
	ance due. Subtract line 3b from line 3a. Include your pa										
	ng EFTPS (Electronic Federal Tax Payment System). Se	•		3с	\$	0.					
Caution:	If you are going to make an electronic funds withdrawal										
instructio						00 (D					
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 88 0	68 (Rev. 1-2020)					

Form 8868 (Rev. 1-2020)