Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

A F	or the	e 2021	calendar year, or tax year beginning	07/01/2021	and end	ling	_	06/	30/2022
ь.			C Name of organization				D Employer ide	ntifica	tion number
В	Check if ap	pplicable:	MEMPHIS STREET ACADEMY	CHARTER SCHOOL					
	Addre chang		Doing business as				45-5441	L135	
	Name	change	Number and street (or P.O. box if mail is r	not delivered to street address)	Room/su	ite	E Telephone nu	mber	
	Initial	return	2950 MEMPHIS STREET				(215)2	91-4	1709
	Final r	return/ nated	City or town, state or province, country, a	nd ZIP or foreign postal code					
	Amen	ided	PHILADELPHIA, PA 19134	<u> </u>			G Gross receipts	s \$	11,564,460.
	Applic pendir	cation	F Name and address of principal officer:	STEVEN BILSKI			H(a) Is this a gro subordinates		n for Yes X No
		J	2950 MEMPHIS STREET, PH	IILADELPHIA, PA 19134			H(b) Are all subord		cluded? Yes No
ı	Tax-exe	empt sta	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or	527	If "No," a	ttach a l	ist. See instructions
J	Websit	te: 🕨	N/A			•	H(c) Group exem	ption nu	ımber >
				Association Other >	L Ye	ear of forma	tion: 2012 M	State	of legal domicile: PA
P	art I	Su	mmary	· ·	'				
		Briefly	describe the organization's mission or	most significant activities: TO EN	NHANCE	, SUPP	ORT AND P	ROMO	TE CRITICAL
ø			NKING AND THE PROBLEM SO						
and			THEY MASTER AND EXCEED P						
èrn				scontinued its operations or dispose				s.	
Activities & Governance	3	Numb	er of voting members of the governing	·				3	6
প্			er of independent voting members of the					4	 6
ties			number of individuals employed in cale					5	85
Εį			number of volunteers (estimate if necess					6	6
Ac			unrelated business revenue from Part VI					7a	
	1		nrelated business taxable income from F					7b	
				, , , , , , , , , , , , , , , , , , , ,			Prior Year		Current Year
•	8	Contri	butions and grants (Part VIII, line 1h)				2,016,31	L5.	2,517,642.
Revenue			am service revenue (Part VIII, line 2g)				9,489,35		8,775,007.
eve			ment income (Part VIII, column (A), line				4,3		244.
Ř			revenue (Part VIII, column (A), lines 5,				284,36		271,567.
			revenue - add lines 8 through 11 (must				11,794,37		11,564,460.
	-		s and similar amounts paid (Part IX, colu					ONE	NONE
			its paid to or for members (Part IX, colur					ONE	NONE
s	4.5		es, other compensation, employee bene			I	8,313,68	_	6,353,776.
Expenses	16 a		ssional fundraising fees (Part IX, column					ONE	NONE
e	b		fundraising expenses (Part IX, column (I						
ш	17		expenses (Part IX, column (A), lines 11a				3,928,75	70.	4,464,970.
			expenses. Add lines 13-17 (must equal				12,242,45		10,818,746.
			ue less expenses. Subtract line 18 from				-448,08	_	745,714.
or ses			·				nning of Current		End of Year
sets	20	Total a	assets (Part X, line 16)				14,138,69	95.	13,241,095.
Net Assets or Fund Balances	21		iabilities (Part X, line 26)				13,643,36		12,000,053.
Net L	22		ssets or fund balances. Subtract line 21				495,32	28.	1,241,042.
	rt II		gnature Block				•		· · ·
Un	der per	nalties d	of perjury, I declare that I have examined this	s return, including accompanying schedu	ules and s	tatements,	and to the best o	f my k	nowledge and belief, it is
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all information of whi	ich prepare	er has any k	nowledge.		
Sig		Ī	ignature of officer				Date		
He	re								
		T	ype or print name and title						
_		Print/	Type preparer's name	Preparer's signature	Date		Check	if P	TIN
Paid		ERTO	C M STRAUSS	ERIC M STRAUSS	03/	20/202		,	200991844
	parer		name WITHUMSMITH+BROWN		, 557	,,	Firm's EIN		2-2027092
Use	Only			SUITE 1710 PHILADELPHIA, PA 191	.03-2945		Phone no.		5-546-2140
Ma	y the		iscuss this return with the preparer				THORE NO.		
			Reduction Act Notice, see the separate						Form 990 (2021)

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Pa	
	Check if Schedule O contains a response or note to any line in this Part III
1	efly describe the organization's mission:
	HE MISSION OF MEMPHIS STREET ACADEMY CHARTER SCHOOL IS TO ENHANCE
	UPPORT AND PROMOTE THE CRITICAL THINKING AND THE PROBLEM SOLVING
	KILLS OF ITS SCHOOL-AGE LEARNERS AS THEY MASTER AND EXCEED
	ENNSYLVANIA AND NATIONAL EDUCATION STANDARDS.
2	the organization undertake any significant program services during the year which were not listed on the year which were
	Yes," describe these new services on Schedule O.
3	the organization cease conducting, or make significant changes in how it conducts, any program vices?
	Yes," describe these changes on Schedule O.
4	scribe the organization's program service accomplishments for each of its three largest program services, as measured by benses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, total expenses, and revenue, if any, for each program service reported.
4a	de:) (Expenses \$8,699,224 including grants of \$) (Revenue \$9,046,574)
	HARTER SCHOOL
4b	de:) (Expenses \$ including grants of \$) (Revenue \$)
	, , , , , , , , , , , , , , , , , , ,
4c	de:) (Expenses \$ including grants of \$) (Revenue \$)
4d	ner program services (Describe on Schedule O.)
	penses \$ including grants of \$) (Revenue \$)
4e	al program service expenses ► 8.699.224.

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Part	Checklist of Required Schedules			age C
	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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		Х
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		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	114	21	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	115		21
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
4	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
u		444	37	
	reported in 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			
40.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14 a	, , , , ,	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Part	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			
	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			
04-	employees? If "Yes," complete Schedule J.	23	X	
24 a	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		3.7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	256		3.7
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		X
26	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		v
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		X
21	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		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
20	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			
u	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
•	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
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
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		_X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			. <u> </u>
4.	Enter the number reported in her 2 of Form 4000. Fater 0 if and applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	10	v	
	reportable gaming (gambling) winnings to prize winners?	1c	X	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 85			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
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?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	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			
	Enter the amount of reserves on hand	44-		37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4.5		v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.	16		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
. 7	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	11		

Form 9	990 (2021) MEMPHIS STREET ACADEMY CHARTER SCHOOL 45-5441	.135	F	Page 6
Part				<u> </u>
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
··u	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
b	committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision 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 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
· a	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
D	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?.	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule O</i>	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	·.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	4.5.		
Cast	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			

17	List the states with which a copy of this Form 990 is required to be filed F
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)

(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain on Schedule O) Own website

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19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records > SANTILLI & THOMSON 601 ROUTE 73 NORTH, SUITE 302 MARLTON, NJ 08053

Form **990** (2021)

8565051300 JSA

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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) Name and title	(B) Average hours per week (list any	box,	Po (do not check box, unless pofficer and a			is both	an tee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations	
(1) NAIMAH WIMBERLY	40.00										
CEO	NONE			X				160,282.	NONE	NONE	
(2) AMANDA HILL	40.00							,			
PRINCIPAL	NONE					X		134,083.	NONE	NONE	
(3) SANDRA FARMER	1.00										
PRESIDENT	NONE	Х						NONE	NONE	NONE	
(4) BARBARA SAUNDERS	1.00										
VICE PRESIDENT	NONE	Х						NONE	NONE	NONE	
(5) ANITA VEGA-KAISER	1.00										
SECRETARY	NONE	X						NONE	NONE	NONE	
(6) MICHELLE CAMPELLONE	1.00										
TREASURER	NONE	Х						NONE	NONE	NONE	
(7) MIGUEL DIAZ	1.00										
BOARD MEMBER	NONE	Х						NONE	NONE	NONE	
(8) PABLO MATEO	1.00										
BOARD MEMBER	NONE	X						NONE	NONE	NONE	
(9)											
(10)											
(11)											
711)											
(12)											
<u>(13)</u>											
<u>(14)</u>											

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Part VII Section A. Officers, Directors, Tru	uotooo Ka	v Em	n la			and L	امال	haat Campanast	ad Employees (s	Page 8
·		ey ⊏ii	ipic		es, C)	and r	ııgı	(D)		
(A) Name and title	(B) Average hours per week (list any hours for	(do r box, office	unle	(E) Reportable compensation from related	(F) Estimated amount of other compensation					
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
1b Sub-total								294,365.	NONE	NONE
c Total from continuation sheets to Part VII, S	ection A						\blacktriangleright	NONE	NONE	NONE
d Total (add lines 1b and 1c)							>	294,365.	NONE	NONE
2 Total number of individuals (including but not reportable compensation from the organizatio		hose	liste	d al	bove	e) who 2	o re	eceived more than	\$100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										Yes No
4 For any individual listed on line 1a, is the organization and related organizations gr	sum of repeater than	oortab \$15	ole (com 00?	per	sation	n aı	nd other compens	sation from the le J for such	4
individual										4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y										5 X
Section B. Independent Contractors		l	1				<u> </u>	hat maaab oo doo	than \$400,000	<u> </u>
1 Complete this table for your five highest com	ipensated i	naepe	ende	ent (con	tracto	rs t	nat received more	: tnan \$100.000 o	

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

SEE SCHEDULE O Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

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45-5441135

Part VIII Statement of Revenue

ıaı	t VIII	Check if Schedule O contains a respon	nse or note to ar	v line in this Part V	/III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
	С	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	2,517,622.				
	f	All other contributions, gifts, grants,					
e ë		and similar amounts not included above . 1f	20.				
혈美	g	Noncash contributions included in					
d it	•	lines 1a-1f 1g	\$ 36,618.				
ಕ್ಷ ಬ	h	Total. Add lines 1a-1f		2,517,642.			
			Business Code				
မွ	2a	SCHOOL DISTRICT SUBSIDY		8,775,007.	8,775,007.		
Program Service Revenue	b						
S Ž	C						
am šve							
200	d						
F.	e	All other program conting revenue					
	f g	All other program service revenue Total. Add lines 2a-2f	•	8,775,007.			
	3	Investment income (including dividends,		., ., ., .			
	"	other similar amounts)	_	244.			244.
	4	Income from investment of tax-exempt bond		NONE			
	5	Royalties	•	NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
		Rental income or (loss) 6c NON	E NONE				
	c d	Net rental income or (loss)		NONE			
	7a	Gross amount from (i) Securities	(ii) Other	-10-12			
	'"	sales of assets	() = 1				
		other than inventory 7a					
ø.	b	Less: cost or other basis					
evenue	"	and sales expenses 7b					
š	С	Gain or (loss) 7c					
-4	d	Net gain or (loss)	•	NONE			
Other R	8a	Gross income from fundraising					
ŏ	Оа	events (not including \$					
		of contributions reported on line					
		1c). See Part IV, line 18 8a	NONE				
	b	Less: direct expenses 8b	NONE				
	C	Net income or (loss) from fundraising events	·	NONE			
	9a	Gross income from gaming					
	Ju	activities. See Part IV, line 19 9a	NONE				
	b	Less: direct expenses 9b	NONE				
	c	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances	NONE				
	b	Less: cost of goods sold 10b	NONE				
	c	Net income or (loss) from sales of inventory		NONE			
s			Business Code				
Miscellaneous Revenue	11a	OTHER REVENUE		271,567.	271,567.		
ane	b						
e e	c						
is R	d	All other revenue					
≥	е	Total. Add lines 11a-11d	<u></u> . ▶	271,567.			
	12	Total revenue. See instructions		11,564,460.	9,046,574.		244.

45-5441135

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 resp	onse or note to any line	in this Part IX		
Do not include amounts reported on lines 6b, 7b, 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	NONE			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	NONE			
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors,	006.060	100 200	55.060	
trustees, and key employees	236,260.	180,392.	55,868.	
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and	NONE			
persons described in section 4958(c)(3)(B)	NONE	4 241 072	770 160	
7 Other salaries and wages	5,113,433.	4,341,273.	772,160.	
8 Pension plan accruals and contributions (include	-252,458.	-120,855.	-131,603.	
section 401(k) and 403(b) employer contributions)	853,899.	743,279.	110,620.	
9 Other employee benefits	402,642.	342,958.	59,684.	
10 Payroll taxes	102,042.	344,330.	39,004.	
11 Fees for services (nonemployees):	699,510.		699,510.	
a Management	147,821.	13,839.	133,982.	
b Legal	25,245.	15,057.	25,245.	
c Accounting	NONE		2372131	
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column	110112			
(A), amount, list line 11g expenses on Schedule O.)	874,110.	841,129.	32,981.	
12 Advertising and promotion	2,233.		2,233.	
13 Office expenses	390,790.	276,165.	114,625.	
14 Information technology	284,563.	209,910.	74,653.	
15 Royalties	NONE			
16 Occupancy	609,789.	609,789.		
17 Travel	8,368.	3,506.	4,862.	
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	18,970.	18,960.	10.	
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	783,885.	640,334.	143,551.	
23 Insurance	NONE			NONE
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 O.)				
a <u>FOOD</u>	566,703.	545,562.	21,141.	
b TUTION	41,758.	41,758.		
c SUMMER SCHOOL	11,225.	11,225.		
d				
e All other expenses	10 010 746	0 600 224	2 110 522	NT/*T
25 Total functional expenses. Add lines 1 through 24e26 Joint costs. Complete this line only if the	10,818,746.	8,699,224.	2,119,522.	NONE
organization reported in column (B) joint costs				
from a combined educational campaign and fundraising solicitation. Check here				
following SOP 98-2 (ASC 958-720)				

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		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,184,110.	1	952,802.
	2	Savings and temporary cash investments	2,443,990.	2	2,444,234.
	3	Pledges and grants receivable, net	751,762.	3	655,842.
	4	Accounts receivable, net	NONE	4	8,604.
	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	NONE	5	NONE
	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)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
ĕ	9	Prepaid expenses and deferred charges SEE SCHEDULE .O	152,573.	9	242,016.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation	8,034,339.	10c	7,758,234.
	11	Investments - publicly traded securities	NONE	11	NONE
	12	Investments - other securities. See Part IV, line 11	NONE	12	NONE
	13	Investments - program-related. See Part IV, line 11.	NONE	13	NONE
	14	Intangible assets	NONE	14	NONE
	15	Other assets. See Part IV, line 11	1,571,921.	15	1,179,363.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	14,138,695.	16	13,241,095.
	17	Accounts payable and accrued expenses	1,475,751.	17	1,052,926.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue . SEE SCHEDULE O	90,616.	19	354,127.
	20	Tax-exempt bond liabilities	NONE	20	NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	NONE	22	NONE
Ξ	23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties.	NONE	24	NONE
	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	12,077,000.	25	10,593,000.
	26	Total liabilities. Add lines 17 through 25	13,643,367.		12,000,053.
seou		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	495,328.	27	1,241,042.
Ä	28	Net assets with donor restrictions	NONE	28	NONE
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	495,328.	32	1,241,042.
ž	33	Total liabilities and net assets/fund balances	14,138,695.	33	13,241,095.
			,,		Form 990 (2021)

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Form 9	90 (2021)				Pa	ge 12
Part	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	1	1,5	64,	<u>460</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	0,8	18,	<u>746</u>
3	Revenue less expenses. Subtract line 2 from line 1	3				<u>714</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		4	95,	328
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		1,2	41,	<u>042</u> .
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
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 com-	piled	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ed o	n 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 over	_				
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for					
	Single Audit Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	ıdits .		3b	X	

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

.......

Employer identification number

MEMPHIS STREET ACADEMY CHARTER SCHOOL 45-5441135 **Reason for Public Charity Status.** (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (iv) Is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) document? instructions) Yes No (A) (B) (C) (D) (E) Total

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

Schedule A (Form 990) 2021

Par	Support Schedule for Orga (Complete only if you checked Part III. If the organization fail	ed the box on	line 5, 7, or 8	of Part I or if t	he organizatio	n failed to qua	
Sec	tion A. Public Support	· ·			•	•	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to 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						
	tion B. Total Support	() 0047	420040	() 0040	(N 0000	() 0004	(0 T)
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)				12	
13	First 5 years. If the Form 990 is fo organization, check this box and stop here tion C. Computation of Public Sup						
				o 11 ook (f)		14	%
14 15	Public support percentage for 2021 (li Public support percentage from 2020						<u>%</u>
	331/3% support test - 2021. If the or						
ıva	box and stop here. The organization q						
b	331/3% support test - 2020. If the organization q						
~	this box and stop here. The organizati						
17a	10%-facts-and-circumstances test -	•		-			
	10% or more, and if the organization						
	Part VI how the organization meets					-	•
	organization			-	· ·	-	
b	10%-facts-and-circumstances test -	2020. If the or	ganization did r	not check a box	on line 13, 16	Sa, 16b, or 17a	, and line
	15 is 10% or more, and if the organi in Part VI how the organization meet	s the facts-and	l-circumstances	test. The organ	ization qualifies	s as a publicly	supported
40	organization						
ıδ	FLIVARE TOURGATION. IT THE OFGANIZATION	u dia not che	oka dox on lin	e is ina inb	178 OF 17D	CHECK THIS DO	x and see

Schedule A (Form 990) 2021

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

	1 1 2 1 1 2 1			, ,	•	,	
	tion A. Public Support	(-) 2017	(h) 2040	(2) 2040	(4) 2020	(2) 2024	(f) Total
_	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 performed, 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 business under section 513						+
4	Tax revenues levied for the						
	organization's benefit and either paid to						
_	or expended on its behalf						+
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						+
6	Total. Add lines 1 through 5						+
7 a	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		#N 0040	1,,,,,,,,	("	1,10004	T (0.7.1
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 10 a	Amounts from line 6. 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						
С	Add lines 10a and 10b						+
11	Net income from unrelated business						+
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
40	, , , , , , , , , , , , , , , , , , ,						+
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,					1	1
	and 12.)						
14	First 5 years. If the Form 990 is for	the organizat	ion's first secon	d third fourth	or fifth tax v	ear as a section	 n_501(c)(3)
•	organization, check this box and stop here .	ŭ	•		•		` ` ` `
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,			ımn (f))		15	%
16	Public support percentage from 2020 Sche	, ,	•				%
	tion D. Computation of Investment					1.0	70
17	Investment income percentage for 2021 (lir			13. column (f))		17	%
18	Investment income percentage for 2021 (iii						
	331/3% support tests - 2021. If the or						
ı J a	17 is not more than 331/3%, check this	-					
h	331/3% support tests - 2020. If the orga						
IJ	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of		•	•	. ,		
	iodiidadoii ii tiio organization t	~.~ IIO. OIIOON	~ DON OIL IIIIG	,	, Jiioon uno be	ana 500 mon	

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	NO
) /			
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)	3b		
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9	8		
-	9a		
1	9b		
t	9c		
n H			
	10a		
	10b		

Part	Supporting Organizations (continued)			age C
rait	Cupporting Organizations (Continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		. 03	.,,
	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		
Secti	on B. Type I Supporting Organizations		14	
			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		
3ecti	on C. Type II Supporting Organizations		I	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		ı	
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	Yes	No
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		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	structi	ons).	
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 (se	e instr	uction	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
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.	2 a		
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.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If</i> "Yes" or "No," provide details in Part VI .	3a		
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.	3b		

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S			
1						
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.					
Se	ection A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or collection					
	of gross income or for management, conservation, or maintenance of					
	property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
C	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
	Multiply line 5 by 0.035.	6				
7		7				
8		8				
Se	ection C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
-	emergency temporary reduction (see instructions).	6				
7		lly integra	ited Type III supporting	g organization		
	(see instructions).	-		· -		

Schedule A (Form 990) 2021

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A (Form 990) 2021 Page **7**

Section D - Distributions							
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1			
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed				
	organizations, in excess of income from activity	2					
3	Administrative expenses paid to accomplish exempt purpo	Administrative expenses paid to accomplish exempt purposes of supported organizations					
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2021 from Section C, line 6		9	9			
10	Line 8 amount divided by line 9 amount		1	0			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021			
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021						
	(reasonable 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						
е	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)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from						
	Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						

Schedule A (Form 990) 2021

5

Part V

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.

Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in*

Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

Breakdown of line 7:

a Excess from 2017...

b Excess from 2018...

c Excess from 2019...

d Excess from 2020...

e Excess from 2021...

and 4c.

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number *AE EAA*112*E*

MEMPHIS S	TREET ACADEMY CHARTER SCHOOL	45-5441135				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 9	90-EZ X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private	foundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private four	dation				
	501(c)(3) taxable private foundation					
Check if your	organization is covered by the General Rule or a Special Rule .					
Note: Only a sinstructions.	ection 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and	a Special Rule. See				
General Rule						
or m	an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, controre (in money or property) from any one contributor. Complete Parts I and II. See instructions total contributions.	<u> </u>				
Special Rules						
regu 16b	an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3 lations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 9 and that received from any one contributor, during the year, total contributions of the g % of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete	90), Part II, line 13, 16a, or reater of (1) \$5,000; or				
con litera	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Name of organization

MEMPHIS STREET ACADEMY CHARTER SCHOOL

Employer identification number

45-5441135 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. PENNSYLVANIA DEPARTMENT OF EDUCATION Χ 1 Person **Payroll** 333 MARKET STREET 2,321,970. Noncash (Complete Part II for HARRISBURG, PA 17101 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 THE SCHOOL DISTRICT OF PHILADELPHIA Χ Person **Payroll** 5100 GREENWAY AVENUE 159,034. Noncash (Complete Part II for PHILADELPHIA, PA 19143 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 3 PA DEPARTMENT OF AGRICULTURE Χ Person **Payroll** 36,618. Χ 2301 NORTH CAMERON STREET Noncash (Complete Part II for HARRISBURG, PA 17110 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll

\$

Noncash
(Complete Part II for noncash contributions.)

Page 3 Name of organization Employer identification number MEMPHIS STREET ACADEMY CHARTER SCHOOL 45-5441135

Part II	Noncash Property (see instructions)	Use duplicate copies of Part II if additional space is needed

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

	MEMPHIS STREET ACADEMY	CHARTER SCHOOL		45-5441135
Part III	Exclusively religious, charitable, etc.,			
	(10) that total more than \$1,000 for t			
	the following line entry. For organization			
	contributions of \$1,000 or less for the			e instructions.) ►\$
	Use duplicate copies of Part III if addition	onal space is needed		
(a) No. from	(h) Dumana of sift	(a) Han at		(d) Description of how wift is hold
from Part I	(b) Purpose of gift	(c) Use of	girt	(d) Description of how gift is held
		(e) Transfer	of gift	
	Transferee's name, address, a	nd 7IP + 4	Relationsh	nip of transferor to transferee
	Transfer of a fiame, address, as		- Troidileilei	
	-			
	-			
(a) No.			T	
(a) No. from	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
Part I				
			_	
		(e) Transfer	of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationsh	nip of transferor to transferee
(a) No.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of	f gift	(d) Description of how gift is held
- i aiti				
		(e) Transfer	of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationsh	nip of transferor to transferee
	, ,			•
(a) No. from	40.5	, , , , ,		
from Part I	(b) Purpose of gift	(c) Use of	gift	(d) Description of how gift is held
			_	
		/.\= -	-6 -164	
		(e) Transfer	or gift	
	Transferee's name, address, a	nd ZIP + 4	Relationsh	ip of transferor to transferee

Employer identification number

Name of organization

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

2021
Open to Public

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number MEMPHIS STREET ACADEMY CHARTER SCHOOL 45-5441135 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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

Schedule D (Form 990) 2021

following amounts required to be reported under FASB ASC 958 relating to these items:

Sched	lule D (Form 990) 2021 MEMPHIS	STREET A	CADEMY C	HARTER	SCHO	OOL			45-5	441135	Page 2
Pa	rt Organizations Maintaining Col						Other	Similar A	Assets (d	continue	
3	Using the organization's acquisition, acce	ession, and	other recor	ds, check	any o	of the	follow	ing that n	nake sigr	nificant u	se of its
	collection items (check all that apply):			_							
а	Public exhibition		d	Loan	or excha	ange	prograr	n			
b	Scholarly research		е	Other							
С	Preservation for future generations										
4	Provide a description of the organization	's collections	s and expla	ain how t	hey fu	rther	the org	ganization'	s exemp	t purpose	in Part
	XIII.										
5	During the year, did the organization solici								_		
	assets to be sold to raise funds rather than		ained as pa	rt of the o	organiza	ation'	s collec	tion?		Yes	No_
Pa	rt IV Escrow and Custodial Arrange		00" on For	~ 000 F) ort \/	lina	0 0	anartad a		t on Fo	
	Complete if the organization an 990, Part X, line 21.	iswered re	es on Fon	11 990, P	an iv,	ime	9, 01 16	eported a	n amour	וו טוו רטו	Ш
1a	Is the organization an agent, trustee, cus	stodian or c	ther interm	ediary fo	or cont	ributio	ons or	other ass	ets not		
	included on Form 990, Part X?									Yes	No
b	If "Yes," explain the arrangement in Part >										
	·		•	_					Amount		
С	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an amount or								_	Yes	No
	If "Yes," explain the arrangement in Part >	(III. Check h	ere if the ex	planation	has be	en pr	ovided (on Part XII	l		<u> </u>
Pa	t V Endowment Funds.	1.115.7		000 5			4.0				
	Complete if the organization ar		1								
	(a) C	Current year	(b) Prio	r year	(c) Tw	o years	s back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains,										
	and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
Ť											
g		ourront voor	and halana	o (lino 1a	- column	2 (0))	hold on				
2 a	Provide the estimated percentage of the oboard designated or quasi-endowment		%	e (line 1g,	Column	ı (a))	neid as:				
b	Permanent endowment ► %										
С	Term endowment ▶ %										
	The percentages on lines 2a, 2b, and 2c s	should equal	100%.								
3a	Are there endowment funds not in the pos			tion that	are hel	d and	d admin	istered for	the		
	organization by:									Y	es No
	(i) Unrelated organizations									3a(i)	
	(ii) Related organizations									3a(ii)	
b	If "Yes" on line 3a(ii), are the related orga	nizations liste	ed as require	ed on Sch	edule R	?				3b	
4	Describe in Part XIII the intended uses of		ation's endo	wment fur	nds.						
Pa	tt VI Land, Buildings, and Equipmen Complete if the organization as	i t. nswered "Y	es" on For	m 990 F	Part IV	line	11a S	See Form	990 Pa	rt X line	10
	Description of property	(a) Cost of	r other basis	(b) Cost of	or other ba		(c) Acc	umulated) Book valu	
	Land	,	stment)	(0:	ther)		depre	eciation			
1a	Land										
b	Buildings			0 1	02 66	-	2 2	01 720		7 001	020
Q C	Leasehold improvements				03,66			21,738. 45,176.			,928.
d	Equipment			1,9	$\frac{21,48}{72,73}$			72,736.		676	NONE
<u>e</u> Tota	I. Add lines 1a through 1e. (Column (d) mu		m 990. Part	X. columi				, <u>,</u> , , , , , , , , , , , , , , , , ,		7.758	

Schedule D (Form 990) 2021

	ACADEMI CHARI	. 1000100 13	JTTIIJ Tage
Part VII Investments - Other Securities. Complete if the organization answered	d "Ves" on Form 99	O Part IV line 11h See Form 990	Part X line 12
(a) Description of security or category	(b) Book value	(c) Method of valuati	
(including name of security)	(2) 20011 10110	Cost or end-of-year marke	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)		_	
(G)			
(H) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) .			
Part VIII Investments - Program Related.			
Complete if the organization answered	d "Yes" on Form 99	0 Part IV line 11c See Form 990	Part X line 13
(a) Description of investment	(b) Book value	(c) Method of valuati	· · · · · · · · · · · · · · · · · · ·
(a) Decempant of invocation	(b) Book value	Cost or end-of-year market	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	-l \/ 0.0	00 Bart IV line 44-l Oce France 000	Deat V. Bra. 45
Complete if the organization answered		bu, Part IV, line 11d. See Form 990,	
	escription		(b) Book value
(1)DEFERRED OUTFLOWS - PENSIONS (2)DUE FROM OTHER FUNDS			1,179,363.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		1,179,363.
Part X Other Liabilities.			
Complete if the organization answered line 25.	d "Yes" on Form 99	00, Part IV, line 11e or 11f. See Forr	n 990, Part X,
1. (a) Descrip	ption of liability		(b) Book value
(1) Federal income taxes			
(2)NET PENSION LIABILITY			7,349,000.
(3)DEFERRED INFLOWS - PENSIONS			2,822,000.
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1	.	10 502 000
i otati (Column (b) must equal Form 990, Falt A, Col. (b) line 25.)	<u> </u>	· · · · · · · · · · · · · · · · · · ·	10,593,000.

^{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 .

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	11,564,460.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	11,564,460.
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.)		
С	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,564,460.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	10,818,746.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)	20	
e	Add lines 2a through 2d	2e 3	10,818,746.
3	Subtract line 2e from line 1		10,010,740.
4 a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	10,818,746.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
SEE	SUPPLEMENTAL PAGE		

Part XIII Supplemental Information (continued)

PART X, LINE 2

THE SCHOOL IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN RECORDED IN THE FINANCIAL STATEMENTS.

THE SCHOOL ADOPTED THE ACCOUNTING PRONOUNCEMENT RELATED TO UNCERTAIN TAX POSITIONS EFFECTIVE JULY 1, 2011. UPON ADOPTION OF THIS ACCOUNTING PRONOUNCEMENT, THE SCHOOL HAD NO UNRECOGNIZED TAX BENEFITS. FURTHERMORE, THE SCHOOL HAD NO UNRECOGNIZED TAX BENEFITS AT JUNE 30, 2022. IN ADDITION, THE SCHOOL HAS NO INCOME TAX RELATED PENALTIES OR INTEREST FOR THE PERIODS REPORTED IN THESE FINANCIAL STATEMENTS.

ADDITION, THE SCHOOL HAS NO INCOME TAX RELATED PENALTIES OR INTEREST FOR

THE PERIODS REPORTED IN THESE FINANCIAL STATEMENTS.

SCHEDULE E (Form 990)

Schools

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MEMPHIS STREET ACADEMY CHARTER SCHOOL

Employer identification number

45-5441135

YES NO 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?................ Χ 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, 2 Χ Has the organization publicized its racially nondiscriminatory policy on its primarily 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 . Χ SEE SUPPLEMENTAL PAGE Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?........ Χ Records documenting that scholarships and other financial assistance are awarded on a racially c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing Χ 4c Copies of all material used by the organization or on its behalf to solicit contributions?......... Χ 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: Χ Χ Χ 5d Χ 5e Χ Use of facilities? 5f Χ Χ Χ If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Χ b Has the organization's right to such aid ever been revoked or suspended?......... Χ If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through

4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

45-5441135

Schedule E (Form 990 or 990-EZ) (2021)

Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

SCHEDULE E, PART I, LINE 3

PROHIBITED BY CHARTER SCHOOL LAW TO DISCRIMINATE

SCHEDULE E, PART I, LINE 6

CHARTER SCHOOL RECEIVED FEDERAL GRANTS AND IS REIMBURSED FOR CERTAIN

EXPENDITURES BY THE COMMONWEALTH OF PA.

SCHEDULE J (Form 990)

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

MEMPHIS STREET ACADEMY CHARTER SCHOOL 45-5441135 **Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2021

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	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
NAIMAH WIMBERLY	(i)	160,282.	NONE	NONE	NONE	NONE	160,282.	NONE
1 CEO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
_ 2	(ii)							
	(i)							
_ 3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
_ 7	(ii)							
	(i)							
_ 8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

45-5441135

SCHEDULE M (Form 990)

Noncash Contributions

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

► Attach to Form 990.

MEMPHIS STREET ACADEMY CHARTER SCHOOL

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

OMB No. 1545-0047

2021

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

45-5441135

Par	t Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X	1	36,618.	FMV			
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►(
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for				
	which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement	29			
							Yes	No
30a	During the year, did the organizat				_			i
	28, that it must hold for at least the	-			-			
	to be used for exempt purposes for		olding period?			30a		X
b	If "Yes," describe the arrangement i							i
31	9			· · · · · · · · · · · · · · · · · · ·				
	contributions?					31		Х
32a	Does the organization hire or use	-		•				_
	contributions?					32a		X
	If "Yes," describe in Part II.							
33	If the organization didn't report an describe in Part II.	amount in c	column (c) for a type of pro	perty for which column (a)	ıs checked,			

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

Schedule M (Form 990) 2021

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number 45-5441135

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

MEMPHIS STREET ACADEMY CHARTER SCHOOL

THE INDEPENDENT AUDIT FIRM PREPARES THE IRS FORM 990. THEN IT IS REVIEWED BY THE BUSINESS OFFICE, AND IT IS PRESENTED TO THE BOARD MEMBERS FOR REVIEW.

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

LEGAL COUNSEL PROVIDES PERIODIC REVIEW.

FORM 990, PART VI, SECTION B, LINE 15

SURVEY OF THE PHILADELPHIA AREA CHARTER SCHOOLS.

FORM 990, PART VI, SECTION C, LINE 19

ALL GOVERNING DOCUMENTS ARE MADE AVAILABLE UPON REQUESTS.

FORM 990, PART XII, LINE 2C

THERE HAVE BEEN NO CHANGES TO THE OVERSIGHT OR SELECTION PROCESS DURING THE LAST YEAR.

Name of the organization	Employer identification number
MEMDHIS STREET ACADEMY CHARTER SCHOOL	45-5441135

FORM 990, PART VII-COMPENSATION OF THE 5 HIGH	EST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
BSI CONSTRUCTION LLC		
735 BIRCH AVENUE		
BENSALEM, PA 19020	CONSTRUCTION	103,920.
INTELLIGENT NETWORKS		
8424 CASTOR AVENUE		
PHILADELPHIA, PA 19152	TECH SUPPORT	123,650.
EDUCATION PLUS		
100 WEST OXFORD ST., SUITE E-1100		
PHILADELPHIA, PA 19122	NURSING SERVICES	113,354.
KALEIDOSCOPE FAMILY SOLUTIONS, INC.		
PO BOX 884		
BRYWN MAWR, PA 19010	SPECIAL EDUCATION ST	142,617.

Name of the organization Employer identification number 45-5441135 MEMPHIS STREET ACADEMY CHARTER SCHOOL FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGS ______ BEGINNING ENDING DESCRIPTION BOOK VALUE BOOK VALUE -----PREPAID EXPENSES 242,016. 152,573. TOTALS

152,573.

=========

242,016.

=========

Schedule O (Form 990 of 990-EZ) 2021		raye Z
Name of the organization		Employer identification number
MEMPHIS STREET ACADEMY CHARTER	SCHOOL	45-5441135
FORM 990, PART X - DEFERRED REVENUE		
	BEGINNING	ENDING
DESCRIPTION	BOOK VALUE	BOOK VALUE
DEFERRED REVENUE FEDERAL	90,616.	354,127.
TOTALS		