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EXCEL ACADEMY CHARTER SCHOOLS

FORM 990 INCOME TAX RETURN

FOR YEAR ENDED JUNE 30, 2022

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Form 8879-TE	IR	S e-file S for a T	ignature / ax Exemp	Authoriza ot Entity	ation	ŀ	OMB No. 1545-0047
	For calendar year 2021, or f				JUN 30	, 20 2 2	0004
Department of the Treasury Internal Revenue Service		Do not send	to the IRS. Keep	for your recor	ds.		2021
Name of filer						EIN or SSN	
EXCEL	ACADEMY CHAF	RTER SCHO	OLS			47-43	121751
Name and title of officer or pe	rson subject to tax H	EIDI GASC	CA			•	
		XECUTIVE					
Part I Type of	Return and Return	n Information	1				
Check the box for the retu Form 5330 filers may enter or 10a below, and the amore whichever is applicable, bit than one line in Part I.	r dollars and cents. For ount on that line for the	all other forms, e return being filed	enter whole dollars d with this form wa	s only. If you che as blank, then le	eck the box on ave line 1b, 2	line 1a, 2a, b, 3b, 4b, 5b	3a, 4a, 5a, 6a, 7a, 8a, 9a, , 6b, 7b, 8b, 9b, or 10b,
1a Form 990 check h	ere > X b	Total revenue,	if any (Form 990,	Part VIII, colum	n (A), line 12)		1b2 <u>2,921,938.</u>
2a Form 990-EZ che	ck here 🕨 📃 🛛 b	Total revenue,	if any (Form 990-I	EZ, line 9)			2b
3a Form 1120-POL	heck here 🕨 📃 🛛 b	Total tax (Form	n 1120-POL, line 2	2)			3b
4a Form 990-PF che			investment incon				4b
5a Form 8868 check			Form 8868, line 3c				
6a Form 990-T chec			n 990-T, Part III, lin				
7a Form 4720 check			1 4720, Part III, line	-			
8a Form 5227 check			at end of tax yea		em D)		8b
9a Form 5330 check 10a Form 8038-CP ch			5330, Part II, line dit payment requ	-		lino 22)	9b
	ion and Signature	Authorizatio	on of Officer of	r Person Su	biect to Ta	, 11110 22) X	10b
Under penalties of perjury,					-		pect to (name
of entity)							examined a copy of the
entry to the financial institu financial institution to debi later than 2 business days payment of taxes to receiv personal identification num PIN: check one box only	t the entry to this acco prior to the payment (s e confidential informati	unt. To revoke a settlement) date. ion necessary to	payment, I must c I also authorize th answer inquiries a	ontact the U.S. e financial institu nd resolve issue	Treasury Finar utions involved as related to th	ncial Agent at d in the proce ne payment. I	t 1-888-353-4537 no essing of the electronic have selected a
	IFTONLARSON	ALLEN LLP				to enter my F	PIN 22100
	11 101011100111		firm name			to enter my r	Enter five numbers, but
with a state age on the return's c	on the tax year 2021 e ncy(ies) regulating char lisclosure consent scre person subject to tax w	lectronically filed ities as part of th en.	return. If I have in e IRS Fed/State p	rogram, I also a	uthorize the af	orementioned	d ERO to enter my PIN
return. If I have i IRS Fed/State p	ndicated within this ret rogram, I will anter my	urn that a copy o PIN on the return	of the return is beir	ng filed with a st	•) regulating c	•
Signature of officer or person subject Part III Certifica	t to tax ▶ <i>Heidi G</i> tion and Authenti	asca cation				Date	
ERO's EFIN/PIN. Enter yo		B8A4B3					
number (EFIN) followed by	U U	0		h	0529174 ot enter all zeros		
I certify that the above nur submitting this return in ac Business Returns.							
ERO's signature 🕨 <u>ME</u> I	-LI HUANG				Date ▶ <u>04</u>	/20/23	
			in This Form - I to the IRS UI			So	
LHA For Privacy act and							Form 8879-TE (2021)
102521 01-11-22							

		~~	Return of Orga	anization Exem	pt From	Income Tax	OMB No. 1545-0047
Forr	n Y	90	Under section 501(c), 527, or 49				15) 2021
-			Do not enter socia	I security numbers on this	form as it may	be made public.	Open to Public
		f the Treasury nue Service	Go to www.irs.g	ov/Form990 for instruction			Inspection
AF	or the	e 2021 calend	ar year, or tax year beginning	JUL 1, 2021	and ending	<u>JUN 30, 2022</u>	
	heck if pplicable	e:	organization			D Employer identifie	cation number
	Addres	e EXCE	L ACADEMY CHARTER	SCHOOLS			
	Name Chang	e Doing b	usiness as			47-41217	51
	Initial return	Number	and street (or P.O. box if mail is not	delivered to street address)	Room/suit		
	Final return/		CHNOLOGY DRIVE, B	LDG I	811	760-494-	
	termin ated	City or t	own, state or province, country, ar	nd ZIP or foreign postal cod	le	G Gross receipts \$	22,921,938.
	Ameno	TKAT	NE, CA 92618			H(a) Is this a group re	eturn
	Applic tion pendir		nd address of principal officer: HE	IDI GASCA		for subordinates	? Yes X No
		SAME	AS C ABOVE			H(b) Are all subordinates in	
		empt status:			7(a)(1) or 52	- '	list. See instructions
			EXCELACADEMY.EDUC			H(c) Group exemptio	
			X Corporation Trust	Association Other	L Yea	ar of formation: 2015 N	A State of legal domicile: CA
Fd	rt I	Summary					
ě			e the organization's mission or mo ARTER SCHOOL PROG				
Governance							
ern			x if the organization dis	-	-		sets. 5
20			ing members of the governing boo				5
			ependent voting members of the g				151
ties			of individuals employed in calenda				0
Activities &			of volunteers (estimate if necessar d business revenue from Part VIII,				0.
Ac			business taxable income from For				0.
	U U	inet unrelateu				Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)		_	16,397,744.	22,687,187.
anı						0.	0.
Revenue		•	come (Part VIII, column (A), lines 3			14,443.	7,844.
Re			(Part VIII, column (A), lines 5, 6d,			36,498.	226,907.
			- add lines 8 through 11 (must equ			16,448,685.	22,921,938.
			nilar amounts paid (Part IX, colum			0.	0.
			o or for members (Part IX, column	(),		0.	0.
s			compensation, employee benefits			9,308,284.	11,875,032.
Expenses			undraising fees (Part IX, column (A			0.	0.
ber			ng expenses (Part IX, column (D),		0.		
ŵ	17	Other expense	es (Part IX, column (A), lines 11a-1	1d, 11f-24e)		7,421,139.	7,391,350.
	18	Total expense	s. Add lines 13-17 (must equal Pa	t IX, column (A), line 25)		16,729,423.	19,266,382.
		Revenue less	expenses. Subtract line 18 from lir	<u>ie 12</u>		-280,738.	3,655,556.
t Assets or d Balances					E	Beginning of Current Year	End of Year
sets alan	20	Total assets (F	Part X, line 16)			7,633,129.	6,603,445.
t As nd B	21					6,527,949.	1,842,709.
Fund			fund balances. Subtract line 21 fro	m line 20		1,105,180.	4,760,736.
	nrt II	Signature					
Unde	er pena	Ities of perjury,	declare that I have examined this retu	rn, including accompanying sc	hedules and stater	ments, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete	Declaration of preparer (other than of Signed by:	icer) is based on all informatio	n of which prepare	er has any knowledge. 4/21/2	023
			li <i>Gasca</i>				
Sigr						Date	
Her	e			E DIRECTOR			
		, , ,	rint name and title			Date Check	PTIN
		Print/Type pre		Preparer's signature		Date Check	

		i i opai oi o oignatui o	······································							
Paid	MEI-LI HUANG	MEI-LI HUANG	04/20/23 if po2383735							
Preparer	Firm's name CLIFTONLARSONALL	EN LLP	Firm's EIN 🕨 41-0746749							
Use Only	Firm's address 2210 EAST ROUTE	66								
	GLENDORA, CA 917	40	Phone no. (626) 857-7300							
May the IRS discuss this return with the preparer shown above? See instructions										
132001 12-0	9-21 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.	Form 990 (2021)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	1 990 (2021) EXCEL ACADEMY CHARTER SCHOOLS rt III Statement of Program Service Accomplishments	47-4121751	Page 2
Га			X
1	Check if Schedule O contains a response or note to any line in this Part III		[A]
'	PROVIDES A FLEXIBLE, PERSONALIZED LEARNING THROUGH A CUS	TOMTZED COURS	SE
	OF STUDY THAT WILL EDUCATE, MOTIVATE, AND INSTILL A LOVE		
	IN EACH INDIVIDUAL STUDENT. TEACHERS AND PARENTS WILL JO		го
	MAINTAIN HIGH EXPECTATIONS AND PROMOTE ACADEMIC EXCELLEN	CE FOR ALL	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, an	ıd
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 18,316,019. including grants of \$) (Rever		
4a	(Code:) (Expenses \$18,316,019. including grants of \$) (Rever OFFERING AN INDEPENDENT STUDY PERSONALIZED LEARNING MODE		<u>,</u> דק
	IN GRADES TK-12. ALLOWING PARENTS TO SELECT A WIDE VARIE		
	EDUCATIONAL RESOURCES AND MATERIALS FROM APPROVED CONTEN		ITY
	PROVIDERS USING STATE INSTRUCTIONAL FUND. THE ORGANIZATI		
	APPROXIMATELY 1,870 STUDENTS.		
4b	(Code:) (Expenses \$ including grants of \$) (Rever	1ue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Rever	1ue \$)
<u> </u>			
4d	Other program services (Describe on Schedule O.)	١	
40	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 18,316,019.)	
-10		Form 9 !	90 (2021)
13200	2 12-09-21 ว		(-321)

Form 990 (20	=:/	ACADEMY	CHARTER	SCHOOLS
Part IV	Checklist of Required S	Schedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		165	
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in 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,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
h	Schedule D, Parts XI and XII	<u>12a</u>		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120	Х	
13 14a	Did the experimetion residue in office, experiments extends of the United Otates O	14a	- 11	x
	Did the organization maintain an once, employees, or agents outside of the United States?	1- 1 -7-4		
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	<u> </u>		<u>_</u>
	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			í —
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			í – – – – – – – – – – – – – – – – – – –
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
132003	12-09-21	Form	990	(2021)

132003 12-09-21

	990 (2021) EXCEL ACADEMY CHARTER SCHOOLS 47-4121	751	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete</i>			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	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	25h		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	<u>28a</u>		X
	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 line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c		XX
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		X
32	Did the organization requirate, terminate, or dissorve and cease operations: <i>IF Fes, complete Schedule N, Part F</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	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	07		x
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		
50	· · · ·	38	х	
Par	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	-		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	<u> </u>
132004	↓ 12-09-21	Form	990	(2021)

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				Yes	N
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 151			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruction				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	-	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
-	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the navor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		1.0		
Ũ	to file Form 8282?		7c		X
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		Х
	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contra		76 7f		X
t			7g		
g b	If the organization received a contribution of qualified intellectual property, did the organization file Fo		79 7h		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizational fundational f		70		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•	•		
~			8		
9	Sponsoring organizations maintaining donor advised funds.		0		
			9a		
-			9b		
0	Section 501(c)(7) organizations. Enter:	40-			
	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
1	Section 501(c)(12) organizations. Enter:	 .			
	Gross income from members or shareholders	11a	-		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	446			
•	amounts due or received from them.)	11b	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
-	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		10		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				.
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				_
^	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		Х
6	If "Yes," complete Form 4720, Schedule O.				
6			1		
6 7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in				
	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		

EXCEL ACADEMY CHARTER SCHOOLS

Form 990 (SCHOOLS	47-4121751	Page 6			
Part VI	Governance, Managem	ent, and Dis	closure. _{For}	each "Yes" respons	e to lines 2 through 7b below, and for a "No" res	sponse			
to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.									
	Check if Schedule O contains	a response or no	ote to any line in	this Part VI		X			

4	Enter the number of voting members of the gaugening hady at the and of the towner.	10	5	Ye	s No
па	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>			
	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.				
h	Enter the number of voting members included on line 1a, above, who are independent	16	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	1b			
2			2		X
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the				
3	of officers, directors, trustees, or key employees to a management company or other person?				X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				X
- 5	Did the organization become aware during the year of a significant diversion of the organization's ass				X
6	Did the organization become aware during the year of a significant diversion of the organization s ass Did the organization have members or stockholders?				X
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or ap		······ -		
	more members of the governing body?	· · · · · · · · · · · · · · · · · · ·		•	x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				
	persons other than the governing body?		7	>	<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year				
а	The governing body?			n X	
b	Each committee with authority to act on behalf of the governing body?)	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)			
				Ye	
10a	Did the organization have local chapters, branches, or affiliates?			а	<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch				
	and branches to ensure their operations are consistent with the organization's exempt purposes?				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	/ before filing the f	orm? 11	a X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12		_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12	b X	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe			
	on Schedule O how this was done		12		_
13	Did the organization have a written whistleblower policy?				_
14	Did the organization have a written document retention and destruction policy?		1	ı X	
15	Did the process for determining compensation of the following persons include a review and approva	l by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official				_
b	Other officers or key employees of the organization		15	b X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a			
	taxable entity during the year?		16	а	<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's			
_	exempt status with respect to such arrangements?		16	b	
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-T (section 5	601(c)(3)s on	y) ava	lable
	for public inspection. Indicate how you made these available. Check all that apply.	on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	,	licy and fin	Incial	
	statements available to the public during the tax year.	innot of interest pt	noy, and inte	aioiai	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records			
-0	CORRIE AMADOR - 760-494-9646				
	100 E. SAN MARCOS BLVD., SUITE 350, SAN MARCOS, CA	92069			0 (202

Form 990 (2021) EXCEL ACADEMY CHARTER SCHOOLS	47-4121751	Page 7							
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 w	ith or within the organization's	s tax year.							
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), rega	ardless of amount of compens	ation.							
Enter -0- in columns (D), (E), and (F) if no compensation was paid.									
• List all of the organization's summent key employees, if any See the instructions for definition of "key employees									

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B) (C)							(D)	(E)	(F)
Name and title	Average	(do			ition		one	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		<u> </u>		Irecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	e or di	ee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	related organizations	rustee	trust		66	npens		1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional	Ι.	nploy	st con		1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) HEIDI GASCA	40.00	_	_			<u> </u>				
EXECUTIVE DIRECTOR		1		x				180,767.	Ο.	31,821.
(2) KERI SCHNEEWEISS	40.00									
DIRECTOR OF OPERATIONS		1				x		144,355.	Ο.	39,942.
(3) LARA C ULMER	40.00									
ASSIST DIR OF SPED		1				x		135,539.	Ο.	38,967.
(4) LEAH VIDES	40.00									
SPECIAL EDUCATION PROGRAM SPECIALIST		1				x		119,686.	Ο.	35,238.
(5) LORRIE M WOOD	40.00									
ASSISTANT PRINCIPAL		1				x		103,511.	Ο.	32,657.
(6) JENNIFER CRAIG	40.00									
ASSIST DIR OF ASSESSMENT		1				x		110,004.	Ο.	20,110.
(7) DR WILLIAM HALL	5.00									
PRESIDENT		х		x				6,000.	Ο.	0.
(8) MICHAEL HUMPHREY	2.00									
VICE PRESIDENT		х		x				6,000.	Ο.	0.
(9) STEVE FRAIRE	2.00									
CLERK		X		X				6,000.	Ο.	0.
(10) SUSAN HOULE	2.00									
MEMBER		Х						6,000.	0.	0.
(11) LARRY ALVARADO	2.00									
MEMBER		Х						6,000.	0.	0.
132007 12-09-21										Form 990 (2021)

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Form 990 (2021)

	990 (2021) EXCEL ACA	ADEMY CH	IAR	TE	R	SC	HO	OI	S	47-41	217	751	P	age 8
Par	VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average hours per		not c		more	than c		Reportable	Reportable			timate	
		week					s both r/trus		compensation from	compensatior from related	'		ount other	OT
		(list any	ctor						the	organizations	;		pensa	tion
		hours for	or dire	e.			ated		organization	(W-2/1099-MIS	C/		om th	
		related organizations	ustee	truste		ee	upensi		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anizat 1 relat	
		below	Individual trustee or director	In stitutional trustee	-	Key employee	Highest compensated employee	er	· ·				nizati	
		line)	Indivi	Instit	Officer	Key ei	Highe emplo	Former				Ũ		
											\rightarrow			
											\rightarrow			
								-+						
											$ \rightarrow $			
											-+			
											-+			
			1											
1b	Subtotal	•							823,862.		0.	198	3,7	35.
с	Total from continuation sheets to Part VI								0.		0.			0.
d									823,862.		0.	198	3,7	35.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed ab	ove) wh	o re	eceived more than \$100,	000 of reportable				7
	compensation from the organization												Yes	/ No
3	Did the organization list any former officer,	diractor truct			mol		o or	hio	hast companyated ampl		Г		Tes	NO
3	line 1a? If "Yes," complete Schedule J for s										- 1	3		х
4	For any individual listed on line 1a, is the su										F			
	and related organizations greater than \$150										[4	Х	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." corr	plete Schedule	e J fo	or sı	ich i	oers	on .				<u></u>	5		Х
	ion B. Independent Contractors													
1	Complete this table for your five highest co	-									ensati	ion fro	m	
	the organization. Report compensation for (A)	the calendar ye	ear e	enair	ig w	nth c	or wi	<u>inin</u>	(B)	ear.		(C	•	
	רא) Name and business	address	NC	ONE	Ξ				رط) Description of s	ervices	C	omper		n
								_						
2	Total number of independent contractors (i	ncluding but no	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organi	zation 🕨				0)							

132008 12-09-21

				CADEMY	CHARTER	SCHOOLS		47-4121	751 Page 9
Par	τV	III Statement of F	Revenue						
		Check if Schedule	O contains a	response	or note to any lin	((5)	(0)	
						(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
						Total revenue	function revenue	business revenue	from tax under
<u> </u>				1 1					sections 512 - 514
nts 1ts		a Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts				1b					
Am (c Fundraising events		1c					
ar Gift		d Related organizations		1d					
ini,		e Government grants (co		1e	22,687,187.				
rior S	1	f All other contributions, gif							
iðu H		similar amounts not inclue	ded above	1f					
d tr		g Noncash contributions included		1g \$					
<u>a C</u>		h Total. Add lines 1a-1f			<u></u>	22,687,187.			
					Business Code				
e	2	a							
ervi	I	b							
n S		c							
Sev		d							
Program Service Revenue		e							
₽.		f All other program servi							
		g Total. Add lines 2a-2f							
	3	Investment income (inc				7 044			7 044
	other similar amounts)				7,844.			7,844.	
	4	Income from investmer							
	5	Royalties		i) Real					
				i) Real	(ii) Personal				
		a Gross rents							
		b Less: rental expenses							
		c Rental income or (loss)							
		d Net rental income or (lo							
	7	a Gross amount from sales		Securities	(ii) Other				
		assets other than inventor	y 7a						
	I	b Less: cost or other basis							
venue		and sales expenses							
		c Gain or (loss)							
Other Re		d Net gain or (loss)			····· >				
the	8	a Gross income from fundra							
ð		including \$							
		contributions reported							
		Part IV, line 18							
		b Less: direct expenses							
		c Net income or (loss) fro			>				
	9	a Gross income from gar							
		Part IV, line 19							
		b Less: direct expenses							
		c Net income or (loss) fro			▶				
	10	a Gross sales of inventor							
		and allowances							
		b Less: cost of goods so							
\rightarrow		c Net income or (loss) fro	om sales of in	ventory					
sr		a OTHER REVENUE			Business Code 611600	226 007			226 007
Miscellaneous Revenue					011000	226,907.			226,907.
llan (eni		b							
sce Bey									
Βï		d All other revenue			└ ─ ──	226,907.			
	12	e Total. Add lines 11a-11 Total revenue. See instru				22,921,938.	0.	0.	234,751.
132009					►	· / · _ · · / · · · · ·		1 2.	Form 990 (2021)

Χ

EXCEL ACADEMY CHARTER SCHOOLS Form 990 (2021) 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 response or note to any line in this Part IX **(D)** Fundraising (B) (C) (A) Do not include amounts reported on lines 6b, Program service expenses Total expenses Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses 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 Benefits paid to or for members 4 5 Compensation of current officers, directors, 246,624. 246,624. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 9,122,820. 8,656,180. 466,640. Other salaries and wages 7 8 Pension plan accruals and contributions (include 1,283,342. 1,182,500. 100,842. section 401(k) and 403(b) employer contributions) 958,510. 1,038,366. 79,856. Other employee benefits 9 183,880. 169,759. 14,121. 10 Payroll taxes 11 Fees for services (nonemployees): 211,120. 211,120. Management а 127,406. 127,406. b Legal 31,873. 31,873. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 3,649,599. 3,380,677. 268,922. column (A), amount, list line 11g expenses on Sch 0.) 6,863. 6,863. Advertising and promotion 12 40,600. 20,618. 19,982. Office expenses _____ 13 264,577. 264,577. Information technology 14 15 Royalties 85,754. 85,754. 16 Occupancy 41,042. 41,042. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 366,874. 366,874. 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 72,323. 72,323. 23 Insurance

2,204,631. INSTRUCTIONAL MATERIALS а 138,599. SERVICE FEES h 46,262. COMMUNITY MARKETING С 30,450. STUDENT ASSESSMENT d 73.377. e All other expenses 19,266,382. Total functional expenses. Add lines 1 through 24e 25 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)

Other expenses. Itemize expenses not covered

above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)

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24

Form 990 (2021)

0.

950,363.

2,204,631.

18,316,019.

10

138,599.

46,262.

30,450.

73.377.

EXCEL ACADEMY CHARTER SCHOOLS

orm 990 Part X			47-	4121751 Page 11
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	1,333,726.	1	3,035,209.
2	Savings and temporary cash investments		2	1,494,664.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	6,123,185.	4	2,033,088.
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	
σ 7	Notes and loans receivable, net		7	
Assets	Inventories for sale or use		8	
AS 9	Prepaid expenses and deferred charges	176,218.	9	40,484.
	a Land, buildings, and equipment: cost or other		-	
	basis. Complete Part VI of Schedule D 10a			
1	b Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	7,633,129.	16	6,603,445.
17	Accounts payable and accrued expenses	889,737.	17	398,029.
18	Grants payable		18	-
19	Deferred revenue	473,500.	19	195,912.
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ω 22	Loans and other payables to any current or former officer, director,			
Liabilities	trustee, key employee, creator or founder, substantial contributor, or 35%			
lide	controlled entity or family member of any of these persons		22	
₂₃ ا ت	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties	1,209,712.	24	1,248,768.
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	3,955,000.	25	0.
26	Total liabilities. Add lines 17 through 25	6,527,949.	26	1,842,709.
	Organizations that follow FASB ASC 958, check here 🕨 🔀			
Sec	and complete lines 27, 28, 32, and 33.			
<u>u</u> 27	Net assets without donor restrictions	1,105,180.	27	4,760,736.
8 28	Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here 🛛 🕨 📃			
Ë	and complete lines 29 through 33.			
Net Assets or Fund Balances 8 2 8 2 8 2 8 2 8 2 8 2 8 2 8 2	Capital stock or trust principal, or current funds		29	
ti 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
∛ 31	Retained earnings, endowment, accumulated income, or other funds		31	
T N N N N N N N N N N N N N N N N N N N	Total net assets or fund balances	1,105,180.	32	4,760,736.
33	Total liabilities and net assets/fund balances	7,633,129.	33	6,603,445.

Form 990 (2021)

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	990 (2021) EXCEL ACADEMY CHARTER SCHOOLS	47-	4121751	Pag	_{ge} 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			~~ ~~	•	~ ~
1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,921		
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,266		
3	Revenue less expenses. Subtract line 2 from line 1	3	3,655		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	1,105	,1	80.	
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,760),7	36.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
	\cdot \cdot			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	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	audit.			
•	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
Ja	Act and OMB Circular A-133?	gie Auui	3a	х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				<u> </u>
U				x	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			~~~	·

Form **990** (2021)

(Fo	rm 99	DULE A 10) f the Treasury		omplete if the organ 494	arity Status and Public Support ganization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.			OMB No. 1545-0047		
		nue Service			/Form990 for instructio			nformation.		Inspection
Nan	ne of t	he organizati		I. ACADEMY	CHARTER SCHOO)LS				identification number $7-4121751$
Pa	rt I	Reason			(All organizations must c		nis nart) S	ee instruction		/ 4121/51
					For lines 1 through 12, cl					
1			-		n of churches described	•	-	()(A)(i)		
2	X							,(~,(י)•		
2					Attach Schedule E (Form		/L\/4\/A\/;;			
4	\square	=	-		anization described in se njunction with a hospital			-	Viii) Entor	the hospital's name
4		city, and state		ation operated in col	ijunction with a nospital	described	III Sectio			the hospital s hame,
5		-		or the benefit of a col	llege or university owned	or operate	ed by a do	vernmental u	nit describe	ed in
5				Complete Part II.)	loge of university owned	or operation	cu by u ge			
6		-			nental unit described in	section 17	70(b)(1)(A)	(v)		
7	\square			-	ntial part of its support fr				ne deneral i	oublic described in
•		-		omplete Part II.)		om a gove	innontai		ie general j	
8		-			(1)(A)(vi). (Complete Part	· II.)				
9	\square	-			in section 170(b)(1)(A)(i	-	ed in coniu	unction with a	land-grant	college
-		-	-		ulture (see instructions).		-		-	-
		university:		, , ,			, ,	,	5	
10		An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support 1										
		income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section &	509(a)(2). (Cor	mplete Part III.)						
11		An organizati	on organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).		
12		An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section &	5 09(a)(2) .	See section	509(a)(3). 🤇	Check the box on
		lines 12a thro	ugh 12d that (describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A su	upporting orga	anization operated, s	upervised, or controlled l	by its supp	ported org	anization(s), t	pically by	giving
		the support	ed organizatio	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	upporting
		¬ ⁻		complete Part IV, Se						
b		••		•	or controlled in connect		• •	0		•
			0		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	_	¬ ~	. ,	t complete Part IV,						
C					g organization operated i				ly integrate	ed with,
			0	()(). You must complete F	,	,			
C			-		orting organization oper				-	
					ation generally must sati nplete Part IV, Sections				an attentiv	/eness
е		¬ ·			written determination from					
e			•		nally integrated supportir			турет, туре	п, туре п	
f	Ente	er the number of			nany integrated supportin					
				about the supporte						
		i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
										ļ
Tota	al									

Sch	edule A (Form 990) 2021 E	XCEL ACAD	EMY CHART	ER SCHOOL	S	47-412	1751 Page 2
	art II Support Schedule for						
	(Complete only if you checked						
	fails to qualify under the tests	listed below, plea	se complete Part I	II.)			
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support		•				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th						. —
80	organization, check this box and stor						
	ction C. Computation of Publi		•				
	Public support percentage for 2021 (I					14	%
15	Public support percentage from 2020						%
168	33 1/3% support test - 2021. If the c						
L	stop here. The organization qualifies						
r	33 1/3% support test - 2020. If the c						
17.	and stop here. The organization qual						
1/8	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-		-	
L	meets the facts-and-circumstances te	-		• • • •	•	17a and line 15 is	
Ľ	 10% -facts-and-circumstances test more, and if the organization meets th 	-					
	organization meets the facts-and-circu						
	Private foundation. If the organizatio		•				

Schedule A (Form 990) 2021

132022 01-04-22

Schedule A (Form 990) 2021 EXCEL ACADEMY CHARTER SCHOOLS Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support					•	-
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on 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 assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizat	ion,
							>
	ction C. Computation of Public		-			1 1	
15	Public support percentage for 2021 (li			column (f))		15	%
<u>16</u>	Public support percentage from 2020					16	%
	ction D. Computation of Inves					1 1	
17	Investment income percentage for 20			ine 13, column (f))		17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2021. If the	-					17 is not
	more than 33 1/3%, check this box an	-	-				►
b	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, chec			•		•	
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in		
13202	23 01-04-22					Schedule	A (Form 990) 2021

¹⁵ 2021.05070 EXCEL ACADEMY CHARTER SCH A2746361

EXCEL ACADEMY CHARTER SCHOOLS

1

2

Yes No

(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

Part IV Supporting Organizations

Schedule A (Form 990) 2021

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

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3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021 EXCEL ACADEMY CHARTER SCHOOLS 47-4121751 Page 5 Part IV Supporting Organizations (continued) Vac Nac

			Yes	NO
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		

			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.			

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

 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
 Image: Control organization was vested in the same persons that controlled or managed

 1
 Image: Control organization(c)
 Image: Control organization(c)
 Image: Control organization(c)

Section D.	All Type	III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

see instructions).
see

- a 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 instructions).
	 ······································	Describe in a second you supported a governmental entity (see instruction <u>s).</u>

17

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2

Schedule A (Form 990) 2021

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47-4121751 Page 6 EXCEL ACADEMY CHARTER SCHOOLS Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. 1 All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 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 integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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Sche Par		CHARTER SCHOOI			7-4121751	Page 7	
			inizations (continu	<u>lea)</u>	Current Ye		
<u>Secu</u>	on D - Distributions	matauraaaa		1	Current re	ar	
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			- 1			
2	organizations, in excess of income from activity	it purposes of supported		2			
3	Administrative expenses paid to accomplish exempt purpose	e of supported organizations		3			
4	Amounts paid to acquire exempt-use assets	es of supported organizations	5	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovido dotailo in Part VI)		5			
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.		7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.	8					
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii)		
_1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2021						
a	From 2016						
b	From 2017						
c	From 2018						
d	From 2019						
e	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
i	Carryover from 2016 not applied (see instructions)						
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
C	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j and 4c.						
8	Breakdown of line 7:						
а	Excess from 2017						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
е	Excess from 2021						

Schedule A (Form 990) 2021

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Schedule A	(Form 990) 2021	EXCEL	ACADEMY	CHARTER	SCHOOLS	47-4121751 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. P , 2, 3b, 3c, 4 lines 2 and 3	rovide the expla b, 4c, 5a, 6, 9a, 3; Part IV, Sectio	nations required 9b, 9c, 11a, 11b n E, lines 1c, 2a,	by Part II, line 10; Part , and 11c; Part IV, Sec , 2b, 3a, and 3b; Part V	II, line 17a or 17b; Part III, line 12; tion B, lines 1 and 2; Part IV, Section C, , line 1; Part V, Section B, line 1e; Part V, or any additional information.
132028 01-04-2	2			0.0		Schedule A (Form 990) 2021
				20		

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(Form 990) Complete if the organ			al Financial Statements	S	OMB No. 1545-0047
			anization answered "Yes" on Form 990 , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	2021	
	ment of the Treasury	▶	Attach to Form 990.		Open to Public
-	Revenue Service		90 for instructions and the latest inform		Inspection nployer identification number
Num		EXCEL ACADEMY CHAR	TER SCHOOLS		47-4121751
Par	t I Organiza	tions Maintaining Donor Advise	d Funds or Other Similar Funds	or Accou	unts. Complete if the
	organizatior	n answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Fi	unds and other accounts
1		d of year			
2		contributions to (during year)			
3		grants from (during year)			
4		end of year			
5	-	n inform all donors and donor advisors in v n's property, subject to the organization's	-		Yes No
6		n inform all grantees, donors, and donor a			
Ŭ	•	oses and not for the benefit of the donor o		-	
	impermissible priva			Ũ	Yes No
Par		ation Easements. Complete if the org			
1		ervation easements held by the organization			
	Preservation	of land for public use (for example, recrea	tion or education) Preservation o	f a historical	ly important land area
	Protection of	natural habitat	Preservation o	f a certified	historic structure
	Preservation	of open space			
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form	of a conserv	
	day of the tax year.				Held at the End of the Tax Year
а				<u>2</u> a	1
b	-				
С		vation easements on a certified historic stru			:
d		vation easements included in (c) acquired a			
•		al Register			
3	year	vation easements modified, transferred, rel	eased, extinguished, or terminated by the	organizatio	n during the tax
4	· ·	 where property subject to conservation eas	ement is located		
5		ion have a written policy regarding the per			
	6	procement of the conservation easements it	6, 1 , 6		Yes No
6	Staff and volunteer	hours devoted to monitoring, inspecting,			
	▶				
7	Amount of expense	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easeme	ents during the year
	▶\$				
8		vation easement reported on line 2(d) abov	,		
		(4)(B)(ii)?			
9	,	e how the organization reports conservation	•		
		l include, if applicable, the text of the footn	ote to the organization's financial statem	ents that de	scribes the
Par	t III Organization s acco	ounting for conservation easements. tions Maintaining Collections of	Art. Historical Treasures. or Ot	her Simil	ar Assets.
		the organization answered "Yes" on Form			
		elected, as permitted under FASB ASC 95		nd balance	sheet works
	•	asures, or other similar assets held for pub			
		Part XIII the text of the footnote to its finar			
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance she	et works of
	art, historical treas	ures, or other similar assets held for public	exhibition, education, or research in furth	nerance of p	ublic service,
	provide the followir	ng amounts relating to these items:			
	(i) Revenue includ	ded on Form 990, Part VIII, line 1		►	\$
	(ii) Assets include	d in Form 990, Part X			\$
2	•	received or held works of art, historical trea		l gain, provi	de
	-	nts required to be reported under FASB A	-		
		on Form 990, Part VIII, line 1			\$
		Form 990, Part X		>	- \$
		eduction Act Notice, see the Instructions	; tor form 990.		Schedule D (Form 990) 2021
132051	10-28-21		21		

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Sche		CADEMY CHA						47-41			Page 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, o	r Other	Simila	r Assets	s (contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, checł	any of the	following that	t make sig	nificant u	use of its			
	collection items (check all that apply):										
а											
b											
c											
4	Provide a description of the organization's co	lections and explain	n how th	nev further t	he organizatio	on's exem	nt nurno	se in Part	XIII		
5	During the year, did the organization solicit o								7.m.		
Ŭ	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang										
	reported an amount on Form 990, Par			sorgariizatio		163 011	0111 330	, i aitiv,	in e 3, 0i		
10			lion (for	oontribution	o or other ear	ooto not in	aludad				
Ia	la Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No										
								∟	Yes		_ No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	liowing t	able:					Amoun	+	
									Amoun	L	
	Beginning balance										
	Additions during the year										
е	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on Fe						y?	L	Yes		
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization ar									
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back (d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent vear end balanc	e (line 10	a, column (a)) held as:				•		
	Board designated or quasi-endowment		%	g, cola (a	,,,						
	Permanent endowment	%									
		<u> </u>									
U	The percentages on lines 2a, 2b, and 2c sho										
20	Are there endowment funds not in the posse		otion the	t are hold a	nd administa	rad for the	orgoniz	otion			
Ja		SSION OF THE OFGATILZA		il are neiù ai			organiza		1	Yes	No
	by:								0-(1)	103	
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		┼──
	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment f	funds.							
Fai	t VI Land, Buildings, and Equipm			/ Kasida C			10				
	Complete if the organization answered		,								
	Description of property	(a) Cost or c		• • •	t or other		cumulate	ed	(d) Boo	k valu	ıe
		basis (investr	nent)	basis	(other)	dep	reciation				
1a	Land										
b	Buildings										
	Leasehold improvements										
d	Equipment										
	Other										
	Add lines 1a through 1e. (Column (d) must e		X. colun	nn (B), line 1	0c.)						0.
					,			Schedule	D (Forn	n 990) 2021

132052 10-28-21

Schedule D (Form 990) 2021 EXCEL ACADEMY CHARTER SCHOOLS

Complete if the organization answered "Yea" on Form 980, Part IX, line 115. See Form 980, Part X, line 12. (a) Book value (b) Book value (c) Additional development of the organization answered "Yea" on Form 980, Part X, line 13. (c) Additional development of the organization answered "Yea" on Form 980, Part X, line 14. (c) Additional development of the organization answered "Yea" on Form 980, Part IX, line 114. (c) Additional development of the organization answered "Yea" on Form 980, Part IX, line 114. (c) Additional development of the organization answered "Yea" on Form 980, Part IX, line 114. (c) Additional development of the organization answered "Yea" on Form 980, Part IX, line 114. (c) Additional development of the organization answered "Yea" on Form 980, Part IX, line 114. (c) Additional development of the organization answered "Yea" on Form 980, Part IX, line 115. (c) Additional development of the organization answered "Yea" on Form 980, Part IX, line 114. (c) Additional development of the organization answered "Yea" on Form 980, Part IX, line 115. (c) Additional development of the organization answered "Yea" on Form 980, Part IX, line 115. (c) Additional development of the organization answered "Yea" on Form 980, Part IX, line 115. (c) Additional development of the organization answered "Yea" on Form 980, Part IX, line 115. (c) Additional development of the organization answered "Yea" on Form 980, Part IX, line 115. (c) Additional development of the organization answered "Yea" on Form 980, Part IX, line 116. (c) Additional development of the organization answered "Yea" on Form 980, Part IX, line 116. (c) Additional development of the organization answered "Yea" on Form 980, Part IX, line 116. (c) Additional development of the organization answered "Yea" on Form 980, Part IX, line 116. (c) Additional development of the organization answered "Yea" on Form 980, Part IX, line 116. (c) Additional development of the organization answered "Yea" on Form 980, Part IX, line 116. (c) Additional development of the	Part VII	Investments - Other Securities.			
11) Financial derivatives		-			
(2) Closely held equity interests	(a) Descrip	Dtion of Security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(3) Other					
(A) (A) (B) (A) (C) (A) (D) (A) (B) (B) (C) (A) (B) (B) (C) (C) (B) (B) (C) (C) (B) (C) (C) (C) (B) (C) (C) (held equity interests			
(B) (C) (C) (C) (D) (C) (E) (C) (E) (C) (F) (C) (G)					
(C)					
(D) (E) (E) (F) (G) (
(f)					
(F)					
(G) Image: Constraint of a second of the organization answered 'Yes' on Form 990, Part IX, line 13. (a) (b) Book value (c) Method of valuation: Cost or end-of-year market value (f) (g) Description of investment (g) Book value (g) Method of valuation: Cost or end-of-year market value (f) (g) (g) Description of investment (g) Book value (g) Method of valuation: Cost or end-of-year market value (f) (g) (g) (g) (g) (g) (g)					
(h) Investments - Program Related. Complete fit the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (a) Description of investment (b) Book value (c) Method of valuation: Cost or end of year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end of year market value (1) (a) (b) Book value (c) Method of valuation: Cost or end of year market value (1) (a) (c) (c) (c) (a) (c) (c) (c) (c) (b) (c) (c) (c) (c) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)					
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(4)	(2)				
(6) Image: Constraint of the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (1) (a) Description (b) Book value (2) (a) Description (b) Book value (2) (b) Constraint of the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (b) Book value (4) (c) (c) (c) (c) (6) (c) (c) (c) (c) (6) (c) (c) (c) (c) (7) (c) (c) (c) (c) (b) (c) (c) (c) (c) (7) (c) (c) (c) (c) (a) (c) (c) (c) (c) (b) (c) (c) (c) (c) (c) (a) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c) (a) (c) (c) (c) (c) <td>(3)</td> <td></td> <td></td> <td></td> <td></td>	(3)				
(6)	(4)				
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(8)	(6)				
(9) Image: Section 2014 (Cold (b) must equal Form 990, Part X, cold (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. (b) Book value (1) (a) Description (b) Book value (2) (b) Book value (c) (3) (c) (c) (4) (c) (c) (6) (c) (c) (7) (c) (c) (6) (c) (c) (7) (c) (c) (7) (c) (c) (7) (c) (c) (9) (c) (c) (a) Description of liability (c) Book value (1) Federal income taxes (c) (2) (c) Book value (1) Federal income taxes (c) (3) (c) (c) Book value (1) Federal income taxes (c) (c) (3) (c) (c) (b) Book value (c) (c) (c) (c) (c) (c) (c)	(7)				
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(1)		-		e 11d. See Form 990, Part X, line 15.	(h) De alexadore
(2) (3) (3) (4) (4) (5) (5) (7) (6) (7) (7) (7) (8) (7) (9) (7) 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) (b) Book value (3) (a) (4) (b) Book value (5) (a) (6) (b) (7) (b) (8) (c) (9) (c) (7) (c) (8) (c) (9) (c)		(a)	Description		(b) BOOK value
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(4)					
(5)					
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(8) Image: Control of Column (b) must equal Form 990, Part X, col. (B) line 15.) Image: Control of Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Image: 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 Image: Column (b) must equal Form 990, Part X, line 25. (2) Image: Column (b) Book value Image: Column (b) Book value (3) Image: Column (b) Book value Image: Column (b) Book value (4) Image: Column (b) Book value Image: Column (b) Book value (5) Image: Column (b) Book value Image: Column (b) Book value (6) Image: Column (b) Book value Image: Column (b) Book value (7) Image: Column (b) Book value Image: Column (b) Book value (8) Image: Column (b) Book value Image: Column (b) Book value (9) Image: Column (b) Book value Image: Column (b) Book value					
(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. (b) Book value (1) Federal income taxes (b) (2) (1) Federal income taxes (2) (2) (3) (3) (4) (5) (6) (7) (6) (7) (8) (9)					
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(1) Federal income taxes (2) (3) (3) (4) (4) (5) (6) (6) (7) (8) (9)			on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
(2) (3) (3) (4) (5) (6) (6) (7) (8) (9)	1.	(a) Description of liability			(b) Book value
(3) (4) (4) (5) (5) (6) (7) (7) (8) (9)	(1) Fec	deral income taxes			
(4) (5) (6) (6) (7) (6) (8) (6) (9) (6)	(2)				
(5) (6) (7) (7) (8) (9)	(3)				
(6) (7) (8) (9)	(4)				
(7) (7) (8) (9)	(5)				
(7) (7) (8) (9)					
(8) (9)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)					
	Total. (Colu	umn (b) must equal Form 990, Part X. col. (B) line	25.)		

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

Schedule D (Form 990) 2021

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Sche	edule D (Form 990) 2021 EXCEL ACADEMY CHARTER SC	HOOLS	47-	4121751 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ments With Reven		<u>и</u>
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements			22,921,938.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			22,921,938.
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.)		22,921,938.	
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With Exper	nses per Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	19,266,382.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments			
С	······	2b		
	Other losses			
d	Other losses	2c		
d e	Other lossesOther (Describe in Part XIII.)	2c 2d	2e	0.
	Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2c 2d		<u>0.</u> 19,266,382.
е	Other losses Other (Describe in Part XIII.)	2c 2d		0. 19,266,382.
е 3	Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2c2d		0. 19,266,382.
е 3 4	Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2c 2d		0. 19,266,382.
е 3 4 а b	Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2c 2d 4a 4b	3	0.
e 3 4 b c 5	Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2c 2d 2d 4a 4b		0. 19,266,382. 0. 19,266,382.

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

PART X, LINE 2:

THE SCHOOL IS PART OF A NONPROFIT CORPORATION EXEMPT FROM THE PAYMENT OF
INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA
REVENUE AND TAXATION CODE SECTION 23701D. ACCORDINGLY, NO PROVISION HAS
BEEN MADE FOR INCOME TAXES. MANAGEMENT HAS DETERMINED THAT ALL INCOME TAX
POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED UPON POTENTIAL AUDIT
OR EXAMINATION; THEREFORE, NO DISCLOSURES OF UNCERTAIN INCOME TAX
POSITIONS ARE REQUIRED. THE SCHOOL IS SUBJECT TO INCOME TAX ON NET INCOME
THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THE EXEMPT
PURPOSES. THE SCHOOL FILES AND EXEMPT SCHOOL RETURN AND APPLICABLE
UNRELATED BUSINESS INCOME TAX RETURN IN THE U.S. FEDERAL JURISDICTION AND
WITH THE CALIFORNIA FRANCHISE TAX BOARD.
132054 10-28-21 Schedule D (Form 990) 2021

Schedule D (Form 990) 2021	EXCEL ACADEMY CHARTER SCHOOLS	47-4121751 Page 5
Schedule D (Form 990) 2021 Part XIII Supplemental Info	prmation (continued)	
		Schedule D (Form 990) 2021

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SCHEDULE E Schools		OMB No	. 1545-00	47
(For	m 990) Complete if the organization answered "Yes" on Form 990,	20)21	
	Part IV, line 13, or Form 990-EZ, Part VI, line 48.			_
	ment of the Treasury Attach to Form 990 or Form 990-EZ. Revenue Service Go to www.irs.gov/Form990 for the latest information.	Open Inspec	to Publ	lic
ame		yer identifica		mb
	EXCEL ACADEMY CHARTER SCHOOLS	47-412		
a	rt I			
			YES	N
I	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholars	ships? 2	X	
;	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			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II		X	
	THE SCHOOL PUBLICIZES ITS POLICY IN ITS REGISTRATION			
	MATERIALS AND DOCUMENTS USED TO SOLICIT STUDENTS AND ON THE			
	SCHOOL'S WEBSITE AT			
	HTTPS://EXCELACADEMY.EDUCATION/RESOURCES/2021-2022-HANDBOOK.			
	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?			\vdash
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basi	is? 4b	X	-
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing		77	
	with student admissions, programs, and scholarships?			+
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:			
	Students' rights or privileges?	<u>5a</u>		
а		I		
a b	Admissions policies?			2
a b c	Admissions policies? Employment of faculty or administrative staff?	<u>5c</u>	:	
a b c d	Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	<u> </u>		-
a b c d e	Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5c 5d 5e		
a b c d e f	Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5c 5d 5e 5f		
a b d e f g	Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5c 5d 5e 5f 5g		
a b d e f g	Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5c 5d 5e 5f 5g		
a b d e f g	Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5c 5d 5e 5f 5g		
a b d e f g	Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5c 5d 5e 5f 5g		
a b c d e f g h	Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency?	5c 5d 5e 5f 5g 5g 5h 5h 6a		
a b c d e f g h	Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5c 5d 5e 5f 5g 5g 5h 5h 6a		
a b c d e f g h	Admissions policies?	5c 5d 5e 5f 5g 5g 5h 5h 6a		
b c d e f g h	Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5c 5d 5e 5f 5g 5g 5h 5h 6a		

132061 10-18-21

Schedule E (Form 990) 2021 EXCEL ACADEMY CHARTER SCHOOLS 47-4121751 Page 2
Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.
LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:
THE SCHOOL IS A PUBLIC CHARTER SCHOOL PRINCIPALLY FUNDED BY CALIFORNIA AND
FEDERAL MONIES RECEIVED THROUGH THE CALIFORNIA DEPARTMENT OF EDUCATION.
132062 10-18-21 Schedule E (Form 990) 2021
27 50420 131839 A274636 2021.05070 EXCEL ACADEMY CHARTER SCH A2746

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SCHEDULE J		Compensation Information	L	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		2021		1
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		i
	tment of the Treasury	Attach to Form 990.		Open to		ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	F armler register	Inspe		
Narr	e of the organization		Employer id			nber
Da	rt I Question	EXCEL ACADEMY CHARTER SCHOOLS s Regarding Compensation	4/-4.	12175:	L	
Га					Vee	
10	Chock the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	000		Yes	No
ld		line 1a. Complete Part III to provide any relevant information regarding these items.	990,			
	First-class or d		naluse			
	Travel for com					
		cation and gross-up payments Health or social club dues or initiation fee				
		spending account				
	,					
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	•	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2		
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's	6			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	ion to			
	establish compens	ation of the CEO/Executive Director, but explain in Part III.				
	Compensatior	n committee X Written employment contract				
	Independent of	compensation consultant Compensation survey or study				
	Form 990 of o	ther organizations	committee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re					37
		e payment or change-of-control payment?				X
		ceive payment from a supplemental nonqualified retirement plan?				X X
С		ceive payment from an equity-based compensation arrangement?		4c		
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only castion 501/c	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
5	contingent on the r					
а	e e			5a		x
		ation?				X
~		or 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	on			
	contingent on the r					
а	-	~ 		6a		X
b	Any related organiz	ation?		6b		Х
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	6			
		nes 5 and 6? If "Yes," describe in Part III		. 7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
	initial contract exce	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section			. 9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	ile J (Forn	n 990)	2021

132111 11-02-21

Schedule J (Form 990) 2021 EXCEL ACADEMY CHARTER SCHOOLS

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) HEIDI GASCA	(i)	180,767.	0.	0.	29,421.	2,400.	212,588.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KERI SCHNEEWEISS	(i)	144,355.	0.	0.	24,342.	15,600.	184,297.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	135,539.	0.	0.	23,367.	15,600.	174,506.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	119,686.	0.	0.	19,638.	15,600.	154,924.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Page **2**

47-4121751

Schedule J (Form 990) 2021 EXCEL ACADEMY CHARTER SCHOOLS

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:

THE OFFICERS' AND KEY EMPLOYEES' PAY IS DETERMINE BASED ON DATA PROVIDED BY

EXTERNAL CHARTER MANAGEMENT ORGANIZATIONS AND THROUGH COMPARISON STUDIES OF

OTHER CHARTER SCHOOLS. THE BOARD MUST VOTE TO APPROVE THE OFFICERS' AND KEY

EMPLOYEES' COMPENSATION AS A DIRECT ACTION.

Schedule J (Form 990) 2021

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SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	-EZ	
Name of the organization	EXCEL ACADEMY CHARTER SCHOOLS	Employer identification number 47-4121751
FORM 990, PAR	I I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:

TOGETHER.

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

STUDENTS CREATING THE NEXT GENERATION OF LEADERS.

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

THERE ARE NO COMMITTEES THAT CAN ACT ON BEHALF OF THE BOARD.

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

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S OUTSIDE PUBLIC ACCOUNTING

FIRM BASED ON INFORMATION PROVIDED BY MANAGEMENT. ONCE A DRAFT OF THE

RETURN IS AVAILABLE, IT IS REVIEWED BY MANAGEMENT WITH ANY CHANGES OR

REVISIONS INCORPORATED INTO THE FILING. THE REVISED RETURN IS THEN

SUBMITTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL PRIOR TO

SUBMITTING TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: MONITORING IS PERFORMED REGULARLY BY THE OFFICERS TO IDENTIFY POTENTIAL CONFLICTS OF INTEREST. ANY QUESTION OF A CONFLICT IS ADDRESSED WITH THE INTERESTED PERSON, WHO IS REQUIRED TO DISCLOSE THE EXISTENCE OF ANY FINANCIAL INTEREST AND BE AFFORDED THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE BOARD AND EXECUTIVE DIRECTOR. IF A CONFLICT OF INTEREST IS IDENTIFIED, THE APPROPRIATE ACTION IS TAKEN, INCLUDING LIMITATIONS TO THE INDIVIDUAL'S INFLUENCE ON RELATED BUSINESS MATTERS.

31

Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
EXCEL ACADEMY CHARTER SCHOOLS	47-4121751
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE DIRECTOR'S PAY IS DETERMINED BASED ON DATA F	PROVIDED BY
EXTERNAL CHARTER MANAGEMENT ORGANIZATIONS AND THROUGH COMP	ARISON STUDIES OF
OTHER CHARTER SCHOOLS. THE BOARD MUST VOTE TO APPROVE THE	EXECUTIVE
DIRECTOR'S COMPENSATION AS A DIRECT ACTION. THE OFFICERS'	AND KEY
EMPLOYEES' PAY IS DETERMINE BASED ON DATA PROVIDED BY EXTE	RNAL CHARTER
MANAGEMENT ORGANIZATIONS AND THROUGH COMPARISON STUDIES OF	OTHER CHARTER
SCHOOLS. THE BOARD MUST VOTE TO APPROVE THE OFFICERS' AND	KEY EMPLOYEES'
COMPENSATION AS A DIRECT ACTION.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE DOCUMENTS ARE READILY AVAILABLE TO THE PUBLIC UPON REC	UEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
INSTRUCTIONAL VENDORS & CONSULTANTS:	
PROGRAM SERVICE EXPENSES	2,157,224.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,157,224.
SPED FEES:	
PROGRAM SERVICE EXPENSES	432,717.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	432,717.
COLLABORATIVE FEE:	
PROGRAM SERVICE EXPENSES	724,303.

132212 11-11-21

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Name of the organization EXCEL ACADEMY CHARTER SCHOOLS	Page Employer identification number 47-4121751
MANAGEMENT AND GENERAL EXPENSES	268,922.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	993,225.
OTHER FEES FOR SERVICES:	
PROGRAM SERVICE EXPENSES	66,433.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	66,433.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,649,599.
FORM 990, PART XII, LINE 2C:	
PROCESS DID NOT CHANGE.	
132212 11-11-21 33	Schedule O (Form 990) 20

TAXABLE YEARCalifornia Exempt Organization2021Annual Information Return

128941 12-29-21 FORM

	202	1 Annual Information Return					199	
Ca	lendar Yeaı	2021 or fiscal year beginning (mm/dd/yyyy) 07/01/2021	, and ending	(mm/dd/yy	yy)	06	5/30/2022	
		anization name			ifornia corp			
		ACADEMY CHARTER SCHOOLS			3787	590		
Add	ditional inform	ation. See instructions.			<u>4</u> 7-4	1 2 1	751	
Stre	eet address (suite or room)			4 / – 4 PMB no.		.751	
1		NOLOGY DRIVE, BLDG I, NO. 811						
City				State	ZIP code			
IJ	RVINE			CA	9261	8		
For	eign country	name Foreign province/state/county			Foreign p	ostal co	ode	
Α	First retu	urn Yes 🚺 No I Did the organization have any changes to its guidelines						
В		d return Yes 🔀 No not reported to the FTB? See instructions • 🗌 Yes 🔀 N						
C		on 4947(a)(1) trust						٦
D			aged in political acti					_
			e organization exen es," enter the gross				701g? • Yes X	
E			e organization a lim	-				
F			the organization file					
			rt taxable income?				• Yes X	No
G	Is this a	group filing? See instructions • 🗌 Yes 🗴 No 🛛 Is th	e organization unde	r audit by t	he IRS or	has th	ne	
Н	Is this or	ganization in a group exemption Yes 🚺 No IRS	audited in a prior ye	ear?				_
	lf "Yes," v		deral Form 1023/10					No
		Date	filed with IRS					
P	artlo	l complete Part I unless not required to file this form. See General Information	R and C					
<u> </u>		1 Gross sales or receipts from other sources. From Side 2, Part II, line 8			•	1	234,751	1 00
						2		00
						3	22,687,187	7 00
	Dooolata	4 Total gross receipts for filing requirement test. Add line 1 through line 3						
ľ	Receipts and	This line must be completed. If the result is less than \$50,000, see Ger	eral Information B		•	4	22,921,938	8 00
F	levenues	5 Cost of goods sold			00	-		
		6 Cost or other basis, and sales expenses of assets sold			00			
		7 Total costs. Add line 5 and line 6			-	7	22,921,938	00
		 8 Total gross income. Subtract line 7 from line 4 9 Total expenses and disbursements. From Side 2, Part II, line 18 			-	8	19,266,382	
E	xpenses	10 Excess of receipts over expenses and disbursements. Subtract line 9 fro	m line 8			10	3,655,556	
		11 Total payments			•	11		00
		12 Use tax. See General Information K			•	12		00
		13 Payments balance. If line 11 is more than line 12, subtract line 12 from l		•	13		00	
F	iling Fee	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line	e 12		•	14		00
						15		00
		16 Balance due. Add line 12 and line 15. Then subtract line 11 from the re- Under penalties of perjury, I declare that I have examined this return, including accompanying it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all i	Sult schedules and stateme	ents, and to th) ie best of m	16 Ity knowl	ledge and belief,	00
Sig	jn		nformation of which pre					
He	re	inde inde	CUTIVE DI		1/2023	3	• Telephone 760-494-9646	6
			Date	Check	if		• PTIN	0
		Preparer's MEI-LI HUANG	04/20/2		mployed		P02383735	
Pa	id	Firm's name	•	•			Firm's FEIN	
Pre	eparer's	(or yours, if self-					41-0746749	
Us	e Only	employed) 2210 EAST ROUTE 66					Telephone	
		GLENDORA, CA 91740					(626) 857-73	300
		May the FTB discuss this return with the preparer shown above? See instructi	ons		• 🛛 X	Yes	No	

I

022

EXCEL ACADEMY CHARTER SCHOOLS

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

128951 01-19-22

3,655,556

8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 8 2 9 Contributions, gifts, grants, and similar amounts paid 9 9 10 Disbursements to or for members 10 11 Compensation of officers, directors, and trustees SEE STATEMENT 2 11	00 7,844 00 00 00 00 226,907 00 234,751 00
2Interest•23Dividends•34Gross rents•45Gross royalties•50ther6Gross amount received from sale of assets (See instructions)•650ther incomeSEE STATEMENT 1•78Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1829010Disbursements to or for members•1011Compensation of officers, directors, and trusteesSEE STATEMENT 2•11	7,844 00 00 00 00 226,907 00 234,751 00
3 Dividends 3 Receipts 4 Gross rents 4 from 5 Gross royalties 5 Other 6 Gross amount received from sale of assets (See instructions) 6 7 Other income SEE STATEMENT 1 7 8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 8 9 Contributions, gifts, grants, and similar amounts paid 9 10 10 Disbursements to or for members 10 11 11 Compensation of officers, directors, and trustees SEE STATEMENT 2 11	00 00 226,907 234,751 00
from Other 5 Gross royalties 5 6 Gross amount received from sale of assets (See instructions) 6 7 Other income SEE STATEMENT 1 7 2 8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 8 2 9 Contributions, gifts, grants, and similar amounts paid 9 9 10 Disbursements to or for members 10 11 2 11 Compensation of officers, directors, and trustees SEE STATEMENT 2 11	00 00 226,907 234,751 00
Other 6 Sources 7 0ther income SEE STATEMENT 7 22 8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 8 22 9 0 9 9 10 11 22 11 Compensation of officers, directors, and trustees SEE STATEMENT 2 11 Compensation of officers 11 22	00 226,907 234,751 00
Other 6 Sources 7 0ther income SEE STATEMENT 7 22 8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 8 22 9 0 9 9 10 11 22 11 Compensation of officers, directors, and trustees SEE STATEMENT 2 11 Compensation of officers 11 22	226,907 ₀₀ 234,751 ₀₀
8 Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1 8 2 9 Contributions, gifts, grants, and similar amounts paid 9 9 10 Disbursements to or for members 10 11 Compensation of officers, directors, and trustees SEE STATEMENT 2 11	234,751 00
9 Contributions, gifts, grants, and similar amounts paid 9 10 Disbursements to or for members 10 11 Compensation of officers, directors, and trustees SEE STATEMENT 2 11	
10 Disbursements to or for members • 10 11 Compensation of officers, directors, and trustees SEE STATEMENT 2 • 11 22	
11 Compensation of officers, directors, and trustees SEE STATEMENT 2 • 11 2	00
11 Compensation of officers, directors, and trustees SEE STATEMENT 2 • 11 2	00
	246,624 00
	L22,820 00
	<u>366,874₀₀</u>
	<u>183,880 00</u>
Disburse- 15 Rents • 15	85,754 00
ments 16 Depreciation and depletion (See instructions)	00
	260,430 ₀₀
	266,382 ₀₀
	(4)
Assets (a) (b) (c) 1 Cash 1,333,726 • 4	(d) 1,529,873
	<u>1,329,873</u> 2,033,088
	1,055,000
4 Inventories • 5 Federal and state government obligations •	
• Investment in ether handle	
6 Investments in other bonds • 7 Investments in stock •	
8 Mortgage loans	
9 Other investments	
10 a Depreciable assets	
b Less accumulated depreciation ()	
11 Land	
12 Other assets STMT 4 176,218 •	40,484
13 Total assets 7,633,129 6	5,603,445
Liabilities and net worth	
14 Accounts payable 889,737	398,029
15 Contributions, gifts, or grants payable	
16 Bonds and notes payable	
17 Mortgages payable	
18 Other liabilities STMT 5 5,638,212 1	L,444,680
19 Capital stock or principal fund	
20 Paid-in or capital surplus. Attach reconciliation	
21 Retained earnings or income fund 1,105,180 • 4	1,760,736
	5,603,445
Schedule M-1 Reconciliation of income per books with income per return Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.	
0. Enderel income toy	
3 Excess of capital losses over capital gains • • • a <td></td>	
4 Income not recorded on books this year.	
Attach schedule • Attach schedule •	
5 Expenses recorded on books this year not 9 Total. Add line 7 and line 8	
deducted in this return. Attach schedule ID Net income per return.	

6 Total. Add line 1 through line 5

022

3,655,556

3652214

Subtract line 9 from line 6

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EXCEL ACADEMY CHARTER SCHOOLS

CA 199

DESCRIPTION

IRVINE, CA 92618

OTHER REVENUE		226,907.
TOTAL TO FORM 199, PART II, LINE 7		226,907.
CA 199 COMPENSATION OF OFFICERS,	DIRECTORS AND TRUSTEES	STATEMENT 2
NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
HEIDI GASCA 1 TECHNOLOGY DRIVE, BLDG I, 811 IRVINE, CA 92618	EXECUTIVE DIRECTOR 40.00	216,624.
DR WILLIAM HALL 1 TECHNOLOGY DRIVE, BLDG I, 811 IRVINE, CA 92618	PRESIDENT 5.00	6,000.

OTHER INCOME

MICHAEL HUMPHREY		VICE PRESIDENT
1 TECHNOLOGY DRIVE,	BLDG I, 811	2.00
IRVINE, CA 92618		

STEVE FRAIRE 1 TECHNOLOGY DRIVE, IRVINE, CA 92618	BLDG I, 811	CLERK 2.00	6,000.
SUSAN HOULE 1 TECHNOLOGY DRIVE,	BLDG I, 811	MEMBER 2.00	6,000.

LARRY ALVARADO 6,000. MEMBER 1 TECHNOLOGY DRIVE, BLDG I, 811 2.00 IRVINE, CA 92618

TOTAL TO FORM 199, PART II, LINE 11

47-4121751

STATEMENT 1

AMOUNT

6,000.

246,624.

EXCEL ACADEMY CHARTER SCHOOLS

CA 199

47-4121751

STATEMENT 3

DESCRIPTION	AMOUNT
DESCRIPTION 	AMOUNT 2,204,631. 138,599. 46,262. 30,450. 1,283,342. 1,038,366. 211,120. 127,406. 31,873. 3,649,599. 6,863. 40,600. 264,577. 41,042.
INSURANCE ALL OTHER EXPENSES	72,323. 73,377.
TOTAL TO FORM 199, PART II, LINE 17	9,260,430.

CA 199 OTHER ASSETS		STATEMENT 4
DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	176,218.	40,484.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	176,218.	40,484.

CA 199 OTHER LIAE	SILITIES STATEMENT 5
DESCRIPTION	BEG. OF YEAR END OF YEAR
FACTORED RECEIVABLES LIABILITY DEFERRED REVENUE UNSECURED NOTES AND LOANS PAYABLE	3,955,000. 473,500. 1,209,712. 0. 1,248,768.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	5,638,212. 1,444,680.

22450420 131839 A274636

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EXCEL ACADEMY CHARTER SCHOOLS

47-4121751

CA 199 FUND BALANCES		STATEMENT 6
DESCRIPTION	BEG. OF YEAR	END OF YEAR
NET ASSETS WITHOUT DONOR RESTRICTIONS	1,105,180.	4,760,736.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	1,105,180.	4,760,736.

022 Data Ass

Date Accepted

DO NOT MAIL THIS FORM TO THE FTB

2021		e-file Return Authorganizations	orization for		FORM 8453-EO
Exempt Organiza	tion name				Identifying number
EXCEL 2	ACADEMY CHARTER	SCHOOLS			47-4121751
Part I Ele	ectronic Return Information	n (whole dollars only)			
1 Total gr	ross receipts (Form 199, line	4)			1 22,921,938
•	ross income (Form 199, line 8	,			
3 Total ex	penses and disbursements	(Form 199, line 9)			3 19,266,382
		ically for Taxable Year 2021			
	ectronic funds withdrawal	4a Amount	4b Withdrawal	date (mm/dd/y	(yy)
		ou verified the exempt organization?	s banking information?)		
5 Routing			7 T a a b b b b b b b b b b		
6 Account	eclaration of Officer		7 Type of account:	Checking	Savings
		to be settled as designated in Part II. If I	check Part II, box 4, I authorize	an electronic fur	ds withdrawal for the amount listed
California elec a balance due organization w statements be delayed, l aut	tronic return. To the best of my l return, I understand that if the F vill remain liable for the fee liabili transmitted to the FTB by the Ef thorize the FTB to disclose to th	ad the amounts in Part I above agree wit knowledge and belief, the exempt organi ranchise Tax Board (FTB) does not recei ty and all applicable interest and penalti 80, transmitter, or intermediate service e ERO or intermediate service provider 4/21/2023	zation's return is true, correct, a ve full and timely payment of th es. I authorize the exempt organ provider. If the processing of th the reason(s) for the delay.	and complete. If t e exempt organiz ization return and e exempt organi	ne exempt organization is filing ation's fee liability, the exempt I accompanying schedules and
Sign P Here	Heidi Gasca Sianzhurzebel altreatera	Date	Title	LRECTOR	
	, <u>, , , , , , , , , , , , , , , , , , </u>				
		urn Originator (ERO) and Paid Pre			
am only an int accurately refl provided the o	ermediate service provider, I un ects the data on the return.) I ha organization officer with a copy o andbook for Authorized e-file Pro ganization return is filed, whiche I have examined the above exem	to organization's return and that the entr derstand that I am not responsible for re ve obtained the organization officer's sig f all forms and information that I will file oviders. I will keep form FTB 8453-EO or ver is later, and I will make a copy availa pt organization's return and accompany ation based on all information of which I	viewing the exempt organization nature on form FTB 8453-EO b with the FTB, and I have follow file for four years from the du ble to the FTB upon request. If ng schedules and statements, a	n's return. I decla efore transmitting ed all other requi e date of the retui I am also the paic	re, however, that form FTB 8453-E0 this return to the FTB; I have rements described in FTB Pub. n or four years from the date preparer, under penalties of perjury,
the exempt or I declare that I	and complete. I make this declara		nave knowledge.		
the exempt or I declare that I true, correct, a			Date Check if	Check	ERO'S PTIN
the exempt or I declare that I true, correct, a	's	ANG	Ŭ	if self-	
ERO Must	's MEI-LI HUZ	ANG FONLARSONALLEN LLP	Date Check if also paid	if self-	
ERO Must	MEI-LI HUZ		Date Check if also paid	if self-	ed D P02383735
ERO Must	MEI-LI HUZ 's name (or yours address	TONLARSONALLEN LLP	Date Check if also paid	if self-	ed D P02383735
ERO Must Sign Under penaltie	MEI-LI HUZ 's name (or yours f-employed) address S of perjury, I declare that I have	TONLARSONALLEN LLP EAST ROUTE 66	Date Check if also paid preparer	If self- employ s and statements	ed P02383735 Firm's FEIN 41-0746749 ZIP code 91740
ERO Must Sign Under penaltie and belief, the Paid	MEI-LI HUZ 's name (or yours if-employed) address s of perjury, I declare that I have y are true, correct, and complete Paid preparer's	IONLARSONALLEN LLP EAST ROUTE 66 DORA, CA e examined the above organization's retuined	Date Check if also paid preparer	s and statements edge.	ed P02383735 Firm's FEIN 41-0746749 ZIP code 91740
ERO Must Sign Under penaltic and belief, the	MEI-LI HUZ 's name (or yours f-employed) address MEI-LI HUZ CLIF' 2210 GLENT es of perjury, I declare that I have y are true, correct, and complete Paid	IONLARSONALLEN LLP EAST ROUTE 66 DORA, CA e examined the above organization's retuined	Date Check if also paid preparer	s and statements edge.	P02383735 Firm's FEIN 41 - 0746749 ZIP code 91740 and to the best of my knowledge Paid preparer's PTIN
the exempt or I declare that I true, correct, a ERO Must Sign Under penaltie and belief, the Paid Preparer	MEI-LI HUZ 's name (or yours ff-employed) address s of perjury, I declare that I have y are true, correct, and complete Paid preparer's signature	IONLARSONALLEN LLP EAST ROUTE 66 DORA, CA e examined the above organization's retuined	Date Check if also paid preparer	s and statements edge.	P02383735 Firm's FEIN 41-0746749 ZIP code 91740 and to the best of my knowledge

FTB 8453-EO 2021

129021 12-29-21

	_		Beturn of Orga	nization Exempt F	From li	ncome T	av	OMB No. 1545-0047
Forr	_ G	90	Under section 501(c), 527, or 494					2021
1 011				security numbers on this form			laationioj	
		f the Treasury nue Service		<pre>//Form990 for instructions and</pre>	-	-		Open to Public Inspection
						UN 30, 2	022	
	heck if pplicable	e: C Name or	forganization	·		D Employer i	dentificat	tion number
	Address EXCEL ACADEMY CHARTER SCHOOLS							
	Name Doing business as					47-41	21751	L
	Initial		and street (or P.O. box if mail is not de	elivered to street address)	Room/suite	E Telephone r		
		1 ጥፑ	CHNOLOGY DRIVE, BL	,	811	760-4		546
	termin- ated	- City or t	own, state or province, country, and	ZIP or foreign postal code		G Gross receipts	6	22,921,938.
	Amenc return	TKAT	NE, CA 92618	-		H(a) Is this a g	roup retu	rn
	Application		nd address of principal officer: HEI	DI GASCA		for subord	dinates?	Yes X No
	pendin	SAME	AS C ABOVE			H(b) Are all subord	dinates inclue	ded? Yes No
		empt status:)◀ (insert no.) 4947(a)(1)	or 527	If "No," at	tach a lis	t. See instructions
			EXCELACADEMY.EDUCA			H(c) Group exe		
			X Corporation Trust A	ssociation 🔄 Other 🕨	L Year	of formation: 20	15 M S	itate of legal domicile: CA
Pa	irt I	Summary		min				
é			e the organization's mission or mos ARTER SCHOOL PROGR					
Governance								
'ern			x if the organization discontinue in the discon					s. 5
Go			ting members of the governing body					5
			ber of independent voting members of the governing body (Part VI, line 1b)					151
Activities &			of volunteers (estimate if necessary)					0
stivi			d business revenue from Part VIII, co					0.
Ă			business taxable income from Form				7b	0.
						Prior Year		Current Year
•	8	Contributions	and grants (Part VIII, line 1h)			16,397,7	44.	22,687,187.
nue	9	Program servi	ce revenue (Part VIII, line 2g)				0.	0.
Revenue	10	Investment ind	come (Part VIII, column (A), lines 3, 4	, and 7d)		14,4		7,844.
8	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8d	c, 9c, 10c, and 11e)		36,4		226,907.
	12	Total revenue	- add lines 8 through 11 (must equa	l Part VIII, column (A), line 12)		16,448,6		22,921,938.
			milar amounts paid (Part IX, column	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0.	0.
			to or for members (Part IX, column (/			0 200 0	0.	0.
es			r compensation, employee benefits (9,308,2		11,875,032.
ens			undraising fees (Part IX, column (A),				0.	0.
Expenses			ing expenses (Part IX, column (D), lir		0.	7,421,1	30	7,391,350.
_		-	es (Part IX, column (A), lines 11a-11c s. Add lines 13-17 (must equal Part			16,729,4		19,266,382.
		-	expenses. Subtract line 18 from line			-280,7		3,655,556.
es				12		ginning of Current		End of Year
t Assets or d Balances	20	Total assets (F	Part X, line 16)			7,633,1		6,603,445.
Ass I Ba	21					6,527,9		1,842,709.
Net,			fund balances. Subtract line 21 from			1,105,1		4,760,736.
	rt II	Signature			· · · · · · · · · · · · · · · · · · ·		· ·	•
Unde	er pena	Ities of perjury,	I declare that I have examined this return	, including accompanying schedules	s and stateme	ents, and to the bes	st of my kn	owledge and belief, it is
true,	correc	t, and complete	Declaration of preparer (other than offic	er) is based on all information of wh	hich preparer	has any knowledg	6. 	2
		Heid	i Gasca				21/202	ر
Sigr	ו	70EFE	<i>i Gasca</i> e of officer 36AA9B8A4B3			Date		
Here	e	HEID	I GASCA, EXECUTIVE	DIRECTOR				
		,	print name and title	1	T -			
		Print/Type pre	parer's name	Preparer's signature		Date	Check] PTIN

		i ioparoi s signaturo	if
Paid	MEI-LI HUANG	MEI-LI HUANG	04/21/23 if P02383735
Preparer	Firm's name 🕒 CLIFTONLARSONALI	EN LLP	Firm's EIN ▶ 41-0746749
Use Only	Firm's address 2210 EAST ROUTE	66	
	GLENDORA, CA 917	40	Phone no. (626) 857-7300
May the IF	RS discuss this return with the preparer shown ab	ove? See instructions	X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Not	ce, see the separate instructions.	Form 990 (2021)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	n 990 (2021) EXCEL ACADEMY CHARTER SCHOOLS	47-4121751	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		~-
	PROVIDES A FLEXIBLE, PERSONALIZED LEARNING THROUGH A CUS		SE
	OF STUDY THAT WILL EDUCATE, MOTIVATE, AND INSTILL A LOVE		
	IN EACH INDIVIDUAL STUDENT. TEACHERS AND PARENTS WILL JO		010
	MAINTAIN HIGH EXPECTATIONS AND PROMOTE ACADEMIC EXCELLEN	VCE FOR ALL	
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	ers, the total expenses, ar	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 18,316,019. including grants of \$) (Reve)
	OFFERING AN INDEPENDENT STUDY PERSONALIZED LEARNING MODE		TS
	IN GRADES TK-12. ALLOWING PARENTS TO SELECT A WIDE VARIE		T m 37
	EDUCATIONAL RESOURCES AND MATERIALS FROM APPROVED CONTEN		Τ.Τ.Χ
	PROVIDERS USING STATE INSTRUCTIONAL FUND. THE ORGANIZATI	LON SERVED	
	APPROXIMATELY 1,870 STUDENTS.		
44			
4b	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Reve	enue \$)
			,
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 18,316,019.		
		Form 9	90 (2021)
13200	12 12-09-21 2		

Form 990 (20	=:/	ACADEMY	CHARTER	SCHOOLS
Part IV	Checklist of Required S	Schedules		

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		165	
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		x
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in 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,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
t	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
h	Schedule D, Parts XI and XII	<u>12a</u>		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120	Х	<u> </u>
13 14a	Did the experimetion residue in office, experiments extends of the United Otates O	14a	- 11	x
	Did the organization maintain an once, employees, or agents outside of the United States?	1- 1 -7-4		
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	<u> </u>		<u>_</u>
	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			í —
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			í – – – – – – – – – – – – – – – – – – –
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
132003	12-09-21	Form	990	(2021)

132003 12-09-21

Part UP Understate of requiring 5,000 of grants or other assistance to or for domestic individuals on part X, clouin (N, line 27 Y, Y, complete Schedule I, Part II, Clouin S, directs, nutates, key employee, and highest compensated employee? If Yres, 'complete Schedule I, Yres, 'complete Schedule I, Yres, 'complete Schedule I, Part II, Clouin S, directs, nutates, key employee, and highest compensated employee? If Yres, 'complete Schedule I, Yres, 'complete Schedule I, Yres, 'complete Schedule I, Part II, Schedule I, Yres, 'complete Schedule I, Yart I, 'Yres, 'complete Schedule I, Part I, 'Yres, 'complete S	Form	990 (2021) EXCEL ACADEMY CHARTER SCHOOLS 47-412	1751	Р	age 4
22 Did the organization report more than 55.000 of grants or other assistance to or for demestic individuals on Part X, iounnel A, ion 2, 4, or 5, about compensation or the organization is current and tomer affices, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Way, The Vala Schedul and Table Component 2, 100,000 as of the stat day of the organization have a tax-exempt bond issue with an outstanding principal amount of more than 5100,000 as of the stat day of the year, that was associated after Docember 2, 100,000 ft Yes, Tablest 2, 244 24a 24a <td< th=""><th>Par</th><th>TIV Checklist of Required Schedules (continued)</th><th></th><th>Vee</th><th></th></td<>	Par	TIV Checklist of Required Schedules (continued)		Vee	
Part K, column (A), line 2? (r''res, 'complete Schedule (Parts Land II) 22 X 24 Did the organization assert's to Part VI, Schedul Compensation of the organization is current solution. A line 3, 4, or 5, should compensation of the organization is current. Schedule I. 23 X 24 Did the organization have a tax exampt bonds beyond amount of more than \$100,000 as of the list day of the year. Hut was issued after Docember 31, 2002? If 'Yes, 'acaver files 2bb through 2dd and complet the schedule K. (I' No): 'go to line 250. 246 X 25 Did the organization maintain an ecrow account of the than a reflecting second a temporary period excells(n') 246 X 26 Did the organization maintain an ecrow account of the than a reflecting second at year three during the year? 246 X 26 Did the organization access benefit transaction server at units of a granization. Bud the was that the organization access benefit transaction with a disqualified period in a noncess benefit transaction with a disqualified period in a prove year. and that the transaction have that the organization organization is proved any anount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustes, ley employee, creator or founder, substantial contributor, or 39% 26 X 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustes, ley employee, creator or founder, substantial contributor, or 39% 26 X 27	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		res	NO
20 Ddt he organization arswer "Ve" to Fart IVI, Section A, line 3, 4, or 5, about compensated employees? If "Yes," complete Schedule J, and time forcers, directors, trustees, key employee, and highest compensated employees? If "Yes," complete Schedule J, Viso, 10 faire 328. 28 21 Ddt he organization have a taxes event bond issue with an outstanding principal amount of more than \$100,000 as of the schedule J, Viso, 10 faire 328. 246 246 22 Ddt he organization naves any proceeds of lax eventy bond's boyond a temporary period exception? 246 246 23 Section 50(Ke), 507(e)(4), and 501(Ke)20 organizations. Dot he regulation at any time during the year? 244 243 23 Section 501(Ke), 507(e)(4), and 501(Ke)20 organizations. Dot he regulation organization are excess benefit transaction with a disqualified person in a pior year, and that the transaction has not been reported on any of the organization are prior Famile 300 of 00-E27. If "Yes," complete Schedule L, Part I 256 X 25 Dd the organization are dirt if reagingd in an access benefit transaction with a disqualified person 10 parts, time 5 are y of these person? If "Yes," complete Schedule L, Part I 256 X 26 Dd the organization are prove any other assaction to with a disqualide person in a pior year, and that the transaction has not berne reported or any of the organization are prove any complete Schedule L, Part I 266 X 27 Dd the organization aread any and cort massichastane to any other disputat			22		x
Soneals J 28 X 4a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100.000 as of the Sonealsk / 10% or positive 53. 284 X 4a Did the organization marks any proceeds of lax exempt bonds beyond a temporary period exception? 245 X 4 Did the organization marks any proceeds of lax exempt bonds beyond a temporary period exception? 246 X 4 Did the organization marks any proceeds of lax exempt bonds beyond a temporary period exception? 244 X 28 Section 50(16), 50(16)(4), and 50(16)(29) organizations. Did the organization angle in an excess benefit transaction with a disquilled perion in a plory par, and that the transaction marks that regraged in an excess benefit transaction with a disquilled perion of park 2016 (22) organization or parks the organization or parks the organization complete Schedule 1, Part I 28 50 Did the organization rough any amount on Part X, line 5 or 22, for receivables from or parybels to any current or former direc, director, trusten, key employee, creator or founder, unbatratial contributor, or 35% controlled entity of family member of any of these persons? If Yes, 'complete Schedule 1, Part I 28 X 29 Did the organization proved any anount on Part X, line 5 or 22, for receivables from or parybels to any current or former direc, director, trusten, key employee, creator or founder, unbatratio contributor, or 35% controlled entity of transformerol or tamly member of any of these persons? If Yes, 'complete Schedule 1, Part II 28 X 29 <t< td=""><td>23</td><td></td><td></td><td></td><td></td></t<>	23				
24a Det the organization have a tax exempt bond issue with an outstanding principal emount of more than \$100,000 as of the last day of the year, that was issue date: December 31, 2002? If 'Yea,' answer lines 24b through 24d and complete Schedule K, If 'No,' go to the 26a 24a X 2 Do the organization mixed any proceeds of tax-exempt bonds beyond a temporary ported exception? 24a X 2 Do the organization mixed as an 'on behalf of' issuer for bonds outstanding at any time during the year to defease any tax-exempt bond? 24d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization area any time during the year? 24d 24d 25a Section 501(c)(3), 601(c)(4), and 501(c)(20) organizations plot Forms 900 or 990(E27). If 'was,' complete Schedule L, Part I 25a X 25a Det the organization avane that I engaged in an excess benefit transaction with a disqualified person in a plot year, and that the transaction ware of ther assistance to plot offer substantial contributor. or 35% controlled offer diry of anity member of any of there optical committee to more plot ware opticate. For the organization reports are any intervelop to enginy entered of tamily member of any of these persons? If 'Yea,' complete Schedule L, Part I 26a X 27 Det the organization expect the of of anity member of any of these persons? If 'Yea,' complete Schedule L, Part II 26a X 28 Was the organization specifies there of the anity member of any of these persons? If 'Yea,' complete Schedule L, Part II 26a X		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
Is at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete 24a X Is block of K. 17%, by of bine 25a 24b 24b Is block of K. 17%, by of bine 25a 24b 24b Is block of the arganization invest any proceeds of tax exempt bonds beyond a temporary peried exception? 24d Is block of the arganization invest any proceeds of tax exempt bonds outstanding at any time during the year? 24d Is block organization and tax an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Is block organization and the tile angeden an excess benefit transaction with a disqualified person during the year? 25a Is block organization aware that it engoged in an excess benefit transaction with a disqualified person during the year? 25a Is block organization approximation. Part X, line 5 or 22, for receivables from or payables to any current or forme office, direct, ruture, key employee, creator or founder, direct, ruture, key employee, treator or founder, direct, ruture, key employee, treator or founder, direct, ruture, key employee, treator any article to any current or former office, direct, ruture, key employee, treator any article to tamily member of any individual decorbot to ruture, and staticle complete Schedule L, Part IV 24b 25a A current or former off			23	X	
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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 splor Forms 900 r930-E27 // "yes," complete Schedule (, Part I) 265 267 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? // "yes," complete Schedule L, Part II 26 X 270 Did the organization approximation provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or 35% controlled entity of noules between 0) or family member of any of these persons? // "yes," complete Schedule L, Part IV 26 X 28 Was the organization approximation approximat	2 5a				
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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 selic, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 30 X 32 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 32 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a X 35a Did the organization conduct more than \$25 of its activities through an entity that is non-charitable related organization? 35b 35a X 364 X 35a X 35a X 35a X 37 Did the organization. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 36 X 36 X 35b 36 X 38 No ter enganization conduct more than \$5% of its activities through an entity that is not a related organization? 37 <td></td> <td></td> <td></td> <td></td> <td></td>					
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 30 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 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 I, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 X 37 Did the organization complete Schedule Q of and provide explanations on Schedule O for Part VI, lines 11b and 19? 36 X 37 Did the organization complete Schedule Q on provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 38 Z X X 37		"Yes," complete Schedule L, Part IV	28c		X
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37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 98 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? 38 X 98 Did the organization complete Schedule O complete Schedule O 38 X 99 Form 990 filers are required to complete Schedule O 38 X 94 Part V Statements Regarding Other IRS Filings and Tax Compliance 38 X 94 Check if Schedule O contains a response or note to any line in this Part V 14 22.6 14 95 Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 22.6 15 16 0 16 16 0 16 16 0 16 16 0 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16 16	30		36		x
and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37				<u> </u>
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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Ital Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Ital 226 Ital 226 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Ital 226 Ital 226 <t< td=""><td>38</td><td></td><td></td><td></td><td> </td></t<>	38				
Check if Schedule O contains a response or note to any line in this Part V Yes No 1a 226 b 1a 226 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X 132004 12-09-21 Form 990 (2021)		Note: All Form 990 filers are required to complete Schedule O	38	Х	
Ia Ia <th< td=""><td>Par</td><td></td><td></td><td></td><td></td></th<>	Par				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 226 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X 132004 12-09-21 Form 990 (2021)		Uneck if Schedule U contains a response or note to any line in this Part V	<u></u>	Var	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1c X (gambling) winnings to prize winners? 1c X 132004 12-09-21 Form 990 (2021)	19	Enter the number reported in box 3 of Form 1096 Enter 0 if not applicable $ 1_2 $ 220	5	res	OVI
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Image: Complex compl					
132004 12-09-21 Form 990 (2021)					
132004 12-09-21 Form 990 (2021)		(gambling) winnings to prize winners?			
	132004		Form	990	(2021)

	990 (2021) EXCEL ACADEMY CHARTER SCHOOLS		47-4121	751	Pa	age 5
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,				103	
	iled for the calendar year ending with or within the year covered by this return	2a	151			
b	f at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction	s				
				3a		Х
	f "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a	-				v
	inancial account in a foreign country (such as a bank account, securities account, or other financial a	account)?		4a		Х
	f "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			F -		х
	Nas the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b 5c		
	f "Yes" to line 5a or 5b, did the organization file Form 8886-T?			50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th any contributions that were not tax deductible as charitable contributions?			6a		х
	any contributions that were not tax deductible as charitable contributions? f "Yes," did the organization include with every solicitation an express statement that such contributi			0a		21
				6b		
	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			00		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices nrovide	ed to the navor?	7a		Х
	f "Yes," did the organization notify the donor of the value of the goods or services provided?	1000 provide		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required		1.2		
	io file Form 8282?	•		7c		Х
	f "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	· · · ·		7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	-		7f		Х
	f the organization received a contribution of qualified intellectual property, did the organization file Fo		required?	7g		
h	f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a F	orm 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the				
:	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? \dots			9b		
0	Section 501(c)(7) organizations. Enter:					
	nitiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		12a		
	f "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	s the organization licensed to issue qualified health plans in more than one state?			<u>13a</u>		
	Note: See the instructions for additional information the organization must report on Schedule O.					
	Enter the amount of reserves the organization is required to maintain by the states in which the					
	brganization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				v
				14a		X
	f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
	s the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					v
	excess parachute payment(s) during the year?			15		X
	f "Yes," see the instructions and file Form 4720, Schedule N.			40		v
	s the organization an educational institution subject to the section 4968 excise tax on net investment	t income?		16		X
	f "Yes," complete Form 4720, Schedule O.					
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in					
				17		
i	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? f "Yes," complete Form 6069.			17		

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EXCEL ACADEMY CHARTER SCHOOLS

Form 990 (SCHOOLS	47-4121751	Page 6		
Part VI	Governance, Managem	ent, and Dis	closure. _{For}	each "Yes" respons	e to lines 2 through 7b below, and for a "No" res	sponse		
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.							
	Check if Schedule O contains	a response or no	ote to any line in	this Part VI		X		

4.	Enter the number of vetice members of the governing body at the and of the tay year	1 -	5		Yes	No
па	Enter the number of voting members of the governing body at the end of the tax year	1a				
	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.					
h	Enter the number of voting members included on line 1a, above, who are independent	16	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	1b	+			
2				2		Х
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			2		- 23
3	of officers, directors, trustees, or key employees to a management company or other person?			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization become aware during the year of a significant diversion of the organization such as become a significant diversion of the organization such as the organization base members or stockholders?			6		x
о 7а	Did the organization have members, stockholders, or other persons who had the power to elect or ap		······ ⊢	-		
	more members of the governing body?			'a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?		2	'b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			Ba	X	
b	Each committee with authority to act on behalf of the governing body?		<u></u>	ßb		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	/enue Code.)				
			_		Yes	No
	Did the organization have local chapters, branches, or affiliates?		<u>1</u>	0a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots			0b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the fo	orm? 1	1a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			2a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			2b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	,				
	on Schedule O how this was done			2c	X	
13	Did the organization have a written whistleblower policy?			3	X	
14	Did the organization have a written document retention and destruction policy?		[_1	4	X	
15	Did the process for determining compensation of the following persons include a review and approva	by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
	The organization's CEO, Executive Director, or top management official		······	5a	X	
b	Other officers or key employees of the organization			5b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen					37
	taxable entity during the year?			6a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					
200	exempt status with respect to such arrangements?		1	6b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	id 990-1 (section 5	01(c)(3)s or	ily) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
		on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ntilict of interest po	licy, and fir	anc	al	
~	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 boo CORRIE AMADOR - $760-494-9646$	ks and records	<u>۲</u>			
	100 E. SAN MARCOS BLVD., SUITE 350, SAN MARCOS, CA	92069			990	

Form 990 (2021) EXCEL ACADEMY CHARTER SCHOOLS	47-4121751	Page 7						
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Cor	npensated							
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 w	ith or within the organization's	s tax year.						
• List all of the organization's current officers, directors, trustees (whether individuals or organizations), rega	ardless of amount of compens	ation.						
Enter -0- in columns (D), (E), and (F) if no compensation was paid.								
• List all of the organization's summent key employees, if any See the instructions for definition of "key employees								

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c		ition		one	Reportable	Reportable	Estimated
	hours per	box	, unles cer an	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week					1/		from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 1120)	and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er	,		organizations
	line)	Indiv	Instit	Officer	Key (High	Former			
(1) HEIDI GASCA	40.00									
EXECUTIVE DIRECTOR				Х				180,767.	0.	31,821.
(2) KERI SCHNEEWEISS	40.00									
DIRECTOR OF OPERATIONS						X		144,355.	0.	39,942.
(3) LARA C ULMER	40.00									
ASSIST DIR OF SPED						Х		135,539.	0.	38,967.
(4) LEAH VIDES	40.00									
SPECIAL EDUCATION PROGRAM SPECIALIST						X		119,686.	0.	35,238.
(5) LORRIE M WOOD	40.00									
ASSISTANT PRINCIPAL		1				x		103,511.	Ο.	32,657.
(6) JENNIFER CRAIG	40.00									
ASSIST DIR OF ASSESSMENT		1				X		110,004.	Ο.	20,110.
(7) DR WILLIAM HALL	5.00									
PRESIDENT		X		Х				6,000.	Ο.	0.
(8) MICHAEL HUMPHREY	2.00									
VICE PRESIDENT		Х		Х				6,000.	0.	0.
(9) STEVE FRAIRE	2.00									
CLERK		Х		Х				6,000.	0.	0.
(10) SUSAN HOULE	2.00									
MEMBER		Х						6,000.	0.	0.
(11) LARRY ALVARADO	2.00									
MEMBER		Х						6,000.	0.	0.
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	990 (2021) EXCEL AC	ADEMY CH	IAR	TE	R	SC	'HO	OI	S	47-41	.217	751	P	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	ploy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average hours per		not c		more	than c		Reportable	Reportable			timate	
		week					s both pr/trust		compensation from	compensatior from related	ן י		ount other	OT
		(list any	ector						the	organizations	;		oensa	ition
		hours for	Individual trustee or director	e			ated		organization	(W-2/1099-MIS	C/		om th	
		related organizations	rustee	truste		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anizat I relat	
		below	idual ti	In stit utio nal tru stee	5	Key employee	Highest compensated employee	er	1000 NEO				nizati	
		line)	Indiv	Instit	Officer	Key e	Highe empl	Former						
											-			
	Subtotal								823,862.		0.	198	3,7	35.
	Total from continuation sheets to Part VI								0.		0.	100	3,7	0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but n	at limited to th									0.	190	, , ,	55.
2	compensation from the organization		ose	liste	u al	Jove	<i>)</i> with	0 ie						7
													Yes	No
3	Did the organization list any former officer	director, trust	ee, k	key e	empl	loye	e, or	hig	hest compensated empl	oyee on	ſ			
	line 1a? If "Yes," complete Schedule J for s											3		Х
4	For any individual listed on line 1a, is the su	um of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				
_	and related organizations greater than \$150											4	Х	
5	Did any person listed on line 1a receive or a											5		х
Sec	rendered to the organization? If "Yes," con tion B. Independent Contractors	plete Schedule	e J fo	or sı	ich i	oers	on .			<u></u>		5		л
1	Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	actor	rs th	nat received more than \$	100.000 of comp	ensat	ion fro	m	
	the organization. Report compensation for													
	(A)								(B)			(C		
	Name and business	address	NC	DNE	3				Description of s	ervices	C	omper	isatio	n
								_						
2	Total number of independent contractors (i	noludina hut -	ot liv-	nita	4 + ~ ·	ther		tod	abova) who received	are then				
2	\$100,000 of compensation from the organi	•	JE III	me	. 10	unos (eu						
	,	-				-								

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			2021) EXCEL ACADEMY	CHARTER	SCHOOLS		47-4121	751 Page 9
Ра	rt V	/111						
			Check if Schedule O contains a response	or note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ifts, Grants ar Amounts	1	b c	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1d					
Contributions, Gifts, Grants and Other Similar Amounts		e f	Government grants (contributions) Ie All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Ig	22,687,187.				
Cor		h	Total. Add lines 1a-1f	►	22,687,187.			
Program Service Revenue		a b c d		Business Code				
Progra			All other program service revenue Total. Add lines 2a-2f					
	3 4 5		Investment income (including dividends, intere- other similar amounts) Income from investment of tax-exempt bond p Royalties	proceeds	7,844.			7,844.
		b c	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	(ii) Personal				
ue		а	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses 7b	(ii) Other				
evenue		с	Gain or (loss) 7c					
Other Re	8		Net gain or (loss) Gross income from fundraising events (not including \$ of contributions reported on line 1c). See	▶				
			Part IV, line 18 8a Less: direct expenses 8b Net income or (loss) from fundraising events					
			Gross income from gaming activities. See Part IV, line 19 9a Less: direct expenses 9b					
		c a	Less: unect expenses 91 Net income or (loss) from gaming activities . Gross sales of inventory, less returns . and allowances . Less: cost of goods sold .	a				
		с	Net income or (loss) from sales of inventory .	🕨				
neous Nue		a b	OTHER REVENUE	Business Code 611600	226,907.			226,907.
Miscellaneous Revenue		с	All other revenue					
2			Total. Add lines 11a-11d	►	226,907.			
	12		Total revenue. See instructions	►	22,921,938.	0.	٥.	234,751.
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9 2021.05070 EXCEL ACADEMY CHARTER SCH A2746361

4404004 . --

Form 990 (2021) EXCEL ACADEMY Part IX Statement of Functional Expenses EXCEL ACADEMY CHARTER SCHOOLS

	Check if Schedule O contains a respon			(C)	X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	216 621	246 624		
•	trustees, and key employees	246,624.	246,624.		
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
-	persons described in section 4958(c)(3)(B)	9,122,820.	8,656,180.	466,640.	
7 0	Other salaries and wages	9,144,040.	υ,υου,του.	400,040.	
8	Pension plan accruals and contributions (include	1,283,342.	1,182,500.	100,842.	
9	section 401(k) and 403(b) employer contributions) Other employee benefits	1,038,366.	958,510.	79,856.	
9 10		183,880.	169,759.	14,121.	
11	Payroll taxes Fees for services (nonemployees):	100,000		<u> </u>	
'' a		211,120.	211,120.		
	Management	127,406.	127,406.		
	Accounting	31,873.	31,873.		
	Lobbying	01/0/01	01/0/01		
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g					
Ŭ	column (A), amount, list line 11g expenses on Sch 0.)	3,649,599.	3,380,677.	268,922.	
12	Advertising and promotion	6,863.	6,863.		
13	Office expenses	40,600.	20,618.	19,982.	
14	Information technology	264,577.	264,577.		
15	Royalties				
16	Occupancy	85,754.	85,754.		
17	Travel	41,042.	41,042.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	366,874.	366,874.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		F 0 000		
23	Insurance	72,323.	72,323.		
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	2 204 621	2 204 621		
а	INSTRUCTIONAL MATERIALS	2,204,631.	2,204,631.		
b	SERVICE FEES COMMUNITY MARKETING	138,599. 46,262.	138,599. 46,262.		
c		30,450.	30,450.		
d	STUDENT ASSESSMENT	73,377.	73,377.		
	All other expenses	19,266,382.	18,316,019.	950,363.	0
<u>25</u>	Total functional expenses. Add lines 1 through 24e	19,200,302.	10,510,019.		0
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 Check here for the following SOP 98-2 (ASC 958-720)				

10

EXCEL ACADEMY CHARTER SCHOOLS

orm 990 (Part X	2021) EXCEL ACADEMY CHART Balance Sheet	ER SCHOOLS		47-4	4121751 Page 11
	Check if Schedule O contains a response or note to any lir	ne in this Part X			
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1,333,726.	1	3,035,209.
2	Savings and temporary cash investments			2	1,494,664.
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		6,123,185.	4	2,033,088.
5	Loans and other receivables from any current or former off			_	
	trustee, key employee, creator or founder, substantial cont				
	controlled entity or family member of any of these persons			5	
6	Loans and other receivables from other disqualified persor				
	under section 4958(f)(1)), and persons described in section			6	
ω 7	Notes and loans receivable, net	1		7	
Assets	Inventories for sale or use			8	
8 9	Prepaid expenses and deferred charges		176,218.	9	40,484.
10a	Land, buildings, and equipment: cost or other				
	basis. Complete Part VI of Schedule D 10a				
b				10c	
11	Investments - publicly traded securities			11	
12	Investments - other securities. See Part IV, line 11			12	
13	Investments - program-related. See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets. See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 33)		7,633,129.	16	6,603,445.
17	Accounts payable and accrued expenses		889,737.	17	398,029.
18	Grants payable			18	
19	Deferred revenue		473,500.	19	195,912.
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part IV of S	Schedule D		21	
_ي 22	Loans and other payables to any current or former officer,	director,			
litie	trustee, key employee, creator or founder, substantial cont	tributor, or 35%			
Liabilities	controlled entity or family member of any of these persons			22	
23	Secured mortgages and notes payable to unrelated third p	oarties		23	
24	Unsecured notes and loans payable to unrelated third part	ies	1,209,712.	24	1,248,768.
25	Other liabilities (including federal income tax, payables to r				
	parties, and other liabilities not included on lines 17-24). Co	omplete Part X			
	of Schedule D		3,955,000.	25	0.
26	Total liabilities. Add lines 17 through 25		6,527,949.	26	1,842,709.
	Organizations that follow FASB ASC 958, check here				
Ce	and complete lines 27, 28, 32, and 33.		1 105 100		
<u>la</u> 27			1,105,180.	27	4,760,736.
<u>m</u> 28	Net assets with donor restrictions			28	
un	Organizations that do not follow FASB ASC 958, check	here 🕨 🛄			
<u>"</u>	and complete lines 29 through 33.				
29 1	Capital stock or trust principal, or current funds			29	
8 30 8 30	Paid-in or capital surplus, or land, building, or equipment for			30	
Net Assets or Fund Balances E 1 0 66 82 25 75 1 1 0 0 67 92 92 92 92 92 92 92 92 92 92 92 92 92	Retained earnings, endowment, accumulated income, or o	1	1 105 100	31	1 760 726
	Total net assets or fund balances		1,105,180.	32	4,760,736.
33	Total liabilities and net assets/fund balances		7,633,129.	33	<u>6,603,445</u>

Form 990 (2021)

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Form	990 (2021) EXCEL ACADEMY CHARTER SCHOOLS	47-	4121751	Pag	ge 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	22,921	.,9	38.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,266	5,3	82.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,655	5,5	56.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,105	5,1	80.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,760),7	36.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>X</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
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?			X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audi	t		
	Act and OMB Circular A-133?		<u>3a</u>	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	X	L

Form **990** (2021)

SCHEDULE A (Form 990)		Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.						OMB No. 1545-0047		
Internal Revenue Service					/Form990 for instructio			nformation.		Inspection
Nan	ne of t	he organizati		I. ACADEMY	CHARTER SCHOO)LS				identification number $7-4121751$
Pa	rt I	Reason			(All organizations must c		nis nart) S	ee instruction		/ 4121/51
					For lines 1 through 12, cl					
1			-		n of churches described	•	-	()(A)(i)		
2	X							,(~,(י)•		
2					Attach Schedule E (Form		/L\/4\/A\/;;			
4	\square	=	-		anization described in se njunction with a hospital			-	Viii) Entor	the hospital's name
4		city, and state		ation operated in col	ijunction with a nospital	described	III Sectio			the hospital s hame,
5		-		or the benefit of a col	llege or university owned	or operate	ed by a do	vernmental u	nit describe	ed in
5				Complete Part II.)	loge of university owned	or operation	cu by u ge			
6		-			nental unit described in	section 17	70(b)(1)(A)	(v)		
7	\square			-	ntial part of its support fr				ne deneral i	oublic described in
•		-		omplete Part II.)		om a gove	innontai		ie general j	
8		-			(1)(A)(vi). (Complete Part	· II.)				
9	\square	-			in section 170(b)(1)(A)(i	-	ed in coniu	unction with a	land-grant	college
-		-	-		ulture (see instructions).		-		-	-
		university:		, , ,			, ,	,	5	
10		An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
					t to certain exceptions; a					
		income and u	nrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		See section &	509(a)(2). (Cor	mplete Part III.)						
11		An organizati	on organized a	and operated exclusi	vely to test for public saf	ety. See	section 50	09(a)(4).		
12		An organizati	on organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly	supported or	ganizations describe	d in section 509(a)(1) o	r section &	5 09(a)(2) .	See section	509(a)(3). 🤇	Check the box on
		lines 12a thro	ugh 12d that (describes the type o	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A su	upporting orga	anization operated, s	upervised, or controlled l	by its supp	ported org	anization(s), t	pically by	giving
		the support	ed organizatio	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or truste	es of the su	upporting
		¬ ⁻		complete Part IV, Se						
b		••		•	or controlled in connect		• •	0		•
			0		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
	_	¬ ~	. ,	t complete Part IV,						
C					g organization operated i				ly integrate	ed with,
			0	()(). You must complete F	,	,			
C			-		orting organization oper				-	
					ation generally must sati nplete Part IV, Sections				an attentiv	/eness
е		¬ ·			written determination from					
e			•		nally integrated supportir			турет, туре	п, туре п	
f	Ente	er the number of			nany integrated supportin					
				about the supporte						
		i) Name of suppo		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount o	f monetary	(vi) Amount of other
		organization			(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
										ļ
Tota	al									

Sch	edule A (Form 990) 2021 E	XCEL ACAD	EMY CHART	ER SCHOOL	S	47-412	1751 Page 2
	art II Support Schedule for						
	(Complete only if you checked						
	fails to qualify under the tests	listed below, plea	se complete Part I	II.)			
Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support		•				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th						. —
80	organization, check this box and stor						
	ction C. Computation of Publi		•				
	Public support percentage for 2021 (I					14	<u>%</u>
15	Public support percentage from 2020						%
168	33 1/3% support test - 2021. If the c						
L	stop here. The organization qualifies						
r	33 1/3% support test - 2020. If the c						
17.	and stop here. The organization qual						
1/8	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			-		-	
L	meets the facts-and-circumstances te	-		• • • •	•	17a and line 15 is	
Ľ	 10% -facts-and-circumstances test more, and if the organization meets th 	-					
	organization meets the facts-and-circu						
	Private foundation. If the organizatio		•				

Schedule A (Form 990) 2021

132022 01-04-22

Schedule A (Form 990) 2021 EXCEL ACADEMY CHARTER SCHOOLS Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disgualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizatio	on,
			<u></u>	<u></u>		
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2021 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2020	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18 Investment income percentage from 2	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	Ind
line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	anization qualifies	as a publicly suppo	orted organization	
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
132023 01-04-22					Schedule A	A (Form 990) 2021
		15	5			

EXCEL ACADEMY CHARTER SCHOOLS

1

2

3a

3b

Yes No

(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

Part IV Supporting Organizations

Schedule A (Form 990) 2021

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

16

132024 01-04-21

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

Schedule A (Form 990) 2021 EXCEL ACADEMY CHARTER SCHOOLS 47-4121751 Page 5 Part IV Supporting Organizations (continued) Vac Nac

			Yes	NO
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		

<u>_________</u> Section 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,			
_	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations	
--	--

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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 on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- a 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 instructions)	
---	--	---	--	--

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 3a
 ...

 3b
 ...

1

Schedule A (Form 990) 2021

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47-4121751 Page 6 EXCEL ACADEMY CHARTER SCHOOLS Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. 1 All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 1 2 Recoveries of prior-year distributions 2 **3** Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a b Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by 0.035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 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 integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Sche Par		CHARTER SCHOOI			7-4121751	Page 7
			inizations (continu	<u>lea)</u>	Current Ye	
<u>Secu</u>	on D - Distributions	matauraaaa		1	Current re	ar
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp			- 1		
2	organizations, in excess of income from activity	it purposes of supported		2		
3	Administrative expenses paid to accomplish exempt purpose		3			
4	Amounts paid to acquire exempt-use assets	es of supported organizations	5	4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovido dotailo in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ıs	(iii) Distributat Amount for 2	
_1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
c	From 2018					
d	From 2019					
e	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	Carryover from 2016 not applied (see instructions)					
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2017					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	EXCEL	ACADEMY	CHARTER	SCHOOLS	47-4121751 Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D,	mation. P , 2, 3b, 3c, 4 lines 2 and 3	rovide the expla b, 4c, 5a, 6, 9a, s; Part IV, Sectio	nations required 9b, 9c, 11a, 11b n E, lines 1c, 2a	by Part II, line 10; Part I o, and 11c; Part IV, Secti , 2b, 3a, and 3b; Part V,	I, line 17a or 17b; Part III, line 12; on B, lines 1 and 2; Part IV, Section C, line 1; Part V, Section B, line 1e; Part V, r any additional information.
132028 01-04-2	2					Schedule A (Form 990) 2021
102020 01-04-2	£			20		

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	HEDULE D	F	OMB No. 1545-0047			
(Forr	n 990)	Complete if the org Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d,			ZUZ I
	ment of the Treasury I Revenue Service	►Go to www.irs.gov/Form9	Attach to Form 990. 90 for instructions ar	nd the latest information	on.	Open to Public Inspection
-	e of the organization					lentification number
		EXCEL ACADEMY CHAR				-4121751
Pa		ations Maintaining Donor Advise		^r Similar Funds or	Accounts. Co	omplete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin		in a d funda	(b) Europe and	
	T . 1 . 1 1		(a) Donor adv	rised tunas	(b) Funds and	other accounts
1		nd of year				
2		f contributions to (during year)				
3		f grants from (during year)				
4 5		t end of year on inform all donors and donor advisors in v		hold in departed vised :	fundo	
5	-	on's property, subject to the organization's	-		_	Yes No
6		on inform all grantees, donors, and donor a				
U		poses and not for the benefit of the donor o				
	impermissible priva		,	, , ,	J L	Yes No
Pa		ation Easements. Complete if the org				
1		servation easements held by the organization			,	
		of land for public use (for example, recrea	r	Preservation of a h	nistorically importa	nt land area
		f natural habitat	,	Preservation of a c		
	Preservation	n of open space				
2		through 2d if the organization held a qualif	fied conservation cont	ribution in the form of a	conservation eas	ement on the last
	day of the tax year	c c .				the End of the Tax Year
а	Total number of co	onservation easements			2a	
b		And and have a sub-standard standard standard standard				
с	-	vation easements on a certified historic stru				
d		vation easements included in (c) acquired a				
	listed in the Nation	nal Register			2d	
3		vation easements modified, transferred, rel				he tax
	year 🕨					
4	Number of states v	where property subject to conservation eas	sement is located 🕨			
5	Does the organizat	tion have a written policy regarding the per	iodic monitoring, insp	ection, handling of	_	
	,	orcement of the conservation easements it				Yes No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations,	, and enforcing conserv	ation easements o	luring the year
	►					
7		es incurred in monitoring, inspecting, hanc	lling of violations, and	enforcing conservation	easements during	g the year
	▶\$					
8		vation easement reported on line 2(d) abov	•			
)(4)(B)(ii)?				Yes No
9		be how the organization reports conservation		-		
		d include, if applicable, the text of the footr	note to the organizatio	n's financial statements	s that describes th	e
Dai		ounting for conservation easements. ations Maintaining Collections of	Art Historical T	reasures or Othe	r Similar Asso	te
I a		f the organization answered "Yes" on Form	-			
				avenue statement and	halanaa ahaat wax	
Ia		elected, as permitted under FASB ASC 95				KS
		easures, or other similar assets held for put Part XIII the text of the footnote to its finar				
h	· •	elected, as permitted under FASB ASC 95			nco shoot works a	.f
b	-	sures, or other similar assets held for public				
		ing amounts relating to these items:		, or research in furthere		
	-	ded on Form 990, Part VIII, line 1			▶ ¢	
		ed in Form 990, Part X				
2		received or held works of art, historical tre				
2	•	unts required to be reported under FASB A		U U		
а	-	on Form 990, Part VIII, line 1	-		▶ .\$	
		Form 990, Part X				
		eduction Act Notice, see the Instructions				le D (Form 990) 2021
	10-28-21	······································	· · · · · · · · · · · · · · · ·		20.000	- ,
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Sche		CADEMY CHA						<u>47-41</u>			Page 2
Pa	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, oi	r Other	Similar	[•] Assets	s (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check	any of the	following that	make sig	nificant u	use of its			
	collection items (check all that apply):			-	-	-					
а	Public exhibition		d 🗌	Loan or exc	change progra	am					
b	Scholarly research										
c	Preservation for future generations										
4	Provide a description of the organization's co	lections and explai	n how th	ov further th	ne organizatio	n's evem	nt nurnos	e in Part	XIII		
5	During the year, did the organization solicit o	-		-	-				7.m.		
Ŭ	to be sold to raise funds rather than to be ma								Yes		No
Pa	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			organizatio	on answered	163 0111	0111 330	, raitiv,	in le 3, 0i		
10			lion for	oontribution	o or other and	oto not in	aludad				
Id	Is the organization an agent, trustee, custodi								Yes		
L	on Form 990, Part X?							L			_ No
a	If "Yes," explain the arrangement in Part XIII	and complete the lo	nowing t	able.					Amoun	+	
							4.		Amoun		
	Beginning balance						1c				
	Additions during the year						1d				
-	Distributions during the year						1e				
f	Ending balance						1f		7		
	Did the organization include an amount on F					-	/?	∟	Yes		
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i										
Fai	t V Endowment Funds. Complete i		1					aava kaali	(-) [heali
		(a) Current year	+ (d)	Prior year	(c) Two year	S DACK	a) Three y	ears back	(e) Fou	years	раск
1 a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held a	nd administer	ed for the	organiza	ation			
	by:	Ū.					U U			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization										
4	Describe in Part XIII the intended uses of the										
	t VI Land, Buildings, and Equipm										
	Complete if the organization answere		0, Part IV	/, line 11a. S	See Form 990	, Part X, lii	ne 10.				
	Description of property	(a) Cost or o	,		t or other		cumulate	h	(d) Boo	k valu	
	Description of property	basis (investi		• • •	(other)	• •	reciation		(u) 800	it valu	C
10	Land	· · · · ·			<u>,</u>	1000					
	Land										
	Buildings Leasehold improvements										
	Equipment										
	Other		X !								0.
TOTA	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	guai ⊢orm 990, Part	<u>X, colun</u>	<u>nn (В), line 1</u>	UC.)			Paha duri	D /F	- 000	
								Schedule	rorn) ע	1 990	12021

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Schedule D (Form 990) 2021 EXCEL ACADEMY CHARTER SCHOOLS

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" of			
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
	al derivatives			
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
	h) must squal Form 000, Dart V, sol. (D) line 10.)			
	b) must equal Form 990, Part X, col. (B) line 12.) ► Investments - Program Related.			
i art viii	Complete if the organization answered "Yes" of	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-vear market value
(1)				or your market value
(1) (2)				
(3)				
(4)				
(1)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.) 🕨			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	Imn (b) must equal Form 990, Part X, col. (B) line	15.)	>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	(1) D 1 1
1.	(a) Description of liability			(b) Book value
	leral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
iotal. (Colu	ımn (b) must equal Form 990, Part X, col. (B) line	<u>25.)</u>		

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

Schedule D (Form 990) 2021

X

132053 10-28-21

Sche	dule D (Form 990) 2021 EXCEL ACADEMY CHARTER SCHOO	LS	47-	4121751 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per R		
	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	22,921,938.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	22,921,938.
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	22,921,938.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	19,266,382.
1 2			1	19,266,382.
-	Total expenses and losses per audited financial statements	2a	1	19,266,382.
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	1	19,266,382.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	1	19,266,382.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	1	19,266,382.
2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	 2e	0.
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d		
2 b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	2e	0.
2 b c d e 3	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	2e	0.
2 b c d 3 4	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	2e	0.
2 b c 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	2e	0. 19,266,382. 0.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d	 	0. 19,266,382.

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

PART X, LINE 2:

THE SCHOOL IS PART OF A NONPROFIT CORPORATION EXEMPT FROM THE PAYMENT OF
INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND CALIFORNIA
REVENUE AND TAXATION CODE SECTION 23701D. ACCORDINGLY, NO PROVISION HAS
BEEN MADE FOR INCOME TAXES. MANAGEMENT HAS DETERMINED THAT ALL INCOME TAX
POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED UPON POTENTIAL AUDIT
OR EXAMINATION; THEREFORE, NO DISCLOSURES OF UNCERTAIN INCOME TAX
POSITIONS ARE REQUIRED. THE SCHOOL IS SUBJECT TO INCOME TAX ON NET INCOME
THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO THE EXEMPT
PURPOSES. THE SCHOOL FILES AND EXEMPT SCHOOL RETURN AND APPLICABLE
UNRELATED BUSINESS INCOME TAX RETURN IN THE U.S. FEDERAL JURISDICTION AND
WITH THE CALIFORNIA FRANCHISE TAX BOARD.
Number Schedule D (Form 990) 2021 132054 10-28-21 24

Schedule D (Form 990) 2021 EXCEL ACADEMY CHARTER SCHOOLS	47-4121751 Page 5
Schedule D (Form 990) 2021 EXCEL ACADEMY CHARTER SCHOOLS Part XIII Supplemental Information (continued) (continued) (continued) (continued)	
	Schedule D (Form 990) 2021
	Schedule D (Form 990) 2021

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Docu

	HEDULE E Schools	OMB No	. 1545-00	47
(For	m 990) Complete if the organization answered "Yes" on Form 990,	20)21	
	Part IV, line 13, or Form 990-EZ, Part VI, line 48.			_
	ment of the Treasury Attach to Form 990 or Form 990-EZ. Revenue Service Go to www.irs.gov/Form990 for the latest information.	Open Inspec	to Publ	lic
ame		yer identifica		mb
	EXCEL ACADEMY CHARTER SCHOOLS	47-412		
a	rt I			
			YES	N
I	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholars	ships? 2	Х	
;	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			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II		X	
	THE SCHOOL PUBLICIZES ITS POLICY IN ITS REGISTRATION			
	MATERIALS AND DOCUMENTS USED TO SOLICIT STUDENTS AND ON THE			
	SCHOOL'S WEBSITE AT			
	HTTPS://EXCELACADEMY.EDUCATION/RESOURCES/2021-2022-HANDBOOK.			
	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?			\vdash
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basi	is? 4b	X	-
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing		77	
	with student admissions, programs, and scholarships?			+
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:			
	Students' rights or privileges?	<u>5a</u>		
а		I		
a b	Admissions policies?			2
a b c	Admissions policies? Employment of faculty or administrative staff?	<u>5c</u>	:	
a b c d	Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	<u> </u>		-
a b c d e	Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5c 5d 5e		
a b c d e f	Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5c 5d 5e 5f		
a b d e f g	Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5c 5d 5e 5f 5g		
a b d e f g	Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5c 5d 5e 5f 5g		
a b d e f g	Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5c 5d 5e 5f 5g		
a b d e f g	Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5c 5d 5e 5f 5g		
a b c d e f g h	Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency?	5c 5d 5e 5f 5g 5g 5h 5h 6a		
a b c d e f g h	Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5c 5d 5e 5f 5g 5g 5h 5h 6a		
a b c d e f g h	Admissions policies?	5c 5d 5e 5f 5g 5g 5h 5h 6a		
b c d e f g h	Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5c 5d 5e 5f 5g 5g 5h 5h 6a		

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applicable. Also provide any other additional		
LINE 6 - EXPLANATION OF GOVER	NMENT FINANCIAL AID:	
THE SCHOOL IS A PUBLIC CHARTE	R SCHOOL PRINCIPALLY FUNDED BY CALIFORNIA AND)
FEDERAL MONIES RECEIVED THROU	GH THE CALIFORNIA DEPARTMENT OF EDUCATION.	

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SCI	HEDULE J	Compensation Information	I	OMB No.	1545-004	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		20	21			
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to Public				
	tment of the Treasury al Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe				
	e of the organization		Employer ide			mber		
	C C	EXCEL ACADEMY CHARTER SCHOOLS	47-41					
Pa	rt I Question	s Regarding Compensation	•					
					Yes	No		
1a	Check the appropri	ate 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 c	harter travel Housing allowance or residence for perso	onal use					
	Travel for com	panions Payments for business use of personal re	sidence					
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S					
	Discretionary s	spending account Personal services (such as maid, chauffe	ur, chef)					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or						
		provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
2	la dia ata u la jala di an							
3		ny, of the following the organization used to establish the compensation of the organization's						
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati ation of the CEO/Executive Director, but explain in Part III.	01110					
	Compensation							
	·	compensation consultant Compensation survey or study						
		ther organizations X Approval by the board or compensation of	ommittee					
			Johnmittee					
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 re							
а	-	e payment or change-of-control payment?		4a		X		
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X		
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X		
	If "Yes" to any of lir	nes 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 of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on					
	contingent on the r							
				5a		X		
b		ation?		5b		X		
-		or 5b, describe in Part III.						
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of the section o	on					
_	contingent on the n	-		0-		v		
		ation 2		6a		X X		
a		ation?		6b				
7		or 6b, describe in Part III.						
'		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		7		x		
8		nes 5 and 6? If "Yes," describe in Part III reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to tl						
0				8		x		
9		id the organization also follow the rebuttable presumption procedure described in						
3		a 53.4958-6(c)?		9				
ΙHΔ		eduction Act Notice, see the Instructions for Form 990.	Schedule		n 990)	2021		
L 1/7	. or i uper work in		Concuti			, 2021		

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Schedule J (Form 990) 2021 EXCEL ACADEMY CHARTER SCHOOLS

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) HEIDI GASCA	(i)	180,767.	0.	0.	29,421.	2,400.	212,588.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KERI SCHNEEWEISS	(i)	144,355.	0.	0.	24,342.	15,600.	184,297.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	135,539.	0.	0.	23,367.	15,600.	174,506.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)	119,686.	0.	0.	19,638.	15,600.	154,924.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

Page **2**

47-4121751

Schedule J (Form 990) 2021 EXCEL ACADEMY CHARTER SCHOOLS

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:

THE OFFICERS' AND KEY EMPLOYEES' PAY IS DETERMINE BASED ON DATA PROVIDED BY

EXTERNAL CHARTER MANAGEMENT ORGANIZATIONS AND THROUGH COMPARISON STUDIES OF

OTHER CHARTER SCHOOLS. THE BOARD MUST VOTE TO APPROVE THE OFFICERS' AND KEY

EMPLOYEES' COMPENSATION AS A DIRECT ACTION.

Schedule J (Form 990) 2021

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SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service Serv		-EZ OMB No. 1545-0047 2021 Open to Public Inspection						
Name of the organization	Employer identification number 47-4121751							
EXCEL ACADEMY CHARTER SCHOOLS 47-4121751 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:								

TOGETHER.

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

STUDENTS CREATING THE NEXT GENERATION OF LEADERS.

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

THERE ARE NO COMMITTEES THAT CAN ACT ON BEHALF OF THE BOARD.

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

THE FORM 990 IS PREPARED BY THE ORGANIZATION'S OUTSIDE PUBLIC ACCOUNTING

FIRM BASED ON INFORMATION PROVIDED BY MANAGEMENT. ONCE A DRAFT OF THE

RETURN IS AVAILABLE, IT IS REVIEWED BY MANAGEMENT WITH ANY CHANGES OR

REVISIONS INCORPORATED INTO THE FILING. THE REVISED RETURN IS THEN

SUBMITTED TO THE BOARD OF DIRECTORS FOR THEIR REVIEW AND APPROVAL PRIOR TO

SUBMITTING TO THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: MONITORING IS PERFORMED REGULARLY BY THE OFFICERS TO IDENTIFY POTENTIAL CONFLICTS OF INTEREST. ANY QUESTION OF A CONFLICT IS ADDRESSED WITH THE INTERESTED PERSON, WHO IS REQUIRED TO DISCLOSE THE EXISTENCE OF ANY FINANCIAL INTEREST AND BE AFFORDED THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE BOARD AND EXECUTIVE DIRECTOR. IF A CONFLICT OF INTEREST IS IDENTIFIED, THE APPROPRIATE ACTION IS TAKEN, INCLUDING LIMITATIONS TO THE INDIVIDUAL'S INFLUENCE ON RELATED BUSINESS MATTERS.

Schedule O (Form 990) 2021 Name of the organization	Page 2 Employer identification number
EXCEL ACADEMY CHARTER SCHOOLS	47-4121751
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE DIRECTOR'S PAY IS DETERMINED BASED ON DATA F	ROVIDED BY
EXTERNAL CHARTER MANAGEMENT ORGANIZATIONS AND THROUGH COMP	ARISON STUDIES OF
OTHER CHARTER SCHOOLS. THE BOARD MUST VOTE TO APPROVE THE	EXECUTIVE
DIRECTOR'S COMPENSATION AS A DIRECT ACTION. THE OFFICERS'	AND KEY
EMPLOYEES' PAY IS DETERMINE BASED ON DATA PROVIDED BY EXTE	RNAL CHARTER
MANAGEMENT ORGANIZATIONS AND THROUGH COMPARISON STUDIES OF	OTHER CHARTER
SCHOOLS. THE BOARD MUST VOTE TO APPROVE THE OFFICERS' AND	KEY EMPLOYEES'
COMPENSATION AS A DIRECT ACTION.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE DOCUMENTS ARE READILY AVAILABLE TO THE PUBLIC UPON REC	UEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
INSTRUCTIONAL VENDORS & CONSULTANTS:	
PROGRAM SERVICE EXPENSES	2,157,224.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,157,224.
SPED FEES:	
PROGRAM SERVICE EXPENSES	432,717.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	432,717.
COLLABORATIVE FEE:	
PROGRAM SERVICE EXPENSES	724,303.

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Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Name of the organization EXCEL ACADEMY CHARTER SCHOOLS	Page Employer identification numbe 47-4121751
MANAGEMENT AND GENERAL EXPENSES	268,922.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	993,225.
OTHER FEES FOR SERVICES:	
PROGRAM SERVICE EXPENSES	66,433.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	66,433.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,649,599.
32212 11-11-21	Schedule O (Form 990) 20