2021
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3
SCANNED

F	990-T	F	Exempt Organizatio	n Bus	sine	ss Income T	ax Return		OMB N	0 1545-0687
Form	390-1	_				ction 6033(e))	190	6		040
	-9	For cal	lendar year 2018 or other tax year beginning J						2	D18
			Go to www.irs gov/Form					L		
	rtment of the Treasury al Revenue Service	▶	Do not enter SSN numbers on this form	n as it may	be ma	de public if your organız	ation is a 501(c)(3).	<u>. l</u>	Open to Pi 501(c)(3) O	ublic Inspection for irganizations Only
A [Check box if address changed		Name of organization (
B E	xempt under section	Print	MASTERY CHARTER H	IGH S	СНО	OL		2	3-30	60542
X]501(c 0 3)	or	Number, street, and room or suite no. I	If a P.O. box	x, see ır	structions.			ated busin	ess activity code
		Type	5700 WAYNE AVENUE]		
	408A 530(a) 529(a)		City or town, state or province, country PHILADELPHIA, PA			n postal code		812	930	
C Bo	ook value of all assets end of year	•	F Group exemption number (See instru		>		•			
aı	24,564,4	94.	G Check organization type ► X	501(c) cor	ooration	501(c) trust	401(a)	trust		Other trust
H Er	nter the number of the	organiza	ation's unrelated trades or businesses.		2	Describe	the only (or first) un	related		
tra	ide or business here 🕽	► <u>S</u>	EE STATEMENT 1			If only one,	complete Parts I-V.	If more	than one	e,
de	scribe the first in the b	olank spa	ace at the end of the previous sentence, c	complete Pa	arts I an	d II, complete a Schedule	M for each addition	al trade	e or	
bu	isiness, then complete	Parts III	-V.				<u>-</u>			
	•		poration a subsidiary in an affiliated grou		nt-subs	idiary controlled group?	▶ L	Ye	es LX	∐ No
			tifying number of the parent corporation.	<u>. </u>						2222
			THE ORGANIZATION		1		one number > 2		866-	
7- (-74)			de or Business Income		1	(A) Income	(B) Expenses	; ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	100.00000000000000000000000000000000000	(C) Net
	Gross receipts or sale			_					١.,	
_	Less returns and allo		c Balance		10					
2	Cost of goods sold (S				2			886358865 88638865886		***************************************
3	Gross profit. Subtract				3	-		****/*		
4 a	Capital gain net incon	•	·		4a			<u> </u>	<u> </u>	
b			Part II, line 17) (attach Form 4797)		4b 4c			AND THE PARTY OF T		
С 5	Capital loss deduction		sts ship or an S corporation (attach statemei	nt\	5					
6	Rent income (Schedu		ship of all 3 corporation (attach statemen	··· <i>·</i>	6		2.22.22.22.22.22.22.22.22.22.22.22.22.2	9232-939-96-,		
7	Unrelated debt-finance		me (Schedule F)		7					
, 8			and rents from a controlled organization ((Schedule F)	8					
9			on 501(c)(7), (9), or (17) organization (S		-					·
10	Exploited exempt acti				10					
11	Advertising income (•	,		11					
12	Other income (See in	struction	ns; attach schedule) STATEMEN	T 2	12	5,730.				5,730.
13	Total. Combine lines	s 3 throu	igh 12		13_	5,730.			<u> </u>	<u>5,730.</u>
Į. Į	irt II Deduction	ons No	ot Taken Elsewhere (See insti	ructions fo	or limita	ations on deductions)				
	(Except for	contrib	utions, deductions must be directly	connecte	d with	the unrelated busines	s income)		1	
14	Compensation of of	ficers, d	rectors, and trustees (Schedule K)	/			1	14		
15	Salaries and wages				RE	CEIVED	1	15	-	5,884.
16	Repairs and mainter	nance		اما		သို့	f	16		6,964.
17	Bad debts			B106	.11	IL 2 0 2020 🕱	ſ	17	-	
18	Interest (attach sche	edule) (s	ee instructions)	œ		Sc	i ł	18		
19	Taxes and licenses			- 1 '	00			19		
20			e instructions for limitation rules)		<u>V</u>	SDEN, UT	}	20		
21	Depreciation (attach					21		22b		
22		iaimed o	n Schedule A and elsewhere on return			22a		23	-	
23	Depletion		empagation plans					24	 	
24	Contributions to def							25	 	.
25 26	Employee benefit pr Excess exempt expe							26		
26 27	Excess exempt expe							27		
28	Other deductions (a					SEE STAT	EMENT 3	28		_2,533.
29	Total deductions A					J JIMI	28.	29	<u> </u>	15,381.
30	//		income before net operating loss deducti	ion, Suhtrai	ct line 2	9 from line 13	U U.	30		-9,651.
31	<i>Z</i> /		loss arising in tax years beginning on or				_	31		
32	<i>'</i>	-	income. Subtract line 31 from line 30		, ,, =	()	31	32		-9,651.
	,		rwork Reduction Act Notice, see instruc	tions.					Form	990-T (2018)

Form 990-T		MASTERY CHARTER HI				<u>23-30</u>	<u> </u>	Page 2
'Pärt II	I T	otal Unrelated Business Taxa	ble Income Po	urt I				
33	Total o	of unrelated business taxable income comput	ed from all unrelated trades o	r businesses	(see instructions))	1 33	29,970.
		nts paid for disallowed fringes					34	
		tion for net operating loss arising in tax years	s beginning before January 1.	2018 (see ır	nstructions) S	TMT 4	35	29,970.
		of unrelated business taxable income before s						
		3 and 34	•				/ 36	
		ic deduction (Generally \$1,000, but see line 3	87 instructions for exceptions	١		8	$\begin{cases} \frac{36}{87} \end{cases}$	1,000.
	-	ted business taxable income. Subtract line			ine 36		·	
		he smaller of zero or line 36	07 11 0111 11110 00: 11 11110 07 10 g	groutor trium			38	0.
		ax Computation	Part	П		• • •	1	
		izations Taxable as Corporations Multiply I					▶ 39	0.
	-	Taxable at Trust Rates. See instructions for		on the amo	unt on line 38 from	n·		
40	$\overline{}$	Tax rate schedule or Schedule D (For		CON THE UNIO			▶ 40	
44		•	1111 1041)				41	· · · · -
		tax. See instructions				•		
		ative minimum tax (trusts only)					42	
		Noncompliant Facility Income. See instruc					43	0.
Part V		Add lines 41, 42, and 43 to line 39 or 40, wh ax and Payments	Par	+ 111			44-	<u> </u>
				4 111		•	3555550	
	_	n tax credit (corporations attach Form 1118;	HUSIS AHACH FUHH 1110)		45a			
		credits (see instructions)			45b			
_		al business credit. Attach Form 3800	v4 0007\		45c 45d			
		for prior year minimum tax (attach Form 880) i or 8827)		1 450			
		credits Add lines 45a through 45d			•		45'e	
		act line 45e from line 44 taxes. Check if from: Form 4255	F 0044	, 🗀	. 0000 🗀 0450		e) 46	0.
			F0fm 8611 F0fm 8697	FOIII	1 0000 [] UIIIE	[(attach schedul		
		tax. Add lines 46 and 47 (see instructions)	f 005 D D	7.			48	0.
		net 965 tax liability paid from Form 965-A or	Form 965-B, Part II, column (K), line 2	50a	•	49	0.
	-	ents: A 2017 overpayment credited to 2018						
		estimated tax payments			50b			
		eposited with Form 8868			50c	·		
	_	n organizations. Tax paid or withheld at sour	ce (see instructions)		50d			
		p withholding (see instructions)			50e			
		for small employer health insurance premiur	,		501			
g	$\overline{}$		orm 2439		. }			
			ther	_ Total	► <u>[50g </u>		 ®[` ≫	
		payments Add lines 50a through 50g		_			51	······································
52		ated tax penalty (see instructions). Check if F		_}		_	52	
		ue. If line 51 is less than the total of lines 48,					► 5 3	
54 - **	•	ayment. If line 51 is larger than the total of li		ount overpaid	Į.		▶ \$4	
55	1	the amount of line 54 you want: Credited to 2		- Inform		lefunded	► 55	<u> </u>
Part V		statements Regarding Certain						
56		time during the 2018 calendar year, did the						Yes No
		financial account (bank, securities, or other)		=				
-		N Form 114, Report of Foreign Bank and Fina	incial Accounts. If "Yes," enter	tne name of	the foreign counti	ry		
	here							X
57		the tax year, did the organization receive a c		grantor of, o	or transferor to, a t	foreign trust?		X
		, see instructions for other forms the organi	•	. •				
58		the amount of tax-exempt interest received of der penalties of pergry, I declare that I have examine			and statements and t	a the best of my	knowledge and h	WARNES WARNES
Sign	cor	rect, and complete Deplaration of preparer (other that	n taxpayer) is based on all informa	tion of which p	reparer has any know	ledge	Knowledge and t	rener, it is true,
Here				ano.				scuss this return with
11010		Signature of Officer	Date	<u>CEO</u> Title	-		the preparer sh instructions)?	own below (see
	_ <u> </u>		-	11116	<u> </u>			X Yes No
		Print/Type preparer's name	Preparer's signature		Date _	Check	lf PTIN	
Paid			DATE COMPANY	1	02/02/00	self- employ		205407
Prepa	rer	DAVE SEKERAK	DAVE SEKERAK		03/03/20			L395497
Use C	nly	Firm's name ► CLIFTONLARSC		Cmr	400	Firm's EIN	<u> 41</u> -	0746749
			MANTOWN PIKE		. 400	Dhans ==	215 6	12 2000
		Firm's address ► PLYMOUTH M	<u>IEETING, PA 19</u>	1404		Phone no.	7T2-04	13-3900

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory v	aluation > N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	ır		6		
2 Rurchases	2		7	Cost of goods sold. Su	ubtract i	ine 6	**************************************		
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to		Ye	s No
b Other costs (attach schedule)	4b			property produced or a	acquired	I for resale) apply to			
5 Total Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (From Real	Property an	d Pe	sonal Property	Leas	ed With Real Pro	perty	/)	
(see instructions)	<u> </u>								
Description of property									
_(1)									
(2)									
(3)									
(4)									
		ed or accrued				3(a) Deductions directly	v connec	ted with the incor	ne in
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	than	of rent for p	personal	onal property (if the percents property exceeds 50% or if ed on profit or income)	age	columns 2(a) a	nd 2(b) (a	attach schedule)	
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns 2	2(a) and 2(b). En	ter				(b) Total deductions.			
here and on page 1, Part I, line 6, column		>			0.	Enter here and on page 1, Part I, line 6, column (B)	\triangleright		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from		Deductions directly cor to debt-finan-			
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach scheduction)	
(1)									
(2)	•								
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property a schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(4	8 Allocable ded column 6 x total o 3(a) and 3(t	f columns
(1)				%					
(2)				%					
(3)				%					
(4)				%					
				-	1	nter here and on page 1, Part I, line 7, column (A)		inter here and on part I, line 7, colur	
Totals				_		0			0.
Total dividends-received deductions in	cluded in columi	1 8				<u> </u>	<u>;</u>		0.
TOTAL DIFFECTION TOTAL DESIGNATIONS AT	5.5454 HI 0014IIII	· -							`

Schedule F - Interest,	Annuities, Roya					zatio	ns (see ins	structions	s)
		Exem	ot Controlled C	1			 		<u> </u>
Name of controlled organizat	identif	poloyer ication (loss) nber	unrelated income (see instructions)		tal of specified ments made	ınclud	t of column 4 led in the cont ation's gross	trolling	Deductions directly connected with income in column 5
				 		 			
_(1)				1					
(2)						 			
_(3)				ļ		ļ			
(4)				<u> </u>		<u> </u>			
Nonexempt Controlled Organi	zations	<u> </u>					,		
7 Taxable Income	8. Net unrelated incor (see instruction		otal of specified pay made	ments	10 Part of colu in the control gros		nization's		ductions directly connected income in column 10
(1)							·		
(2)									
(3)					<u>. </u>				
_(4)					ļ 				
					Add colui Enter here and line 8,		e 1, Part I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals				>			0.		0.
Schedule G - Investme		Section 501(c)(7), (9), or	(17) O	rganizatio	n			
1. Desc	ription of income		2. Amount o	of income	3 Deduction directly connictation (attach scheme)	ected	4 Set- (attach s	asides schedule)	5 Total deductions and set-asides (col 3 plus col 4)
(1)									
(2)									
(3)	 -								
(4)									
Totals			Enter here and Part I, line 9, c						Enter here and on page 1 Part I, line 9, column (8)
Schedule I - Exploited (see instru	•	y Income, Otl	ner Than A	dvertis	ing Incom	е		-	
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net inco from unrelate business (c minus colur gain, compu throug	ed trade or column 2 nn 3) If a te cols 5	5. Gross inc from activity is not unrela business inc	that ited	attribut	penses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									
(2)					†				
					1		-		
(3)									
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)							Enter here and on page 1, Part II, line 26
Totals -	0.).					***************************************	 0.
Schedule J - Advertisi									
<u> </u>	Periodicals Rep	orted on a C	onsolidated	d Basis	•				
1 Name of periodical	2 Gross advertising income	3. Direct advertising co	or (loss) (osts col 3) If a	rtising gain col 2 minus gain, compu through 7			6. Read		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	-				**				
		-			*	-			
(2)					*		-		
(3)					 		 		
(4)			388888		***				
Totals (carry to Part II, line (5))	•	0.	0.						0-
									Form 990-T (2018

Form 990-T (2018) MASTERY CHARTER HIGH SCHOOL Partill Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1 Name of periodical		2 Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)								
(2)		-						
(3)								
(4)								
Totals from Part I		0.	0.				0	١.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	TOTAL CALL TO THE TAXABLE TO THE TAX	onemilimisethiljöldisenjärönlikistöldö		Enter here and on page 1, Part II, line 27	
Totals, Part II (lines 1-5)	▶	0.	0.				0	١.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED	STATEMENT	1
	BUSINESS ACTIVITY		

RENTAL OF PARKING LOT SPACES FOOD SERVICE REVENUE

TO FORM 990-T, PAGE 1

FORM 990-T			OTHER	INCOME		STATEMENT	2
DESCRIPTIO)N					AMOUNT	
RENTAL OF	— PARKING	LOT SPACES				5,7	30.
TOTAL TO F	ORM 990	-T, PAGE 1,	LINE 12			5,7	30.
FORM 990-T	,		OTHER	DEDUCTION	ONS	STATEMENT	3
DESCRIPTIO)N					AMOUNT	
PROPERTY A	_ ND LIAB	ILITY INSUR	ANCE			2,5	33.
TOTAL TO F	ORM 990	-Т, PAGE 1,	LINE 28			2,5	33.
FORM 990-T	1	NET	OPERATING	G LOSS D	EDUCTION	STATEMENT	4
FORM 990-T		NET SUSTAINED	OPERATING LOSS PREVIOUS APPLE	JSLY	EDUCTION LOSS REMAINING	STATEMENT AVAILABLE THIS YEAR	
			LOSS PREVIO	JSLY	LOSS	AVAILABLE	4. 6. 3. 9.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No 1545-0687

ENTITY

Department of the Treasury Internal Revenue Service (99) For calendar year 2018 or other tax year beginning \underline{JUL} 1, $\underline{2018}$, and ending \underline{JUN} 30, $\underline{2019}$

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1

Name	MASTERY CHARTER HIGH SO	снооі	L	23-30		
U	nrelated business activity code (see instructions) > 45300		-			
	escribe the unrelated trade or business FOOD SERV		REVENUE			
Par	Unrelated Trade or Business Income		(A) Income	(B) Expense	s	(C) Net
1 a	Gross receipts or sales	T				
	Less returns and allowances	1c				
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach statement)	5				
6	Rent income (Schedule C)	6		(0000000000000000000000000000000000000	***********	
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
Ü	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
_	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule) STMT 5	12	29,970.			29,970.
13	Total. Combine lines 3 through 12	13	29,970.	,		29,970.
:Păi	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the	tions f unrel	or limitations on d ated business inco	eductions.) (Ex ome.)	cept	for contributions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	ļ
20	Charitable contributions (See instructions for limitation rules)		1 F		20	
21	Depreciation (attach Form 4562)		21	····		
22	Less depreciation claimed on Schedule A and elsewhere on return	n	22a		22b	
23	Depletion			·	23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)			~	27	
28	Other deductions (attach schedule)				28	
29	Total deductions. Add lines 14 through 28				29	0.
30	Unrelated business taxable income before net operating loss ded			ne 13	30	29,970.
31	Deduction for net operating loss arising in tax years beginning on instructions)	or after	January 1, 2018 (see		31	
32_	Unrelated business taxable income Subtract line 31 from line 30			.,	32	29,970.
LHA	For Paperwork Reduction Act Notice, see instructions.			s	chedul	le M (Form 990-T) 2018

FORM 990-T (M)	OTHER INCOME	STATEMENT 5
DESCRIPTION		AMOUNT
FOOD SERVICE REVENUE		29,970.
TOTAL TO SCHEDULE M, PART I, I	INE 12	29,970.