



# Hogan Preparatory Academy

## Hogan Preparatory Academy Board of Directors Meeting

---

### Date and Time

Monday June 23, 2025 at 5:30 PM CDT

---

### Agenda

	Purpose	Presenter	Time
<b>I. Opening Items</b>			<b>5:30 PM</b>
Opening Items			
<b>A.</b> Record Attendance and Guests		Dr. Danielle Binion	1 m
Quorum Established			
<b>B.</b> Call the Meeting to Order		Dr. Danielle Binion	1 m
<b>C.</b> Adoption of Agenda	Vote	Dr. Danielle Binion	1 m
<b>D.</b> Comments from Public		Dr. Danielle Binion	3 m
<b>E.</b> Comments from the Board President		Dr. Danielle Binion	5 m
<b>F.</b> Comments from the Executive Director		LaDonna Johnson	10 m
<b>G.</b> Motion to Go into Closed Session	Discuss	Dr. Danielle Binion	60 m
RSMo § 610.021. Closed meetings and closed records authorized when, exceptions, sunset dates for certain exceptions (1) Legal actions, causes of action or litigation involving a public governmental body and any confidential or privileged communications between a public governmental body or its representatives and its attorneys.... 3) Hiring, firing, disciplining or promoting of particular employees by a public governmental body when personal information about the employee is discussed			

	Purpose	Presenter	Time
or recorded.....(13) Individually identifiable personnel records, performance ratings or records pertaining to employees or applicants for employment.			
<b>H.</b> Motion to Adjourn to General Session	Vote	Dr. Danielle Binion	5 m
<b>II. Consent Agenda</b>			<b>6:56 PM</b>
<b>A.</b> Approve May 19th HPA BOD Minutes	Approve Minutes	Dr. Danielle Binion	1 m
<b>B.</b> Approve May 15th HPA BOD Finance Committee Meeting Minutes	Approve Minutes		1 m
<b>C.</b> Approve HPA New Hire and Re-Hire Reports	Vote	Dr. Danielle Binion	10 m
<b>III. Old Business</b>			
<b>IV. New Business</b>			<b>7:08 PM</b>
<b>A.</b> HPA English Learner Plan (LAU Plan)	Vote	Dr. Annelise Thurber	10 m
<b>B.</b> HPA AMI Plan	Vote	Dr. Annelise Thurber	5 m
<b>C.</b> 2025-26 HPA BOD Meeting Calendar	Vote	Dr. Annelise Thurber	5 m
<b>D.</b> Approve 990 Audit	Vote	Dr. Danielle Binion	5 m
<b>V. Finance Committee</b>			<b>7:33 PM</b>
<b>A.</b> HPA Finance Committee Report	Vote	Eva Spilker	10 m
<b>B.</b> HPA 2025-26 Budget	Vote	Eva Spilker & Paul Greenwood	20 m
<b>C.</b> Approve Expenses	Vote	Dr. Danielle Binion	1 m
<b>VI. HPA BOD Academic Committee Report</b>			<b>8:04 PM</b>

	Purpose	Presenter	Time
<b>A.</b> HPA BOD Academic Committee Report	Discuss	Dr. Tamara Burns	10 m
<b>VII. HPA Governance Committee</b>			<b>8:14 PM</b>
<b>A.</b> HPA BOD Governance Committee BOD Report	Vote	Ladonna Johnson	5 m
<b>B.</b> Election of 2025-26 HPA BOD Officers	Vote	Dr. Danielle Binion	5 m
<b>VIII. Calendar</b>			<b>8:24 PM</b>
<b>A.</b> Upcoming Dates	Discuss	LaDonna Johnson	1 m
• June 23, 2025 HPA BOD Meeting, 5:30pm			
<b>IX. Closing Items</b>			<b>8:25 PM</b>
<b>A.</b> Adjourn Meeting	Vote	Dr. Danielle Binion	1 m

# Coversheet

## Approve May 19th HPA BOD Minutes

**Section:** II. Consent Agenda  
**Item:** A. Approve May 19th HPA BOD Minutes  
**Purpose:** Approve Minutes  
**Submitted by:**  
**Related Material:**  
Minutes for Hogan Preparatory Academy Board of Directors Meeting on May 19, 2025



DRAFT



# Hogan Preparatory Academy

## Minutes

### Hogan Preparatory Academy Board of Directors Meeting

---

#### Date and Time

Monday May 19, 2025 at 5:30 PM

---

#### Directors Present

Daniel Smith (remote), Erin Lenihan (remote), Joel Ritchie (remote), Pokam Ngomsi (remote)

#### Directors Absent

Danielle Binion, Natalie Lewis

#### Guests Present

Andrea Robinson (remote), Annelise Thurber (remote), Dana Cutler (remote), Elvin Barchers (remote), Eva Spilker (remote), Janice Thomas (remote), LaDonna Johnson (remote), Mary Esselman (remote), Michael Jones (remote), Paul Farrington (remote), Phil Lascuola (remote), Simone Chambers (remote), Tamara Burns (remote)

---

### I. Opening Items

#### A. Record Attendance and Guests

#### B. Call the Meeting to Order

Daniel Smith called a meeting of the board of directors of Hogan Preparatory Academy to order on Monday May 19, 2025 at 5:35 PM.

#### C. Adoption of Agenda

Joel Ritchie made a motion to Adopt the agenda.

Erin Lenihan seconded the motion.

The board **VOTED** to approve the motion.

**Roll Call**

Natalie Lewis Absent  
Pokam Ngomsa Aye  
Danielle Binion Absent  
Erin Lenihan Aye  
Joel Ritchie Aye  
Daniel Smith Aye

**D. Comments from Public**

**E. Comments from the Board President**

Dan Smith, Vice President:

- Great job
- Graduation is tomorrow

**F. Comments from the Executive Director**

Ladonna Johnson, ED:

- Met with Commission

Dr. Tamara Burns:

- Close to meeting DESE goal for graduation

Michael Jones, HPA HS Principal:

- Successful Baccalaureate
- Graduation is ready to go

**II. Consent Agenda**

**A. Approve April 28th HPA BOD Minutes**

Erin Lenihan made a motion to approve the minutes from Hogan Preparatory Academy Board of Directors Meeting on 04-28-25.

Joel Ritchie seconded the motion.

The board **VOTED** to approve the motion.

**Roll Call**

Daniel Smith Aye  
Pokam Ngomsa Aye  
Joel Ritchie Aye

**Roll Call**

Erin Lenihan Aye  
Danielle Binion Absent  
Natalie Lewis Absent

**III. New Business**

**A. HPA Curriculum Approvals**

Erin Lenihan made a motion to Approve HPA Curriculum.  
Pokam Ngomsi seconded the motion.  
The board **VOTED** to approve the motion.

**Roll Call**

Joel Ritchie Aye  
Danielle Binion Absent  
Erin Lenihan Aye  
Pokam Ngomsi Aye  
Daniel Smith Aye  
Natalie Lewis Absent

**B. Ed-Ops Contract Renewal**

Erin Lenihan made a motion to Approve the Ed-Ops Contract Renewal.  
Pokam Ngomsi seconded the motion.  
The board **VOTED** to approve the motion.

**Roll Call**

Natalie Lewis Absent  
Joel Ritchie Aye  
Danielle Binion Absent  
Erin Lenihan Aye  
Pokam Ngomsi Aye  
Daniel Smith Aye

**C. Eskie Bond Representation Contract**

Erin Lenihan made a motion to Approve the Eskie Bond Representation Contract.  
Pokam Ngomsi seconded the motion.  
The board **VOTED** to approve the motion.

**Roll Call**

Danielle Binion Absent  
Erin Lenihan Aye  
Natalie Lewis Absent  
Joel Ritchie Aye  
Pokam Ngomsi Aye  
Daniel Smith Aye

#### IV. Finance Committee

##### A. HPA Finance Committee Report

Pokam Ngomsis made a motion to Approve the HPA Finance Committee Report.

Erin Lenihan seconded the motion.

Eva Spilker presented the financial report,

The board **VOTED** to approve the motion.

##### Roll Call

Pokam Ngomsis Aye

Natalie Lewis Absent

Daniel Smith Aye

Danielle Binion Absent

Erin Lenihan Aye

Joel Ritchie Aye

##### B. Approve Expenses

Erin Lenihan made a motion to Approve April Expenses.

Pokam Ngomsis seconded the motion.

The board **VOTED** to approve the motion.

##### Roll Call

Natalie Lewis Absent

Danielle Binion Absent

Pokam Ngomsis Aye

Erin Lenihan Aye

Daniel Smith Aye

Joel Ritchie Aye

#### V. HPA BOD Academic Committee Report

##### A. Operation Breakthrough End of Year Update

Dr. Mary Esselman, Operation Breakthrough, presented the EOY update.

#### VI. Calendar

##### A. Upcoming Dates

Ladonna Johnson, ED: Reviewed the upcoming calendar.

#### VII. Closing Items

##### A. Motion to Go into Closed Session

##### B.

## **Motion to Adjourn to General Session**

### **C. Adjourn Meeting**

There being no further business to be transacted, and upon motion duly made, seconded and approved, the meeting was adjourned at 6:22 PM.

Respectfully Submitted,  
Daniel Smith

## Coversheet

### Approve May 15th HPA BOD Finance Committee Meeting Minutes

**Section:** II. Consent Agenda  
**Item:** B. Approve May 15th HPA BOD Finance Committee Meeting Minutes  
**Purpose:** Approve Minutes  
**Submitted by:**  
**Related Material:**  
Minutes for Hogan Preparatory Academy Board of Directors Finance Committee Meeting on May 15, 2025

DRAFT



# Hogan Preparatory Academy

## Minutes

### Hogan Preparatory Academy Board of Directors Finance Committee Meeting

---

#### Date and Time

Thursday May 15, 2025 at 1:30 PM

#### Location

Join Zoom Meeting

<https://us02web.zoom.us/j/88667747748?pwd=B9Q90p7t6dxroFy7lb0aeodRC1DJiA.1>

Meeting ID: 886 6774 7748

Passcode: 887750

---

#### Directors Present

Danielle Binion (remote), Pokam Ngomsi (remote)

#### Directors Absent

Daniel Smith, Erin Lenihan, Joel Ritchie, Natalie Lewis

#### Guests Present

Eva Spilker (remote), Janice Thomas (remote), LaDonna Johnson (remote), Paul Greenwood (remote), Tamara Burns (remote)

---

### I. Opening Items

#### A. Record Attendance and Guests

#### B. Call the Meeting to Order

Danielle Binion called a meeting of the board of directors of Hogan Preparatory Academy to order on Thursday May 15, 2025 at 1:30 PM.

### **C. Adoption of Agenda**

## **II. New Business**

### **A. Financial Reports**

Eva Spilker & Paul Greenwood presented the financials.

## **III. Closing Items**

### **A. Adjourn Meeting**

There being no further business to be transacted, and upon motion duly made, seconded and approved, the meeting was adjourned at 1:44 PM.

Respectfully Submitted,  
Danielle Binion



# Coversheet

## Approve HPA New Hire and Re-Hire Reports

<b>Section:</b>	II. Consent Agenda
<b>Item:</b>	C. Approve HPA New Hire and Re-Hire Reports
<b>Purpose:</b>	Vote
<b>Submitted by:</b>	
<b>Related Material:</b>	2025-26 HPA HR ReHire Report.pdf HPA BOD HR Report 25-26 sy Hogan New Hires.xlsx - 25-26 SY.pdf

Name	Job Title	Location
Adrian Thomas	Teacher, High, Science	High School
Alexis Haley Brown	ELA Teacher	High School
Alicia Wright	Teacher Assistant	Elementary School
Allison Duncan	Assistant Principal, High	High School
Allison Young-Silvers	Paraprofessional, SPED, High	High School
Amanda Wood	Teacher, High, SPED	High School
Ashleigh Byrd	Teacher, High, Spanish	High School
Ashton Page	Teacher, High, Math	High School
Brandi White	Instructional Coach Math	Elementary School
Brandon Collins	Community Dean, Lower School K-6 Campus	Elementary School
Charlesia Gant	Teacher, Middle, SPED	Middle School
Cheyenne McGary	Teacher	Elementary School
Christopher Malone-Brandt	SPED PARA	Middle School
Cicely Truitt	Teacher	Elementary School
Consuelo Copes	Biology Teacher	High School
Courtland Smith	Dean of Culture and Climate	High School
Danielle Kramer	Teacher	Elementary School
Darrielle Brown	Reading Interventionist, MS	Middle School
Dayonne Richardson	Instructional Coach, Elem	Elementary School
Devonta Thomas	Teacher	Middle School
Ebony Dunn	Restorative Advocate, Upper School 7-12 Campus	Middle School
Elvin Barchers III	Principal, Elem	Elementary School
Emmett Spriggs	Teacher	Middle School
Faith Novak	Teacher, Elementary	Elementary School
Fredrick Oliver	Instructional Coach, Middle	Middle School
Henry Martin	Teacher, High, Math	High School
Janice Thomas	Student Services Coordinator/Manager	Central Office
Jermont Cann Jr	Teacher, Middle, Art	Middle School
Jessica McGan	Teacher, High, Art	High School
Jill Hardy	Teacher, High, SPED	High School
Jonathan Contreras	Teacher, High, ELA	High School
Jorge Lara	Teacher	Middle School
Kaylene Vickers	Teacher, Elementary	Elementary School
Keith Loveless	Teacher	High School
Keli White	Building Substitute	Middle School
Kelli Jackson	Administrative Assistant/Attendance Clerk, High	High School
Kendra Young	Administrative Assistant/Registrar, High	High School
Kerri Ethridge	Math Interventionist	Elementary School
Kevin Orange	Teacher, High, Freshman 101	High School
KIM Sunarjo	Teacher, High, Math	High School
Kinshasa Byrd	ELA Teacher	Middle School
Kira Morrison	Campus Operations Assistant	Middle School
Knikkia Townsend	Teacher, Elem, SPED	Elementary School
LaTonya Meeks	MS Vice Principal	Middle School

Leslie Long	Paraprofessional, SPED, Elem	Elementary School
Linda Henderson	Teacher, Elementary	Elementary School
Lisa Barner	Guidance Counselor 7-9	Middle School
Lorraine McGirt	Teacher Assistant	Elementary School
Luke Skoza	Teacher, High, ELA	High School
Marlene Donelson	SPED Teacher	Elementary School
Marterius Jackson	Substitute Roster Teacher (as needed)	Elementary, Middle School, High School
Mecca Freeman	Teacher	Middle School
Mercedes Pouncil	Substitute Roster Teacher	High School
Mya Riley	Teacher, Elem, 2nd Grade	Elementary School
Nicholas Johnston	Teacher, Elem, 3rd Grade	Elementary School
Nicole Jones	Teacher, Elementary	Elementary School
Patrice Wright	Teacher, High, Business	High School
Patricia Allen	Instructional Coach Math	High School
Phillip Lascuola	Operation Manager, Athletic Director	Upper School 7-12 Campus
Rachal Young	Teacher	Elementary School
Raymond Banks	Teacher, Middle, Social Studies	Middle School
Reginald Gray	Business Marketing Teacher	High School
RemyDi Greathouse	Administrative Receptionist	Middle School
Rickina Rand	School Counselor, Elementary	Elementary School
Ricky Madden	Behavior Interventionist, Elem	Elementary School
Rosette Anthony	Nurse	Middle School
Roy Brown	Social Studies Teacher	High School
Shannon North	Reading Interventionist, Elem	Elementary School
Sha'nyce Hunter	Teacher	Elementary School
Shirley Wright	Student Enrollment Coordinator	Central Office
Simone Chambers	Principal, Middle	Middle School
Stephanie Hankins	ELA Teacher	Middle School
Steve Campos	Teacher, High, Physical Education/Health	High School
Temeka Cobbins	Front Office Manager	Elementary School
Theresa Ross	Reading Interventionist, Elem	Elementary School
Tina Richardson	School Counselor, High	High School
Veda Moore	Teacher, Elem, 5th Grade	Elementary School
Veronica King	Social Studies Teacher	High School
Yolanda Bediako	Math Interventionist	Elementary School

Last Name	First Name	Campus	Position	Start Date
Jacobs	Rebecca	ES	SPED Teacher	8/4/2025
Hughlon	Kenneth	ES	Social Studies	8/4/2025
Porter	Zelda	ES	Flex Teacher	8/4/2025
Anderson	Kim	ES	Teacher	8/4/2025
Long	Terri	ES	Teacher	8/4/2025
Garlington	Julia	HS	ELA Teacher HS	8/4/2025
Long	Steffanie	HS	Associate Principal	7/1/2025
Zieske	Aimen	HS	Music Teacher	8/4/2025
Tillman*	Erica	HS	Math Teacher	8/4/2025
Taylor*	Michael	HS	Science Teacher	8/4/2025
Elder*	Royce	HS	PE Teacher	8/4/2025
Robinson*	Quentin	HS	History Teacher	8/4/2025
Reeder*	Thomasena	MS	HS Counselor	8/4/2025
Whitney*	Garrison	MS	PE Teacher	8/4/2025

# Coversheet

## HPA English Learner Plan (LAU Plan)

<b>Section:</b>	IV. New Business
<b>Item:</b>	A. HPA English Learner Plan (LAU Plan)
<b>Purpose:</b>	Vote
<b>Submitted by:</b>	
<b>Related Material:</b>	Hogan Lau Plan 2025 (1).pdf

# HOGAN

## PREP ACADEMY

### English Language Learners (ELL) - Lau Plan SY 2025 - 2026

#### **Rationale:**

The rationale for Hogan Prep Academy to have a Lau Plan to address English Language Learners is in accordance with the following Federal Legislation and Court decisions:

- No Child Left Behind (NCLB) Act of 2001
- Title VI of the Civil Rights Act of 1964
- Equal Education Opportunities Act of 1974
- Lau vs. Nichols (1974)
- Plyler vs. Doe (1981)
- Castaneda vs. Pickard (1981)
- Office of Civil Rights Policy Update on Schools' Obligations Toward National Origin Minority Students with Limited English Proficiency (1991)
- Executive Order 13166: Improving Access to Services for Persons with Limited English Proficiency (2000)

#### **Identification:**

Upon enrollment, all families will complete a language use survey with the following questions:

1. What was your child's first language?
2. Which language(s) does your child use (speak) at home and with others?
3. Which language(s) does your child hear at home and understand?

If the language use survey indicates that another language is spoken within the home, the scholar will be considered a potential English learner. Also, if it is suspected that the scholar speaks or has exposure to a language other than English, the scholar will be considered a potential English learner. The enrollment coordinator will contact the EL coordinator within twenty-four hours to notify of the scholar's enrollment. Potential EL scholars will be given an English proficiency screener within thirty days from the start of the school year. A scholar receiving a score lower than 5.0 on the screener will be classified as EL.

If a scholar enrolls from another school and has qualifying WIDA screener or WIDA ACCESS scores, they will be automatically classified as EL, without the need for additional screening.

A translator/interpreter will be provided to the family during the enrollment process, as needed.

#### **Placement:**

Students receiving a score below 5.0 on the screener will be identified in MOSIS as LEP

and will receive EL services. EL students will be placed in classrooms with their age-appropriate peers, or in exceptional circumstances, within one year of their age-appropriate peers.

**Parental Notification:**

A parent notification letter will be sent to notify of services students will be receiving within two weeks of the screener being completed. Parents will also be notified with the scores received on the ACCESS test. Each parent has the right to opt out of English learner instruction. If a parent opts their child out of services, that child will still be required to take WIDA ACCESS each year until an exiting score is received.

**Coordination of Services:**

The EL coordinator will be responsible for timely communication with classroom teachers and school personnel. The EL coordinator will notify core classroom teachers of all EL students within their course, the students' individual language assessment scores, and work with individual teachers in understanding the diverse needs and abilities of students.

**Parental and Community Involvement:**

Interpreters will be provided for school functions including parent/teacher conferences and additional meetings that may arise throughout the school year. School announcements and any additional school notifications will be delivered by school reach via telephone in the languages represented at the school.

Additionally, the following items will be included in formats comprehensible to parents:

- School notifications and calendar
- parent conferences
- school activities such as field trips or extracurricular activities
- student handbooks.

Bilingual staff members will serve as interpreters/translators. If a translator is not available, online translation tools may be utilized.

Parents/families of EL scholars will be welcomed in all school events and all events will be culturally responsive to reflect the cultures of the scholars.

**Program Description:**

Hogan Prep provides English Language Development (ELD) services through a combination of **pull-out**, **push-in**, and **sheltered instruction** models to support English Learners (ELs) at varying levels of English proficiency.

In the **pull-out model**, ELs receive targeted language instruction from an ESL teacher in a small-group setting outside the general education classroom. This setting allows for focused development in specific language domains such as speaking, listening, reading, and writing, based on student needs and proficiency levels.

The **push-in model** involves ESL teachers providing in-class support in collaboration with general education teachers. This approach allows ELs to access grade-level content alongside their peers while receiving scaffolded language support in real time.

**Sheltered instruction** is provided by content-area teachers who are trained to make academic content accessible to ELs through the use of language objectives, scaffolding, visual aids, and strategies such as comprehensible input and academic language modeling.

All models emphasize integrated content and language development, alignment with WIDA standards, and a commitment to equitable, inclusive instruction for English Learners.

### **Differentiation:**

Instruction for English Learners (ELs) is strategically differentiated to support both language development and access to grade-level content. Teachers incorporate **both content and language objectives** into lesson planning to ensure ELs are developing academic language alongside subject knowledge.

Differentiation includes a variety of **scaffolding strategies**, such as visual aids, realia, graphic organizers, modeling, and structured peer interactions. **Sentence frames and starters** are regularly used to support ELs in oral and written communication. Teachers ensure **comprehensible input** by using clear language, visual supports, and frequent checks for understanding.

Additional supports include **native language resources**, such as translated materials or bilingual support staff, when available, to bridge comprehension and reduce language-related barriers. ELs are also provided with **extended time** on assignments and assessments, as appropriate, to ensure they can fully process and demonstrate understanding of the content.

These supports are integrated across instructional settings and aligned with WIDA standards to ensure that all ELs receive equitable, accessible, and rigorous instruction.

### **Assessment Within the Classroom:**

The EL teacher will use the CAN DO Descriptors provided by WIDA to assist classroom teachers in providing appropriate materials instruction for EL students. EL students will be monitored throughout the year using the following items:

- ACCESS test scores
- MAP
- EOC
- Fountas and Pinnell scores
- SRI scores
- Content specific scores
- Benchmark speaking and writing samples



### Annual Assessments:

All English learners will be required to take a four domain English language proficiency assessment (reading, writing, listening, and speaking) called WIDA ACCESS each year in the spring. The results will be made available to the school in May of each year and will be sent home to parents/guardians after they are received. Scores will be filed in each scholar's cumulative folder.

If any EL scholars qualify for the alternate summative assessments, those scholars will be assessed with WIDA Alternate as their English language proficiency assessment instead of WIDA ACCESS.

### Educational Goals:

The Missouri EL Proficiency Level Growth Progress Indicators will be used to monitor and evaluate the annual language development of English Learners. These indicators, based on WIDA ACCESS scores, provide growth expectations across listening, speaking, reading, and writing domains.



205 Jefferson Street, P.O. Box 480 • Jefferson City, MO 65102-0480 • [dese.mo.gov](http://dese.mo.gov)

### English Learner (EL) Proficiency Level Growth Progress Indicators

Starting PL	1 <sup>st</sup>	2 <sup>nd</sup> -3 <sup>rd</sup>	4 <sup>th</sup> -5 <sup>th</sup>	6 <sup>th</sup> -8 <sup>th</sup>	9 <sup>th</sup> -12
1.0 – 1.9	1.2	1.0	0.9	0.8	0.7
2.0 – 2.9	0.9	0.8	0.8	0.7	0.6
3.0 – 3.9	0.6	0.6	0.6	0.5	0.4
4.0 – 4.6	0.4	0.4	0.4	0.4	0.4

The district sets the following goals aligned with DESE expectations:

- At least **75 percent of ELs** will meet or exceeded their **expected annual growth targets** as defined by the state's EL progress indicators.
- EL students not meeting growth benchmarks will receive targeted language support (intervention) and progress monitoring.
- 75 percent of students will exit the EL program by achieving a 4.7 on WIDA ACCESS within six years of entering the program.

Progress toward these indicators will be reviewed annually and used to inform instructional practices, staff development, and program modifications.

### Transition of Services:

Students will be automatically reclassified as non-LEP if they achieve a 4.7 overall composite

score on the ACCESS test. A scholar who does not achieve a 4.7 overall composite score may also be exited from the EL program if they achieve a 4.4 overall composite score along with adequate documentation from MAP or EOC assessments showing grade level mastery and a supporting portfolio of gathered work samples of reading, writing, listening, and speaking that show that any unsatisfactory score of WIDA ACCESS is not indicative of English proficiency.

Students who are reclassified as non-LEP will be monitored for four years after exiting the program to ensure a successful transition. This reclassification of students will happen within one month of receiving ACCESS scores. All documentation proving the student has successfully completed the EL program and is no longer in need of EL services will be kept in their EL file until the student graduates or transfers from the school. If at any time, a student with the status of monitoring begins to show the need for additional language support, they will be considered for re-entry into the EL program.

### **Additional Services:**

Hogan Prep ensures equitable access for ELs to all educational programs and services, complying with Title VI, the EEOA, and *Lau v. Nichols*. ELs are considered for advanced coursework, special education, gifted programs, extracurriculars, and other opportunities. English language proficiency will not exclude English learners for participating in educational programs and services.

### **Qualified Personnel:**

The school will ensure quality personnel at all times. When 20 or more ELs are enrolled, the district will hire an ESOL endorsed teacher. The district will also plan to hire additional EL teachers for each additional 35 EL students enrolled. EL support services that do not supplant the standard curriculum may be provided by an education aide who is supervised by an EL teacher in collaboration with the student's regular classroom teacher. Para-professionals can only be working with 5 EL students at a time. In addition, the EL teachers should have the same ratio of students as the remainder of the classes within the school or district.

### **Professional Development:**

Hogan Prep will provide high quality professional development for staff to acquire the skills in establishing, implementing, evaluating, and sustaining instructional and English language development programs for English Language Learners. The EL teacher will support classroom teachers in understanding WIDA standards and best practices for working with English learners.

### **Monitor and Success of Program:**

The EL program will be monitored for successfulness at the end of each school year with an end of year meeting. Data collected from the end of year meeting will guide program improvements including but not limited to:

- professional development
- resource allocation
- Teacher / scholar scheduling
- Curricular needs

# Coversheet

## HPA AMI Plan

<b>Section:</b>	IV. New Business
<b>Item:</b>	B. HPA AMI Plan
<b>Purpose:</b>	Vote
<b>Submitted by:</b>	
<b>Related Material:</b>	HPA AMI Plan.pdf

## ALTERNATIVE METHODS OF INSTRUCTION APPLICATION

2025-26

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION — OFFICE OF QUALITY SCHOOLS

1 Instructions

2 AMI

3 Assurances

### ALTERNATIVE METHODS OF INSTRUCTION (AMI)

[Section 171.033, RSMo](#), allows LEAs to apply to the Missouri Department of Elementary and Secondary Education (DESE) to implement an approved plan for AMI in lieu of requiring the LEA to make up time lost due to exceptional or emergency circumstances.

Guidance for LEAs can be found [here](#).

#### 1. On days that the district implements the AMI plan, the LEA is (check all that apply): \*

Reviewing and reinforcing previously taught skills

Introducing new concepts

Other (Please describe)

Describe:

#### 2.a. How will the LEA communicate the purpose and expectations of AMI to students and parents through multiple methods? (check all that apply) \*

Student handbooks

Website

Brochure/flyer

Email

Parent/student meetings

Other (Please describe)

Describe:

#### 2.b. When will the LEA communicate the purpose of AMI days? (check all that apply) \*

Early in the school year

With reminders at least quarterly

Other (Please describe)

---

**Describe:**

**3. How will the LEA communicate the implementation of AMI days to students and parents? (check all that apply) \***

---

Social media

Email

Phone call

Text

Other (Please describe)

---

**Describe:**

**4. On AMI days, the LEA will use the following types of materials and assignments to effectively facilitate teaching and support learning for the benefit of students (check all that apply): \***

---

Textbooks

Library/classroom library books

Packets/worksheets

Manipulatives

Learning games

Teacher created materials

Other (Please describe)

---

**Describe:**

**5a. On AMI days, attendance will be determined by the completion of lessons and activities in the following manner (check all that apply): \***

---

Completion of lessons and activities turned in the **next day** of attendance

Electronic submission of lessons and activities on the AMI day or the **next day** of attendance

Log of electronic/web-based/app activity

Other (Please describe)

---

**5b: LEA attendance determination for AMI.**

**Describe:** \* Packets will be sent home prior to any possible inclement weather day. Packets will be collected for attendance on the first in-person day following the AMI day.

**6. The LEA provides instruction on AMI days using the following methods (check all that apply): \***

---

Teacher's notes with instructions and examples

Downloaded instructions to thumb drive/flash drive

Downloaded instructions to a device

Virtual instruction (Synchronous, Asynchronous)

Instruction provided through a learning management system

Other (Please describe)

---

**Describe:**

**7. The students are engaged in learning on AMI days using the following methods: \***

---

Independent practice and application of previously taught concepts

App or web-based software to teach/reinforce concepts

Virtual instruction (Synchronous, Asynchronous)

Assigned reading, study, or activity to introduce new concepts

Other (please describe)

---

**Describe:**

**8. The LEA provides equitable access to instruction to all students. If electronic methods will be used, the LEA is providing students with (check all that apply): \***

---

Chromebook

iPad

Other (please describe)

---

**Describe:**

**9. How are students accessing the internet? (check all that apply) \***

---

Parent provided connection

District provided connection (please describe what the LEA is providing)

Other (please describe)

---

**Describe:** \* Packets will be sent home so all students can participate regardless of connectivity.

**10. The LEA assures that the instructional plan for AMI days for students with disabilities is documented in each student's individualized education program (IEP) according to the guidance developed by DESE's Office of Special Education.**

**Guidance for implementing AMI for students with disabilities is available [here](#).** \*

---

X I confirm that our district's AMI Plan meets this requirement.

---

**11. How will the LEA ensure that teachers and other certified personnel are available to communicate with students on AMI days? (check all that apply)**

**Note: If internet is not provided by the LEA, please check other and explain.** \*

Email

Platform (Seesaw™, Google™, etc)

Messaging/chat through learning management system

Messaging through other electronic means (Remind™, etc.)

Other (please describe) Staff will contact families via phone

**Describe:**

**AMI plan has been submitted and approved by local school board/sponsor.**

**Date approved:** \*

---

**MO 500-3226 (Rev 06-25)**

---

[Previous](#)

**2 / 3**

---

This site is protected by reCAPTCHA Enterprise and the Google [Privacy Policy](#) and [Terms of](#)

**ALTERNATIVE METHODS OF INSTRUCTION APPLICATION**

2025-26

MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION — OFFICE OF QUALITY SCHOOLS

1

Instructions

2

AMI

3

Assurances

**ASSURANCES**

I confirm that this plan will favorably impact teaching and learning. Administrators and teaching staff at all participating attendance centers are knowledgeable of and agree to comply with the provisions of [Section 171.033, RSMo](#), and this application.

The typed name of the superintendent below serves as the official signature on this form. \*

First

Last

Date \*

MM

/

DD

/

YYYY



**MO 500-3226 (Rev 06-25)**

[Previous](#)



# Coversheet

## 2025-26 HPA BOD Meeting Calendar

<b>Section:</b>	IV. New Business
<b>Item:</b>	C. 2025-26 HPA BOD Meeting Calendar
<b>Purpose:</b>	Vote
<b>Submitted by:</b>	
<b>Related Material:</b>	Hogan Board Meeting Calendar 2025-26.pdf

# HOGAN

## PREP ACADEMY

### Board Meeting Calendar 2025-26

**(Please note board and committee meetings in November, December, March and May will to be adjusted because of holidays)**

Meeting	Date
July Board Meeting	July 28, 2025
July Finance Committee Meeting	July 17, 2025
August Academic Committee Meeting	August 13, 2025
August Finance Committee Meeting	August 21, 2025
August Governance Committee Meeting	August 15, 2025
August Board Meeting	August 25, 2025
September Finance Committee Meeting	September 18, 2025
September Board Meeting	September 29, 2025
October Finance Committee Meeting	October 16, 2025
October Academic Committee Meeting	October 15, 2025
October Governance Committee Meeting	October 17, 2025
October Board Meeting	October 27, 2025
November Finance Committee Meeting	November 13, 2025
November Board Meeting	November 17, 2025
December Finance Committee Meeting	December 11, 2025
December Governance Committee Meeting	December 12, 2025
December Academic Committee Meeting	December 10, 2025
December Board Meeting	December 15, 2025
January Finance Committee Meeting	January 15, 2026
January Board Meeting	January 26, 2026
February Finance Committee Meeting	February 19, 2026
February Academic Committee Meeting	February 11, 2026
February Governance Committee Meeting	February 13, 2026
February Board Meeting	February 23, 2026

March Finance Committee Meeting	March 12, 2026
March Board Meeting	March 16, 2026
April Finance Committee Meeting	April 16, 2026
April Academic Committee Meeting	April 8, 2026
April Governance Committee Meeting	April 10, 2026
April Board Meeting	April 27, 2026
May Finance Committee Meeting	May 14, 2026
May Board Meeting	May 18, 2026
June Finance Committee Meeting	June 18, 2026
June Academic Committee Meeting	June 10, 2026
June Governance Committee Meeting	June 12, 2026
June Board Meeting	June 22, 2026

# Coversheet

## Approve 990 Audit

<b>Section:</b>	IV. New Business
<b>Item:</b>	D. Approve 990 Audit
<b>Purpose:</b>	Vote
<b>Submitted by:</b>	
<b>Related Material:</b>	1094_Hogan Preparatory Academy Inc_PublicInspectionTaxDocu (1).pdf

Form <b>990</b> <small>Department of the Treasury Internal Revenue Service</small>	<b>Return of Organization Exempt From Income Tax</b> <small>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)</small> <b>Do not enter social security numbers on this form as it may be made public.</b> <small>Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</small>	<small>OMB No. 1545-0047</small> <b>2023</b> <b>Open to Public Inspection</b>
<b>A For the 2023 calendar year, or tax year beginning 07/01/23, and ending 06/30/24</b>		
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HOGAN PREPARATORY ACADEMY INC.</b>	<b>D</b> Employer identification number <b>43-1817830</b>
	Doing business as	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1331 E MEYER BLVD</b>	<b>E</b> Telephone number <b>816-444-7156</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>KANSAS CITY MO 64131</b>	<b>G</b> Gross receipts \$ <b>17,510,449</b>
	<b>F</b> Name and address of principal officer: <b>JAYSON STRICKLAND</b> <b>5809 MICHIGAN AVE.</b> <b>KANSAS CITY MO 64130</b>	
<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If "No," attach a list. See instructions</small>		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number
<b>J</b> Website: <b>WWW.HOGANPREP.NET</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1999</b> <b>M</b> State of legal domicile: <b>MO</b>
<b>Part I Summary</b>		
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>HOGAN PREPARATORY ACADEMY IS AN EXCEPTIONAL K-12 PUBLIC CHARTER SCHOOL WHERE STUDENTS BECOME COMPASSIONATE LEADERS WHO ARE COLLEGE AND CAREER READY WITH A DISTINCT COMPETITIVE ADVANTAGE.</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3 6</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4 6</b>
	<b>5</b> Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5 166</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6 10</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a 0</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b 0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year 578,269 Current Year 180,300</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>16,272,022 17,286,358</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>37,669 43,791</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>16,887,960 17,510,449</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>7,750,268 7,924,001</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>0</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>6,512,915 8,173,448</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>14,263,183 16,097,449</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>2,624,777 1,413,000</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year 30,553,121 End of Year 32,001,816</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>14,563,919 14,599,614</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>15,989,202 17,402,202</b>
<b>Part II Signature Block</b>		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
<b>Sign Here</b>	Signature of officer <b>DANIELLE BINION</b>	Date <b>PRESIDENT</b>
	Type or print name and title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>LEA ANN O'BRIEN</b>	Preparer's signature <b>WESTBROOK &amp; CO., P.C.</b>
	Firm's name <b>749 DRISKILL DR</b>	Firm's EIN <b>43-1628835</b>
	Firm's address <b>RICHMOND, MO 64085-1608</b>	Phone no. <b>816-776-3584</b>
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>For Paperwork Reduction Act Notice, see the separate instructions.</b> Form <b>990</b> (2023)		

Form 990 (2023) **HOGAN PREPARATORY ACADEMY INC.****43-1817830**Page **2****Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

**HOGAN PREPARATORY ACADEMY INC. IS A K-12 CHARTER SCHOOL WHERE STUDENTS BECOME COMPASSIONATE LEADERS WHO ARE COLLEGE AND CAREER READY WITH A DISTINCT COMPETITIVE ADVANTAGE.**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **11,849,827** including grants of \$ ) (Revenue \$ **17,286,358** )  
**OPERATE AND MAINTAIN AN EDUCATION INSTITUTION SERVING 886 ENROLLED STUDENTS IN SCHOOL GRADES K THROUGH 12.**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **11,849,827**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	<b>X</b>	
<b>3</b> 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		<b>X</b>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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		<b>X</b>
<b>5</b> 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		<b>X</b>
<b>6</b> 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		<b>X</b>
<b>7</b> 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		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
<b>9</b> 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		<b>X</b>
<b>10</b> 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		<b>X</b>
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>X</b>	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		<b>X</b>
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		<b>X</b>
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		<b>X</b>
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>X</b>	
<b>b</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		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>X</b>	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
<b>b</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		<b>X</b>
<b>15</b> 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		<b>X</b>
<b>16</b> 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		<b>X</b>
<b>17</b> 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		<b>X</b>
<b>18</b> 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		<b>X</b>
<b>19</b> 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		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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		<b>X</b>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	<b>X</b>	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		<b>X</b>
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	<b>60</b>	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	<b>0</b>	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<b>X</b>



Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>166</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>	
<b>4a</b>	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)?	<b>4a</b>	<b>X</b>
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	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?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	<b>6</b>	
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent	<b>6</b>	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	<b>3</b>	<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>	<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	<b>8a</b>	<b>X</b>
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	<b>X</b>
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<b>9</b>	<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	<b>X</b>
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	<b>X</b>
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	<b>X</b>
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<b>12c</b>	<b>X</b>
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	<b>X</b>
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	<b>X</b>
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	<b>X</b>
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	<b>X</b>
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NONE**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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.

**JAN THOMAS**  
**KANSAS CITY**

**1331 E. MEYER BLVD**

**MO 64131**

**816-444-3484**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - 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 hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAYSON STRICKLAND	40.00									
SUPERINTENDENT	0.00			X				416,479	0	29,126
(2) TAMARA BURNS	40.00									
REGIONAL DIRECTOR	0.00					X		139,820	0	5,670
(3) NATALIE LEWIS	1.00									
MEMBER	0.00	X						0	0	0
(4) JOEL RITCHIE	1.00									
MEMBER	0.00	X						0	0	0
(5) ERIN LENIHAN	1.00									
SECRETARY	0.00	X		X				0	0	0
(6) DR. POKAM NGOMSI	2.00									
TREASURER	0.00	X		X				0	0	0
(7) DANIEL SMITH	1.00									
VICE PRESIDENT	0.00	X		X				0	0	0
(8) DANIELLE BINION	2.00									
PRESIDENT	0.00	X		X				0	0	0
(9) EDWIN WRIGHT	40.00									
PRINCIPAL	0.00					X		122,075	0	9,377
(10)										
(11)										

**Part VII**      **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) .....										
(13) .....										
(14) .....										
(15) .....										
(16) .....										
(17) .....										
(18) .....										
(19) .....										
<b>1b Subtotal</b> .....								<b>678,374</b>		<b>44,173</b>
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....								<b>678,374</b>		<b>44,173</b>

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization      **3**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	<b>X</b>	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
<b>ENTREPRENEURIAL VENTURES</b> <b>2200 PENNSYLVANIA AVE NW</b> <b>WASHINGTON</b> <b>DC 20052</b> <b>MGMT SERVICES</b>		<b>1,296,160</b>
<b>FIRST STUDENT</b> <b>PARKVILLE 20275</b> <b>KANSAS CITY</b> <b>MO 64153</b> <b>TRANSPORTATION</b>		<b>674,701</b>
<b>KCPS FOOD</b> <b>3400 HIGHLAND AVE</b> <b>KANSAS CITY</b> <b>MO 64109</b> <b>FOOD SERVICES</b>		<b>467,411</b>
<b>INDUSTRY SPECIFIC SUBS</b>	<b>TEACHER SUBS</b>	<b>438,254</b>
<b>ELITE PROTECTION SERVICES</b> <b>224 E MAIN ST</b> <b>OKLAHOMA CITY</b> <b>OK 73104</b> <b>SECURITY</b>		<b>254,843</b>

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization      **14**

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	180,300			
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b> <b>Total.</b> Add lines 1a-1f		180,300			
<b>Program Service Revenue</b>	Business Code					
	<b>2a</b> GOVERNMENT FUNDING	611710	17,194,839	17,194,839		
	<b>b</b> OTHER PROGRAM FEES	611710	91,519	91,519		
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> <b>Total.</b> Add lines 2a-2f		17,286,358			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		43,791			43,791
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales exps.					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>				
	<b>b</b> Less: direct expenses	<b>8b</b>				
	<b>c</b> Net income or (loss) from fundraising events					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>				
<b>b</b> Less: direct expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>					
<b>b</b> Less: cost of goods sold	<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	Business Code					
	<b>11a</b>					
	<b>b</b>					
	<b>c</b>					
	<b>d</b> All other revenue					
	<b>e</b> <b>Total.</b> Add lines 11a-11d					
<b>12</b> <b>Total revenue.</b> See instructions		17,510,449	17,286,358	0	43,791	

Form 990 (2023)

**HOGAN PREPARATORY ACADEMY INC.****43-1817830**Page **10****Part IX Statement of Functional Expenses***Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).*Check if Schedule O contains a response or note to any line in this Part IX ☐**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>6,126,077</b>	<b>4,893,016</b>	<b>1,233,061</b>	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	<b>687,403</b>	<b>550,055</b>	<b>137,348</b>	
<b>9</b> Other employee benefits	<b>661,765</b>	<b>469,307</b>	<b>192,458</b>	
<b>10</b> Payroll taxes	<b>448,756</b>	<b>359,749</b>	<b>89,007</b>	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	<b>46,496</b>		<b>46,496</b>	
<b>c</b> Accounting	<b>224,435</b>		<b>224,435</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	<b>5,515</b>		<b>5,515</b>	
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>855,151</b>	<b>855,151</b>		
<b>17</b> Travel	<b>270</b>		<b>270</b>	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	<b>423</b>	<b>423</b>		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>794,856</b>	<b>623,166</b>	<b>171,690</b>	
<b>23</b> Insurance	<b>148,138</b>	<b>141,938</b>	<b>6,200</b>	
<b>24</b> 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.)				
<b>a OTHER PURCHASED SERVICES</b>	<b>3,757,625</b>	<b>1,690,211</b>	<b>2,067,414</b>	
<b>b TRANSPORTATION</b>	<b>1,069,895</b>	<b>1,069,895</b>		
<b>c SUPPLIES</b>	<b>724,736</b>	<b>651,008</b>	<b>73,728</b>	
<b>d FOOD SERVICE</b>	<b>487,118</b>	<b>487,118</b>		
<b>e All other expenses</b>	<b>58,790</b>	<b>58,790</b>		
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>16,097,449</b>	<b>11,849,827</b>	<b>4,247,622</b>	<b>0</b>
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

DAA

Form **990** (2023)



Form 990 (2023)

**HOGAN PREPARATORY ACADEMY INC.****43-1817830**Page **11****Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing	10,707,208	1	
	2 Savings and temporary cash investments	17,863	2	11,504,787
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 23,113,650		
	b Less: accumulated depreciation	10b 2,623,334	10c 19,828,050	20,490,316
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	6,713
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	30,553,121	16	32,001,816	
<b>Liabilities</b>	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	14,563,919	23	14,599,614
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	14,563,919	26	14,599,614
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions	15,989,202	27	17,379,702
	28 Net assets with donor restrictions		28	22,500
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 <b>Total net assets or fund balances</b>	15,989,202	32	17,402,202
33 <b>Total liabilities and net assets/fund balances</b>	30,553,121	33	32,001,816	

Form **990** (2023)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>17,510,449</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>16,097,449</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>1,413,000</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>15,989,202</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>17,402,202</b>

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <b>MODIFIED CASH</b> If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	<b>X</b>	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<b>X</b>	

Form **990** (2023)



**SCHEDULE A**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

**Attach to Form 990 or Form 990-EZ.****Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2023****Open to Public  
Inspection**

Name of the organization

**HOGAN PREPARATORY ACADEMY INC.**

Employer identification number

**43-1817830****Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: .....
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **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.**
- 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.**
- 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.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990) 2023

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						

<b>12</b> Gross receipts from related activities, etc. (see instructions)	<b>12</b>	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>		<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a 33 1/3% support test — 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 33 1/3% support test — 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test — 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test — 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17	<b>18</b>	%
<b>19a 33 1/3% support tests — 2023.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 33 1/3% support tests — 2022.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

**Part IV Supporting Organizations**

(Complete only if you checked a box on 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations (continued)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> 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 <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

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

	Yes	No
<b>1</b> 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?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> 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 <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .			
<b>b</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 <b>Part VI</b> the role played by the organization in this regard.			



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

**Section A – Adjusted Net Income**

		(A) Prior Year	(B) Current 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

**Section 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	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

**Section 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

- 7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D – Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
<b>1</b>	Distributable amount for 2023 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2023 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2023			
<b>a</b>	From 2018 .....			
<b>b</b>	From 2019 .....			
<b>c</b>	From 2020 .....			
<b>d</b>	From 2021 .....			
<b>e</b>	From 2022 .....			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2023 distributable amount			
<b>i</b>	Carryover from 2018 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2023 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2023 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b>	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2019 .....			
<b>b</b>	Excess from 2020 .....			
<b>c</b>	Excess from 2021 .....			
<b>d</b>	Excess from 2022 .....			
<b>e</b>	Excess from 2023 .....			

Schedule A (Form 990) 2023

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Public Inspection Copy



**Schedule B  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

Employer identification number

**HOGAN PREPARATORY ACADEMY INC.****43-1817830**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 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 foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- <sup>1</sup>
- /
- <sub>3</sub>
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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) (2023)

Name of organization

**HOGAN PREPARATORY ACADEMY INC.**

Employer identification number

**43-1817830****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 135,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 25,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
Attach to Form 990.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**Open to Public  
Inspection

Name of the organization

Employer identification number

**HOGAN PREPARATORY ACADEMY INC.****43-1817830****Part I****Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	<b>2a</b>
b Total acreage restricted by conservation easements .....	<b>2b</b>
c Number of conservation easements on a certified historic structure included on line 2a .....	<b>2c</b>
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	<b>2d</b>

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year .....

4 Number of states where property subject to conservation easement is located .....

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year .....

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports 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.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a 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.

b 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.

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

- a ☐ Public exhibition  
b ☐ Scholarly research  
c ☐ Preservation for future generations  
d ☐ Loan or exchange program  
e ☐ Other .....

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

- c Beginning balance .....  
d Additions during the year .....  
e Distributions during the year .....  
f Ending balance .....

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance .....					
b Contributions .....					
c Net investment earnings, gains, and losses .....					
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....					
f Administrative expenses .....					
g End of year balance .....					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ..... %  
b Permanent endowment ..... %  
c Term endowment ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations? .....  
(ii) Related organizations? .....

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....		200,433		200,433
b Buildings .....		17,963,935	1,506,081	16,457,854
c Leasehold improvements .....				
d Equipment .....		4,949,282	1,117,253	3,832,029
e Other .....				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				20,490,316

Schedule D (Form 990) 2023

**HOGAN PREPARATORY ACADEMY INC.****43-1817830**Page **3****Part VII Investments – Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments – Program Related**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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 ☐

<b>Part XI</b>	<b>Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>
----------------	---

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>17,510,449</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>17,510,449</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>17,510,449</b>

<b>Part XII</b>	<b>Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>
-----------------	---

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	<b>16,097,449</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....	<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	<b>16,097,449</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....	<b>5</b>	<b>16,097,449</b>

## Part XIII Supplemental Information

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

**Part XIII** Supplemental Information *(continued)*

Public Inspection Copy

**SCHEDULE E**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2023****Open to Public  
Inspection****HOGAN PREPARATORY ACADEMY INC.**

Employer identification number

**43-1817830****Part I**

	YES	NO
1 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?	<b>X</b>	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>X</b>	
3 Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II <b>THE NONDISCRIMINATORY POLICY IS PUBLICIZED ON SCHOOLAPPKC, WHICH IS A WEB BASED APPLICATION FOR NEW STUDENTS. THE POLICY IS ALSO ADVERTISED ON THE LOCAL RADIO WHEN RECRUITING NEW STUDENTS.</b>	<b>X</b>	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>X</b>	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>X</b>	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>X</b>	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	<b>X</b>	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		<b>X</b>
a Admissions policies?		<b>X</b>
b Employment of faculty or administrative staff?		<b>X</b>
c Scholarships or other financial assistance?		<b>X</b>
d Educational policies?		<b>X</b>
e Use of facilities?		<b>X</b>
f Athletic programs?		<b>X</b>
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		<b>X</b>
6a Does the organization receive any financial aid or assistance from a governmental agency?	<b>X</b>	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II.		<b>X</b>
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering racial nondiscrimination? If "No," explain on Part II	<b>X</b>	

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

Schedule E (Form 990) 2023



**Part II**

**Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable.

Also provide any other additional information. See instructions.

**SCH E - FINANCIAL AID OR GOVERNMENT ASSISTANCE EXPLANATION**

THE ORGANIZATION RECEIVES FEDERAL AND STATE FUNDING PASSED THROUGH THE  
MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION.

Public Inspection Copy

**SCHEDULE J**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information****For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**Attach to Form 990.****Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2023****Open to Public Inspection****HOGAN PREPARATORY ACADEMY INC.**

Employer identification number

**43-1817830****Part I Questions Regarding Compensation****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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> 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 .....**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? .....**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.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                               |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:**a** Receive a severance payment or change-of-control payment? .....**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.****5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:**a** The organization? .....**b** Any related organization? .....

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:**a** The organization? .....**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

**1b****2****4a****4b****4c****5a****5b****6a****6b****7****8****9****For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule J (Form 990) 2023

Schedule J (Form 990) 2023

**HOGAN PREPARATORY ACADEMY INC.****43-1817830**Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JAYSON STRICKLAND	(i)	416,479	0	0	20,273	8,853	445,605	0
1 SUPERINTENDENT	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2023

**Part III Supplemental Information**

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

Public Inspection Copy

**SCHEDULE O  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023****Open to Public  
Inspection**

Name of the organization

**HOGAN PREPARATORY ACADEMY INC.**

Employer identification number

**43-1817830****FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990****STAFF REVIEWS THE FORM 990 BEFORE GIVING TO THE FINANCE COMMITTEE. FINANCE  
COMMITTEE WILL REVIEW AND THEN THE BOARD REVIEWS.****FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY****THERE IS A WRITTEN CONFLICT OF INTEREST POLICY AND ALL BOARD MEMBERS ARE  
REQUIRED TO FILL OUT AN ANNUAL FINANCIAL DISCLOSURE. ALL BOARD MEMBERS ALSO  
FILE ANNUALLY TO THE MISSOURI ETHICS COMMISSION.****FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL****THE PROCESS FOR DETERMINING COMPENSATION INCLUDES EMPLOYEE EVALUATIONS,  
PERFORMANCE METRICS AND SALARY COMPARISON WITHIN THE AREA.****FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS****THE PROCESS FOR DETERMINING COMPENSATION INCLUDES EMPLOYEE EVALUATIONS,  
PERFORMANCE METRICS AND SALARY COMPARISON.****FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION****ALL DOCUMENTS REQUIRED BY SECTION 1604 FOR PUBLIC INSPECTION ARE AVAILABLE  
AT OUR OFFICE LOCATION UPON REQUEST.**

# Coversheet

## HPA 2025-26 Budget

<b>Section:</b>	V. Finance Committee
<b>Item:</b>	B. HPA 2025-26 Budget
<b>Purpose:</b>	Vote
<b>Submitted by:</b>	
<b>Related Material:</b>	HP - SY25-26 Budget 6.20.25.pdf

**HOGAN**  
PREP ACADEMY



# SY25-26 Budget

PREPARED **JUNE 20, 2025** BY

**EdOps**

# Executive Summary

## Revenue

- State Revenue
  - Enrollment Target of 850
  - 85% Attendance
  - 4% Attrition
  - 21 Summer ADA
  - Basic Formula Payment of 15k/WADA
- Federal Revenue
  - Have not yet received T1a allocation
  - Regular title allocation reduced by ~ 10%
- Local Revenue
  - Prop C decline year over year due to lower WADA in FY25
  - No Private Grants/Donations
- FY25 to FY26 = 660k less revenue

## Expense

- Personnel: Reduced by 175k
- Staff Related: Reduced by 36k
- Occupancy Service: Reduced by 140k
- Student Expense, Direct: Reduced by 50k
- Office/Business: Reduced by 1.5M
- Largest Non-Staff Expenses:
  - Debt Service = 800k
  - Management Fee: 1.9M
  - Transportation: 1M

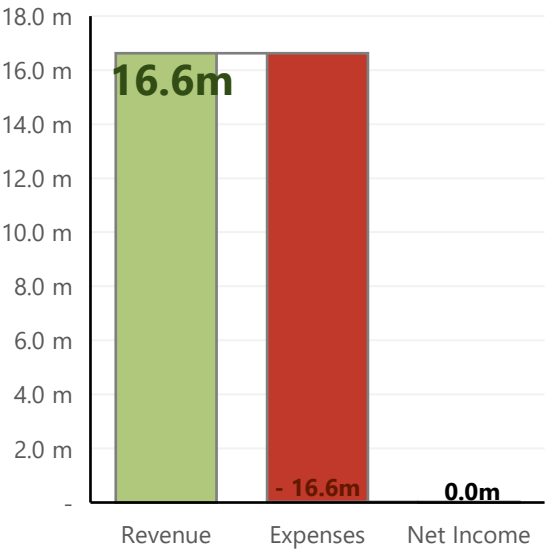
## Big Picture

- FY25 ending cash position maintained in FY26 budget
- Key to Budget Performance is hitting enrollment target, which is higher than ending FY25 enrollment
- 2<sup>nd</sup> biggest key is hitting 85% attendance, an increase from current and prior year
- Given expense reduction across the board, will be critical to have internal alignment on expense management



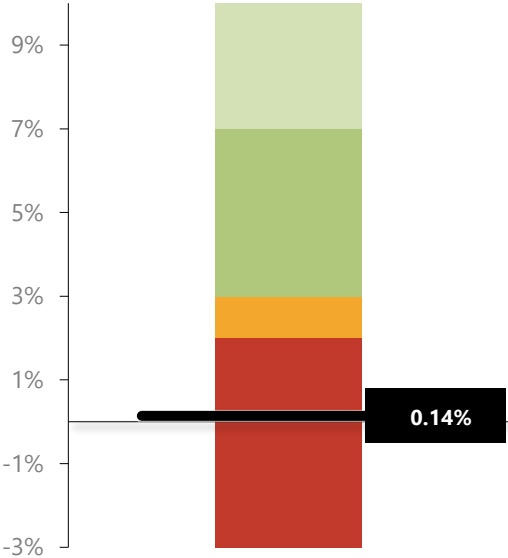
# Net Income and Gross Margin

## NET INCOME



Revenue	16,622,033
Expenses	16,598,632
<b>Net Income</b>	<b>23,401</b>

## GROSS MARGIN



Revenue	16,622,033
Expenses	16,598,632
Net Income	23,401
<b>Gross Margin</b>	<b>0.14%</b>

Gross Margin = Net Income / Revenue

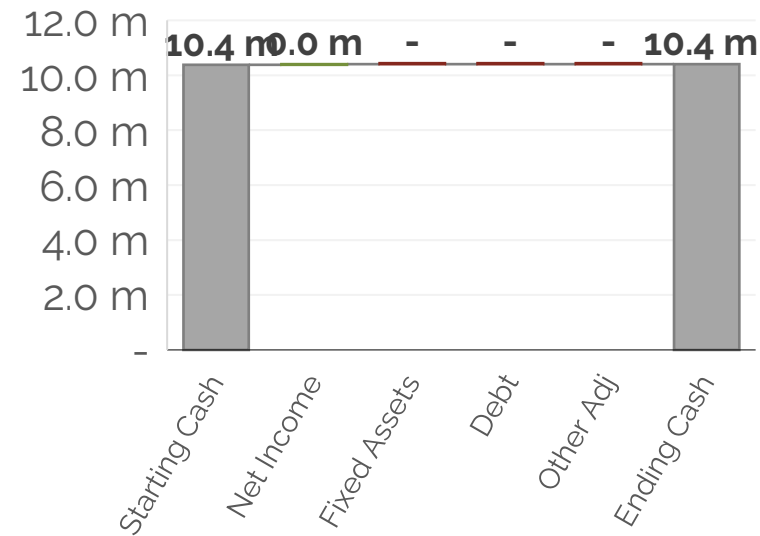
## COMMENTS

The forecasted net income is \$23,401 on \$16,622,033 in revenue. This yields .14% in gross margin.

The FY25 settlement expense has been removed. That, in combination with reducing staff and security costs, accounts for the net income difference of \$1,146,531 year over year.

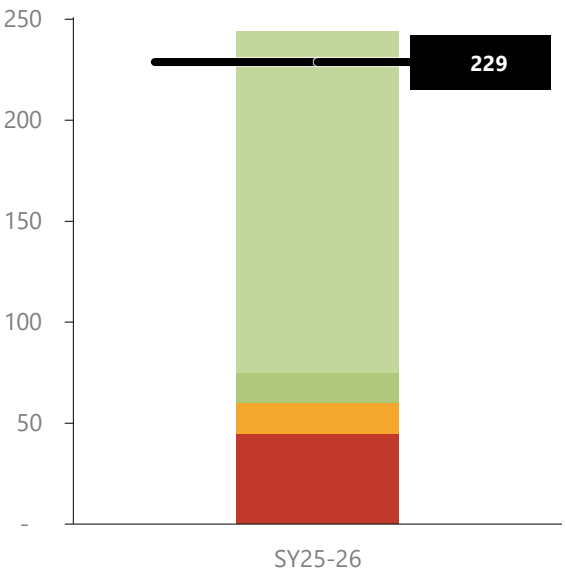
# Ending Cash and Days of Cash

## ENDING CASH WATERFALL



Starting Cash	10,381,657
Net Income	23,401
Fixed Assets	-
Debt	-
Other Adj	-
Net Annual Cash Increase	23,401
Ending Cash	10,405,058

## DAYS OF CASH



## COMMENTS

We are predicting 229 days of cash at 6/30/26. This is based upon ending the year with 10,405,058 in cash.

ADD YOUR NARRATIVE HERE. Please compare the \$23,401 change in cash this year with the -\$1,123,130 forecasted change in cash from the previous year. Describe what is driving the difference.

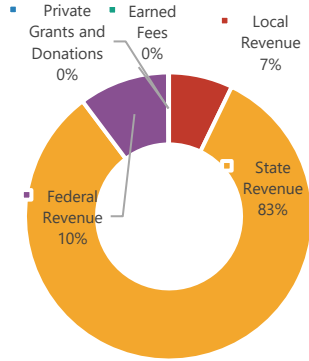
# SY26 Budget

REVENUE	
Local Revenue	1,192,130
State Revenue	13,725,788
Federal Revenue	1,685,116
Earned Fees	19,000
Total Revenue	16,622,033

EXPENSES	
Salaries	6,486,361
Benefits and Taxes	1,909,088
Staff-Related Costs	91,300
Occupancy Service	1,584,399
Student Expense, Direct	1,521,940
Student Expense, Indirect	700,000
Office & Business Expense	2,490,544
Transportation	1,015,000
Interest	800,000
Total Expenses	16,598,632
Net Income	23,401

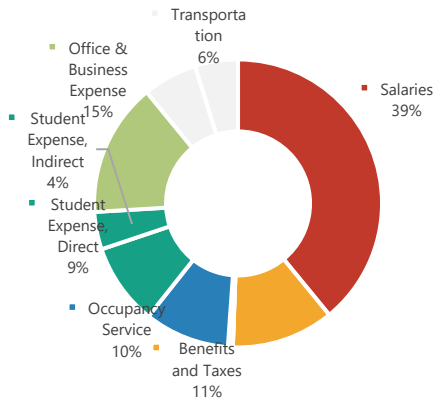
## REVENUE

We have budgeted **\$16,622,033** in revenue based upon 816 students, and a WADA payment of \$15,000 per student. The largest components of revenue are \$14m (82.6%) in State Revenue and \$1.7m (10.1%) in Federal Revenue.



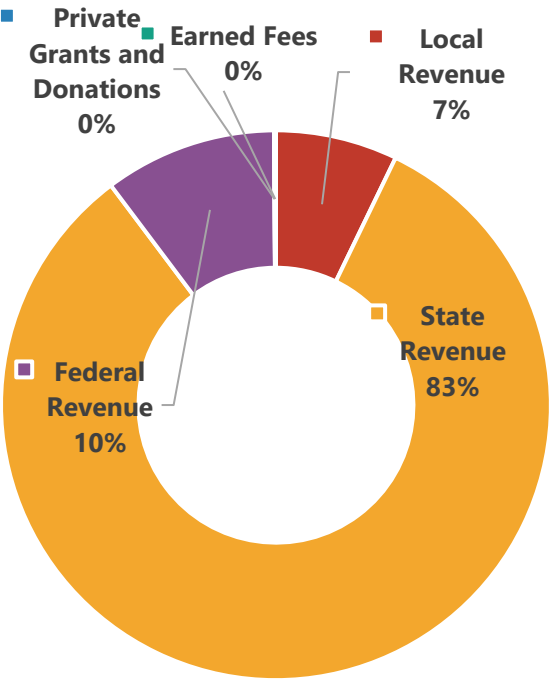
## EXPENSES

We have budgeted **\$16,598,632** in expenses. The largest components of expense are \$6,486,361 (39.1%) in Salaries and \$2,490,544 (15.0%) in Office & Business Expense.

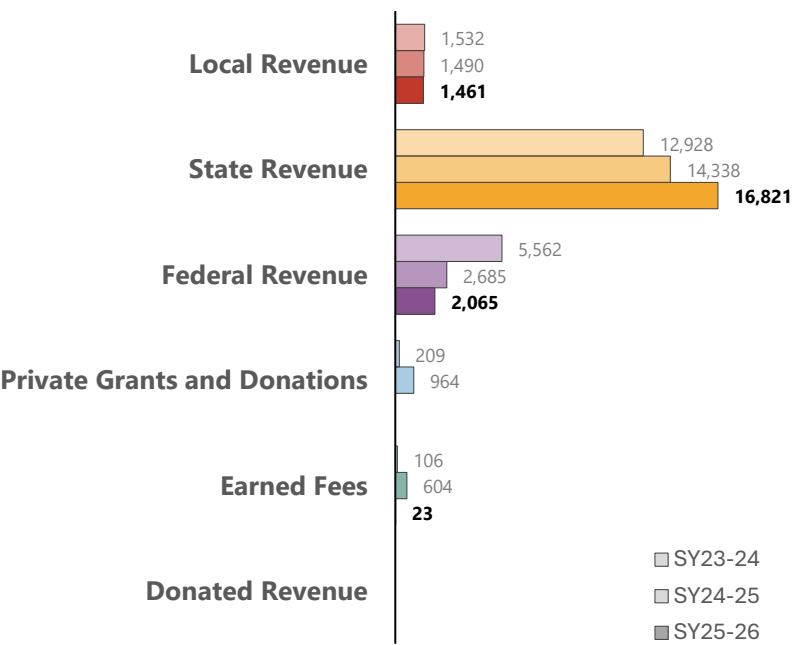


# Revenue | Overview

## SY26 BUDGETED REVENUE %



## REVENUE PER STUDENT



## COMMENTS

We have budgeted **\$16,622,030** in revenue for SY25-26, which is \$667k less than the amount forecasted for the year before.

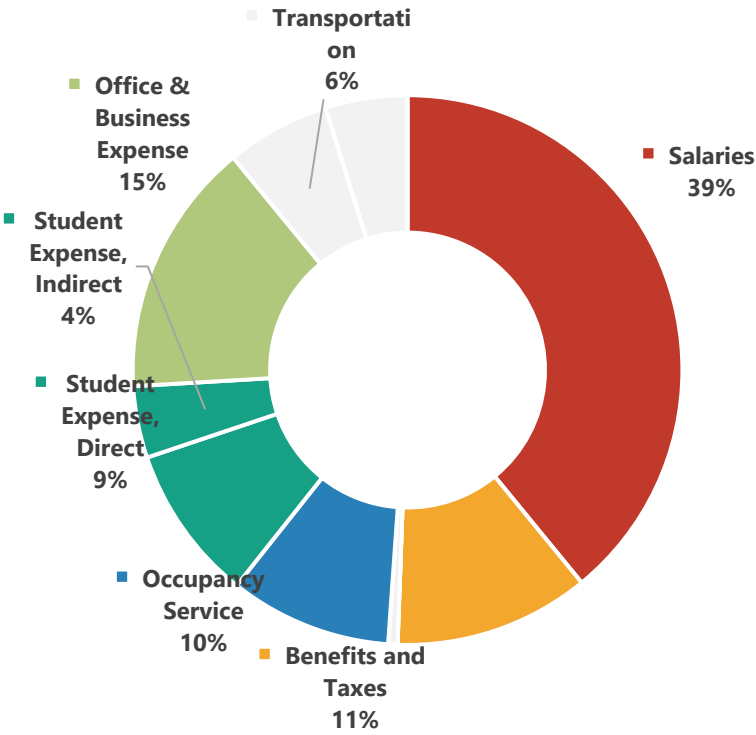
The largest components of revenue are State Revenue (82.6%) and Federal Revenue (10.1%).

Highlighted year-to-year changes:

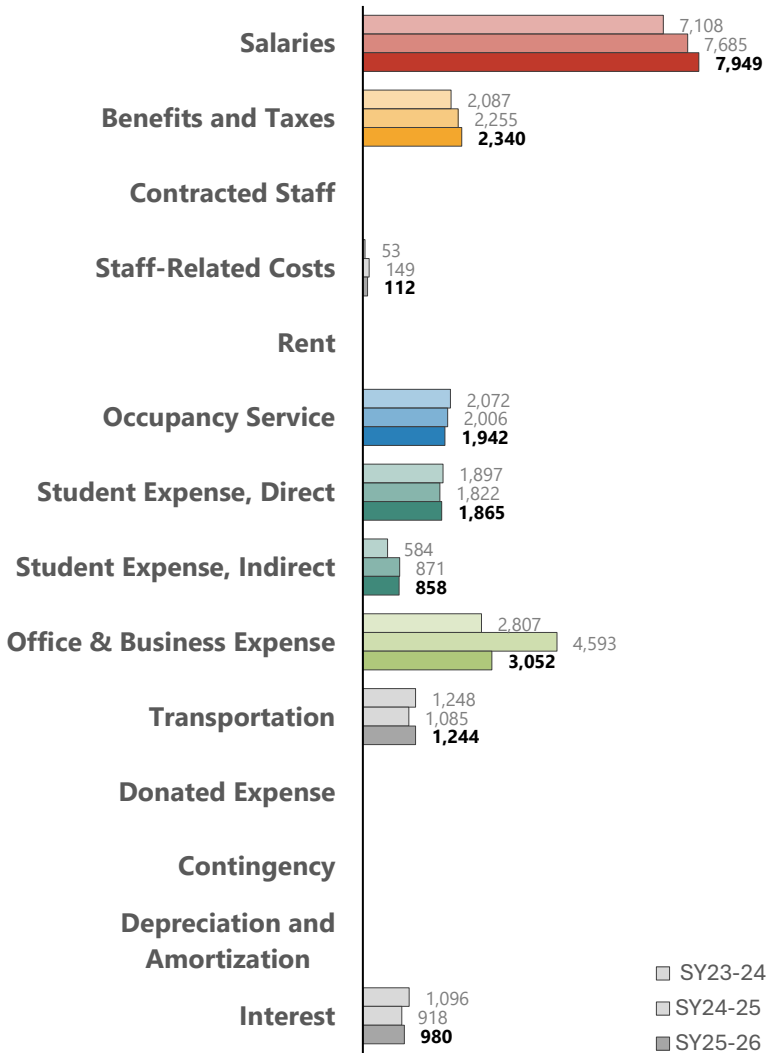
- \$1.4m increase (17.3% more per student) in State Revenue
- \$830k decrease (100.0% less per student) in Private Grants and Donations
- \$626k decrease (23.1% less per student) in Federal Revenue
- \$501k decrease (96.1% less per student) in Earned Fees

# Expenses | Overview

## SY26 BUDGETED EXPENSE %



## EXPENSE PER STUDENT



## COMMENTS

We have budgeted **\$16,598,630** in expenses for SY25-26, which is \$1.8m less than the amount forecasted for the year before.

The largest components of expenses are Salaries (39.1%) and Office & Business Expense (15.0%).

- Highlighted year-to-year changes:
- \$1.5m decrease (33.5% less per student) in Office & Business Expense



## QUESTIONS?

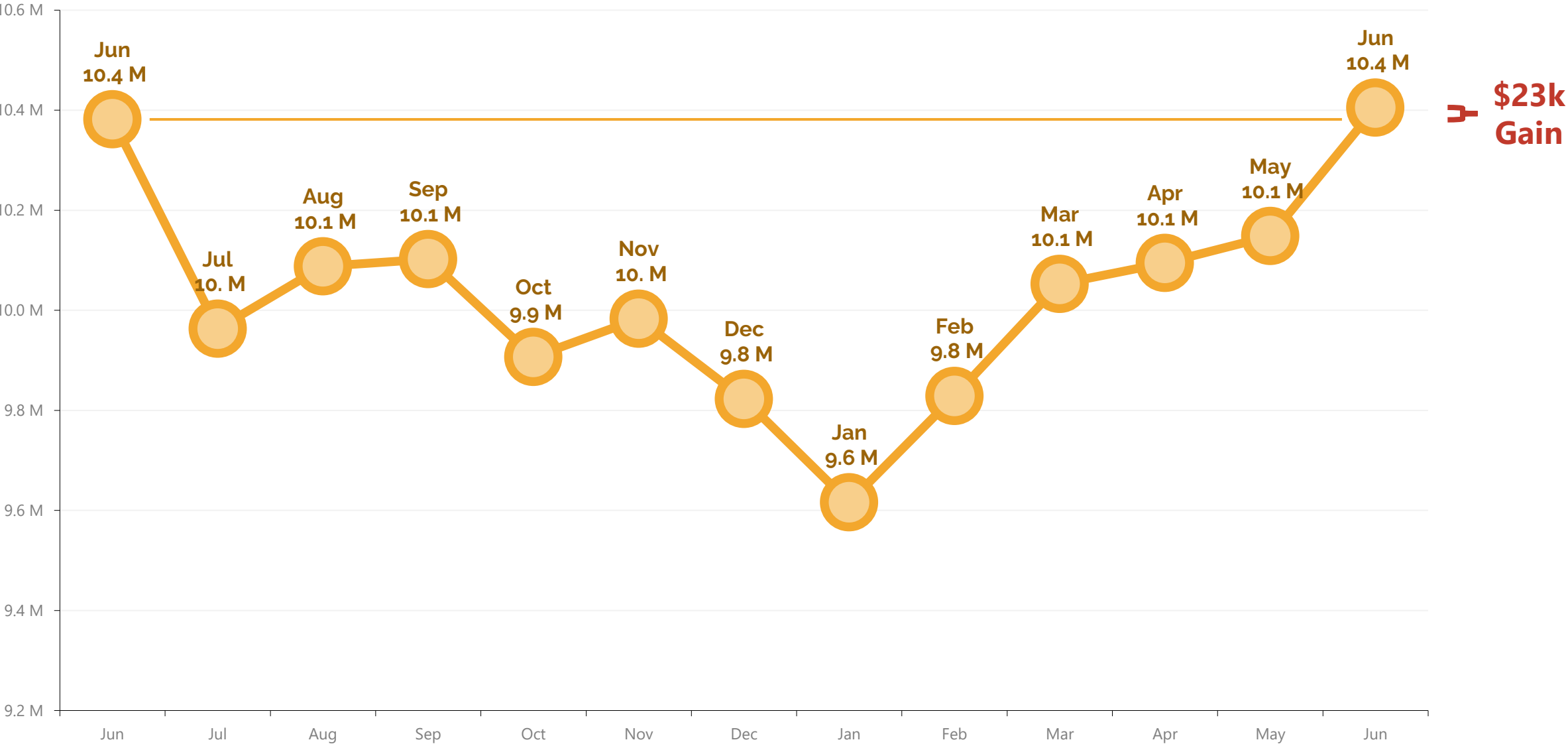
**Please contact your  
EdOps Finance Specialist:**

**Paul Greenwood  
paul@ed-ops.com  
415-359-3995**

# Appendix | Profit and Loss Changes

Income Statement	SY24-25	SY25-26	Difference	Comments
Revenue				
Local Revenue	1,283,092	1,192,130	(90,962)	
State Revenue	12,344,819	13,725,788	1,380,968	
Federal Revenue	2,311,549	1,685,116	(626,433)	
Private Grants and Donations	830,000	-	(830,000)	
Earned Fees	519,913	19,000	(500,913)	
Donated Revenue	-	-	-	
<b>Total Revenue</b>	<b>17,289,373</b>	<b>16,622,033</b>	<b>(667,340)</b>	
Operating Expense				
Salaries	6,617,025	6,486,361	130,664	
Benefits and Taxes	1,941,414	1,909,088	32,326	
Contracted Staff	-	-	-	
Staff-Related Costs	127,897	91,300	36,597	
Rent	-	-	-	
Occupancy Service	1,727,482	1,584,399	143,083	
Student Expense, Direct	1,569,078	1,521,940	47,138	
Student Expense, Indirect	750,000	700,000	50,000	
Office & Business Expense	3,954,585	2,490,544	1,464,041	
Transportation	934,542	1,015,000	(80,458)	
Donated Expense	-	-	-	
Contingency	-	-	-	
Depreciation and Amortization	-	-	-	
Debt Service	790,480	800,000	(9,520)	
Facility Improvements	-	-	-	
<b>Total Expenses</b>	<b>18,412,503</b>	<b>16,598,632</b>	<b>1,813,871</b>	
<b>Net Income</b>	<b>(1,123,130)</b>	<b>23,401</b>	<b>1,146,531</b>	

# Appendix: Monthly Cash





# Coversheet

## Approve Expenses

<b>Section:</b>	V. Finance Committee
<b>Item:</b>	C. Approve Expenses
<b>Purpose:</b>	Vote
<b>Submitted by:</b>	
<b>Related Material:</b>	2025.05 HPA CheckRegisterbyType.pdf

Hogan Preparatory Academy

**Check Register by Type**

Page: 1

06/20/2025 4:33 PM

Posted; Journal Code CD; Processing Month 05/2025

User ID: NULLT

**Payee Type: Vendor****Check Type: Automatic Payment****Checking Account ID: 1**

<u>Check Number</u>	<u>Check Date</u>	<u>Cleared</u>	<u>Void</u>	<u>Void Date</u>	<u>Entity ID</u>	<u>Entity Name</u>	<u>Check Amount</u>
12521048	05/10/2025	X	X	05/10/2025	UHC	UNITED HEALTH CARE	0.00
12521049	05/20/2025	X	X	05/20/2025	KCWATERSER	KANSAS CITY WATER SERVICES	1,146.38
12521050	05/13/2025	X	X	05/13/2025	GOOGLE	GOOGLE	840.80
12521051	05/10/2025	X	X	05/10/2025	BAMBOOHRLL	BAMBOO HR LLC	804.23
12521052	05/28/2025	X	X	05/28/2025	KCPL	KANSAS CITY POWER & LIGHT	13,425.66
12521053	05/28/2025	X	X	05/28/2025	SPIRE	SPIRE	2,813.85
12521054	05/03/2025	X	X	05/03/2025	HARTFORD1	THE HARTFORD	4,829.14
12521055	05/24/2025	X	X	05/24/2025	BLUECROSS	Blue Cross KC	69,383.97
12521056	05/10/2025	X			UHC	UNITED HEALTH CARE	0.00
12521057	05/20/2025	X			KCWATERSER	KANSAS CITY WATER SERVICES	3,207.35
12521058	05/13/2025	X			GOOGLE	GOOGLE	840.80
12521059	05/10/2025	X			BAMBOOHRLL	BAMBOO HR LLC	938.95
12521060	05/28/2025	X			KCPL	KANSAS CITY POWER & LIGHT	12,475.81
12521061	05/28/2025	X			SPIRE	SPIRE	4,821.38
12521062	05/03/2025	X			HARTFORD1	THE HARTFORD	4,829.14
12521063	05/24/2025	X			BLUECROSS	Blue Cross KC	67,040.44
12521068	05/31/2025	X			DIVVY	DIVVY CC	15,653.56
Checking Account ID: 1					Void Total:	93,244.03	Total without Voids: 109,807.43
Check Type Total: Automatic Payment					Void Total:	93,244.03	Total without Voids: 109,807.43

**Payee Type: Vendor****Check Type: Check****Checking Account ID: 1**

<u>Check Number</u>	<u>Check Date</u>	<u>Cleared</u>	<u>Void</u>	<u>Void Date</u>	<u>Entity ID</u>	<u>Entity Name</u>	<u>Check Amount</u>
29312	05/16/2025	X			BROWNCD	Brown, Curry & Dugan, LLC & De'Ketria Walker	1,750,968.61
85616072	05/05/2025	X			KORTCAS	CASEY KORTE	54.00
85616073	05/05/2025	X			STACOELECT	STACO ELECTRIC CONSTRUCTION CO.	248.00
85616074	05/05/2025	X			KPCGARN	KANSAS PAYMENT CENTER	125.00
85616075	05/05/2025	X			FSPCGARN	FAMILY SUPPORT PAYMENT CENTER	483.75
85616247	05/05/2025	X			MUTUALOFOM	MUTUAL OF OMAHA	3,886.99
85616248	05/05/2025	X			LIDDLE	LIDDLES SPORT SHOP	495.50
85616249	05/05/2025	X			AMAZON	AMAZON/SYNCHRONY BANK	1,816.08
85616458	05/05/2025	X			WINPROSOLU	WIN PRO SOLUTIONS	398.59
85616459	05/05/2025	X			WINPROSOLU	WIN PRO SOLUTIONS	764.18
85616460	05/05/2025	X			INDUSTRYSP	INDUSTRY SPECIFIC SOLUTIONS	1,206.40
85616461	05/05/2025	X			ELITEPROTE	BRANDON FARROW	1,710.00
85616462	05/05/2025	X			INDUSTRYSP	INDUSTRY SPECIFIC SOLUTIONS	2,017.60
85616463	05/05/2025	X			ELITEPROTE	BRANDON FARROW	3,424.00
85616464	05/05/2025	X			WATSJUA	JUANDA WATSON	3,750.00
85616465	05/05/2025	X			SOFTWA	SOFTWARE UNLIMITED INC	9,090.00
85616466	05/05/2025	X			PEPTALK	SAMANTHA BECK	14,924.00
85621249	05/06/2025	X			GLOBALPSYC	GLOBAL PSYCHOLOGICAL	14,557.00
85621250	05/06/2025	X			GLOBALPSYC	GLOBAL PSYCHOLOGICAL	10,662.00
85621251	05/06/2025	X			GLOBALPSYC	GLOBAL PSYCHOLOGICAL	12,755.00
85621879	05/06/2025	X			ELITEPROTE	BRANDON FARROW	10,970.00
85644671	05/09/2025	X			KCWATERSER	KANSAS CITY WATER SERVICES	62.08
85644672	05/09/2025	X			KCWATERSER	KANSAS CITY WATER SERVICES	215.21
85644673	05/09/2025	X			TECHCYCLE	TECHCYCLE SOLUTIONS	7,924.99
85644674	05/09/2025	X			COMMHEALTH	Community Health Commission of Missouri	2,625.00
85644675	05/09/2025	X			ENERGYTECH	Energy Tech Solutions	983.51
85644676	05/09/2025	X			ENERGYTECH	Energy Tech Solutions	980.74
85644677	05/09/2025	X			DEFFEN	WASTE MANAGEMENT	567.22
85644678	05/09/2025	X			DEFFEN	WASTE MANAGEMENT	566.67
85644679	05/09/2025	X			SOLAROCEAN	SOLAR OCEAN 2, LLC	239.02
85644680	05/09/2025	X			ICEMASTERS	ICE MASTERS	140.04
85644681	05/09/2025	X			INNERWORKS	INNERWORKS, INC.	3,540.00
85644682	05/09/2025	X			LAWSONSCHL	LAWSON SCHOOLS R XIV	400.00
85644896	05/09/2025	X			OFFICEESSE	OFFICE ESSENTIALS INC	1,516.44
85644897	05/09/2025	X			SOLAROCEAN	SOLAR OCEAN 2, LLC	239.02
85644898	05/09/2025	X			AMAZON	AMAZON/SYNCHRONY BANK	471.80
85644899	05/09/2025	X			LIDDLE	LIDDLES SPORT SHOP	11,691.87

Hogan Preparatory Academy

**Check Register by Type**

Page: 2

06/20/2025 4:33 PM

Posted; Journal Code CD; Processing Month 05/2025

User ID: NULLT

**Payee Type: Vendor****Check Type: Check****Checking Account ID: 1**

<u>Check Number</u>	<u>Check Date</u>	<u>Cleared</u>	<u>Void</u>	<u>Void Date</u>	<u>Entity ID</u>	<u>Entity Name</u>	<u>Check Amount</u>
85645049	05/09/2025	X			PAYPOOL	PAYPOOL LLC	525.02
85645050	05/09/2025	X			ELITEPROTE	BRANDON FARROW	1,710.00
85645051	05/09/2025	X			ELITEPROTE	BRANDON FARROW	2,432.00
85655606	05/12/2025	X			GLOBALPSYC	GLOBAL PSYCHOLOGICAL	11,243.00
85655607	05/12/2025	X			4MATIV	4MATIVE TECHNOLOGIES, INC.	90,671.92
85655971	05/12/2025	X			ELITEPROTE	BRANDON FARROW	10,447.50
85655972	05/12/2025	X			KLSLEASING	KLS LEASING II, LLC	197,619.89
85693652	05/13/2025	X			EDOPS	ED OPS	19,808.34
85766928	05/19/2025	X			UNIFIRSTCO	UNIFIRST CORPORATION	59.48
85766929	05/19/2025	X			UNIFIRSTCO	UNIFIRST CORPORATION	121.63
85770326	05/19/2025	X			NASSP	NATL ASSN SECONDARY SCHOOL PRINCIPALS	160.00
85770327	05/19/2025	X			4MATIV	4MATIVE TECHNOLOGIES, INC.	130,684.49
85770328	05/19/2025	X			HIGENES	Hi-Gene's Janitorial Services	26,000.00
85770329	05/19/2025	X			MCREALTY	MC REALTY GROUP, LLC	1,333.30
85770330	05/19/2025	X			FIBRENEW	Fibrenew East KC	1,755.00
85770331	05/19/2025	X			SOSPEST	SOS PEST CONTROL	102.00
85770332	05/19/2025	X			SOSPEST	SOS PEST CONTROL	102.00
85770333	05/19/2025	X			SOSPEST	SOS PEST CONTROL	117.30
85770334	05/19/2025	X			DANACOLEMA	DANA COLEMAN CONSULTING	1,834.00
85770571	05/19/2025	X			K12ITC	K12ITC, INC.	14,681.08
85770572	05/19/2025	X			AMAZON	AMAZON/SYNCHRONY BANK	3,672.71
85770862	05/19/2025	X			INDUSTRYSP	INDUSTRY SPECIFIC SOLUTIONS	135.20
85770863	05/19/2025	X			WINPROSOLU	WIN PRO SOLUTIONS	299.75
85770864	05/19/2025	X			WINPROSOLU	WIN PRO SOLUTIONS	299.75
85770865	05/19/2025	X			ELITEPROTE	BRANDON FARROW	1,567.50
85770866	05/19/2025	X			SUMNERONE	SUMNERONE, INC.	2,175.92
85770867	05/19/2025	X			ELITEPROTE	BRANDON FARROW	2,624.00
85770868	05/19/2025	X			JAMESWTIPP	JAMES W. TIPPIN & ASSOCIATES	3,000.00
85770869	05/19/2025	X			ELITEPROTE	BRANDON FARROW	9,592.50
85770870	05/19/2025	X			INDUSTRYSP	INDUSTRY SPECIFIC SOLUTIONS	4,097.60
85770871	05/19/2025	X			INDUSTRYSP	INDUSTRY SPECIFIC SOLUTIONS	7,852.00
85792837	05/27/2025	X			OPERATION	OPERATION BREAKTHROUGH	1,500.00
85792838	05/27/2025	X			MBA	MARCIA BRENNER ASSOCIATES, LLC	325.00
85792839	05/27/2025	X			BRIDGETYRO	TYRON BRIDGEWATER	1,787.50
85792840	05/27/2025	X			KPCGARN	KANSAS PAYMENT CENTER	125.00
85792841	05/27/2025	X			FSPCGARN	FAMILY SUPPORT PAYMENT CENTER	483.75
85792842	05/27/2025	X			ENOME	Enome	6,800.00
85793060	05/27/2025	X			LEXINGTON	LEXINGTON PLUMBING AND HEATING COMPANY	360.00
85793061	05/27/2025	X			UNIFIRSTCO	UNIFIRST CORPORATION	122.47
85793158	05/27/2025	X			NUESYNERGY	NUESYNERGY, INC	125.00
85793159	05/27/2025	X			WESTBR	WESTBROOK & CO, PC	1,210.29
85793160	05/27/2025	X			LASCPHI	PHILLIP LASCUOLA	666.48
85793161	05/27/2025	X			LIDDLE	LIDDLES SPORT SHOP	9,089.10
85793162	05/27/2025	X			AMAZON	AMAZON/SYNCHRONY BANK	3,382.00
85793464	05/27/2025	X			PURCHASEPO	PURCHASE POWER	502.25
85793465	05/27/2025	X			ELITEPROTE	BRANDON FARROW	1,769.00
85793466	05/27/2025	X			ELITEPROTE	BRANDON FARROW	2,128.00
85793467	05/27/2025	X			INDUSTRYSP	INDUSTRY SPECIFIC SOLUTIONS	3,806.40
85793468	05/27/2025	X			ELITEPROTE	BRANDON FARROW	11,641.50
85793469	05/27/2025	X			KCPSPNS	KANSAS CITY PUBLIC SCHOOL FOOD & NUTRITION SERV	71,129.55
85801396	05/30/2025	X			SCOTTISHR	Scottish Rite	3,500.00
85801397	05/30/2025	X			WOODSL	LATOSHA MYERS	575.00
85801398	05/30/2025	X			HUNTEUR	Eurik Hunt	375.00
85801399	05/30/2025	X			WATTANT	Anthony Watt	375.00
85801400	05/30/2025	X			SERVICEPRI	Service Printing & Graphics, Inc	1,186.00
85801401	05/30/2025	X			COMMHEALTH	Community Health Commission of Missouri	2,625.00
85801402	05/30/2025	X			KCICECREAM	Kansas City Ice Cream Co Inc	840.00

Hogan Preparatory Academy

**Check Register by Type**

Page: 3

06/20/2025 4:33 PM

Posted; Journal Code CD; Processing Month 05/2025

User ID: NULLT

**Payee Type: Vendor****Check Type: Check****Checking Account ID: 1**

<u>Check Number</u>	<u>Check Date</u>	<u>Cleared</u>	<u>Void</u>	<u>Void Date</u>	<u>Entity ID</u>	<u>Entity Name</u>	<u>Check Amount</u>
85801403	05/30/2025	X			GLOBALPSYC	GLOBAL PSYCHOLOGICAL	14,786.00
85801404	05/30/2025	X			MIDWESTSHR	MIDWEST SHREDDING SERVICE LLC	40.00
85801405	05/30/2025	X			SCHOOLMINT	SCHOOLMINT INC.	4,770.49
85801406	05/30/2025	X			OPERATION	OPERATION BREAKTHROUGH	28,749.10
85801407	05/30/2025	X			LLOYD1	WARREN LLOYD	375.00
85801408	05/30/2025	X			CARTERGAR	GARREN CARTER	375.00
85801409	05/30/2025	X			ENVISIONTE	ENVISION TECHNOLOGY GROUP, LLC	745.43
85801410	05/30/2025	X			OMEGA	OMEGA DOOR AND HARDWARE	207.50
85801533	05/30/2025	X			STAPLESADV	STAPLES ADVANTAGE	361.50
85801599	05/30/2025	X			LIDDLE	LIDDLES SPORT SHOP	5,869.46
85801600	05/30/2025	X			LLOYDSABC	ALL BEVERAGE CONTROL, INC.	120.00
85801601	05/30/2025	X			PROJECTLEA	PROJECT LEAD THE WAY, INC.	2,200.00
85801602	05/30/2025	X			AMAZON	AMAZON/SYNCHRONY BANK	1,578.39
85801724	05/30/2025	X			WATSONW	WILLIE WATSON	375.00
85801725	05/30/2025	X			PURCHASEPO	PURCHASE POWER	599.49
85801726	05/30/2025	X			ELITEPROTE	BRANDON FARROW	1,539.00
85801727	05/30/2025	X			ELITEPROTE	BRANDON FARROW	1,864.00
85801728	05/30/2025	X			INDUSTRYSP	INDUSTRY SPECIFIC SOLUTIONS	2,589.60
85801729	05/30/2025	X			INDUSTRYSP	INDUSTRY SPECIFIC SOLUTIONS	5,023.20
85801730	05/30/2025	X			ELITEPROTE	BRANDON FARROW	11,507.50
Checking Account ID: 1			Void Total:		0.00	Total without Voids:	2,633,300.14
Check Type Total: Check			Void Total:		0.00	Total without Voids:	2,633,300.14
Payee Type Total: Vendor			Void Total:		93,244.03	Total without Voids:	2,743,107.57
Grand Total:			Void Total:		93,244.03	Total without Voids:	2,743,107.57