	00	\mathbf{D}		Return o	of Organizati	on Exempt	From I	ncom	e Tax		OMB No. 1545-0047
Form	99				or gamean				U TUA		2021
			Under s	section 501(c),	527, or 4947(a)(1) of t	the Internal Reven	ue Code (ex	cept priv	ate found	ations)	
Depart	ment of t	he Treasury		Do not en	ter social security nu	umbers on this forn	n as it may l	be made	public.		Open to Public
nterna	al Revenu	le Service		► Go to v	ww.irs.gov/Form990	0 for instructions a	and the lates	st inform	nation.		Inspection
A F	or the	2021 calend	ar year, or	tax year begin	ning		, 2021, a	Ind endin	ng		, 20
B	heck if a	pplicable:	C Nam	ne of organization TH	E ACADEMY SERV	ICES CORPORA	TION			D Emplo	oyer identification number
A	ddress c	hange	Doin	ng business as							86-0864631
N	lame cha	inge	Num	ber and street (or P.	O. box if mail is not delivered	to street address)		Room/suite	e	E Telepł	none number
lı	nitial retur	rn	7700	S VIVALDI	COURT						(520)444-4219
F	inal retur	n/terminated	City	or town, state or prov	vince, country, and ZIP or for	eign postal code				G Gross	s receipts
A	mended	return	TUCS	ON, AZ 857	47					\$	1,767,337
A	pplication	n pending	F Nam	ne and address of pri	ncipal officer: GARY FEI	NSTERMACHER			H(a) Is this a g	group return f	or subordinates? Yes X No
			SAME	AS C ABOV	Έ				H(b) Are all s	subordinate	es included? Yes No
Т	ax-exem	pt status: X	501(c)(3)	501(c) () (insert no.)	4947(a)(1) or 5	27		lf "No,"	attach a lis	t. See instructions
J V	Vebsite:			VICESCORP.	ORG				H(c) Group e	exemption i	number 🕨
K F	orm of or	rganization: X			ociation Other ►	L	. Year of formati				al domicile: AZ
Pa		Summar									
				anization's miss	on or most significant	activities: TO P	ROVIDE S	ERVICE	CS AND	SIIPPOI	RT TO ELDERLY
			0		NIOR ACADEMY,						
ce					-						PORTUNITIES FOR
Governance				-	D DEVELOPMENT.			11111011			OKIONIIID ION
/eri	2				discontinued its operation		of more than	25% of its	s net asset	ts	
ő				0	rning body (Part VI, lir					1 1	9
~			-	-	s of the governing bod						9
Activities &			•	0	i calendar year 2021 (
livit	5									-	31
Act	70			ers (estimate if	• ·						
					Part VIII, column (C), I						0
	a	Net unrelate	a business	taxable income	from Form 990-T, Par	$\mathbf{r}_{1,1}$ in \mathbf{r}_{1}		<u></u>		. 7b	0
		0 () (Prior Year		Current Year
			-	•	1h)					2,476	200
Revenue		-			e 2g)				1,661		1,728,417
See.			`		(), lines 3, 4, and 7d)				62	,663	38,720
Å					ies 5, 6d, 8c, 9c, 10c, a						0
										,878	1,767,337
			d similar amounts paid (Part IX, column (A), lines 1-3)								0
		•			(, column (A), line 4)			•			0
Ś					e benefits (Part IX, colu			·	1,041	,856	965,775
Expenses				o (,	column (A), line 11e)			·			0
per	b	Total fundrai	sing expen	ses (Part IX, co	umn (D), line 25) 🕨		0				
Щ		•			nes 11a-11d, 11f-24e)				653	,494	677,434
				· · ·	equal Part IX, column	(),			1,695	,350	1,643,209
	19	Revenue les	s expenses	s. Subtract line	18 from line 12			•	31	,528	124,128
or									ning of Curre	ent Year	End of Year
Net Assets or Fund Balances	20			,					5,901	,144	5,843,114
Ass	21			,					1,572	,371	1,390,213
Paret	22	Net assets o	r fund bala	nces. Subtract	line 21 from line 20 .				4,328	,773	4,452,901
Pa	rt II	Signatu	re Block	(
					rn, including accompanying s cer) is based on all information			of my knowl	ledge and bel	ief, it is	
uue,		and complete. De				on or which preparer has a	any knowledge.				
		GARY	D FENS	TERMACHER							
Sig	n	Signatur	e of officer							Dat	e
Her	e	GARY	D FENS	TERMACHER,	PRESIDENT						
		Type or	print name and	d title							
		Print/Type pre	parer's name		Preparer's signature		Date		Check	X if	PTIN
Paio	b	Emily R	Allen						self-em		P00706649
Pre	parer		►	Emily R	Allen, CPA, PL	LC		Fir	rm's EIN 🕨		
	Only		s 🕨		rte Planga			Ph	none no.		
					a AZ 85629					520-3	344-2721
May	the IRS	S discuss this	return with		own above? See instr	uctions					X Yes 🗌 No

May the IRS discuss this return with the preparer shown above? See instructions										
For Paperwork Reduction Act Notice, see the separate instructions.										

<u>......</u>..

Form	990 (2021) THE ACADEMY SERVICES CORPORATION	86-0864631	Page 2
Pa	rt 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:		
	TO PROVIDE SERVICES AND SUPPORT TO ELDERLY MEMBERS OF THE ARIZONA SENIOR ACA	DEMY, INCLUDI	NG BUT
	NOT LIMITED TO HEALTHCARE (LECTURES, SUPPORT SERVICES, ASSISTED LIVING FACIL	ITIES), FACIL	ITIES
	MANAGEMENT, AND OPPORTUNITIES FOR CONTINUED PRODUCTIVITY AND DEVELOPMENT.		
	· · · ·		
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		
Ū	services?		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 measure	d by	
4	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o		
		uners,	
	the total expenses, and revenue, if any, for each program service reported.		
		•	>
4a	(Code:) (Expenses \$1,439,310 including grants of \$) (Revenue	\$ 1,553,	/
	PROVIDING ASSISTED LIVING SERVICES TO ELDERLY, FRAIL MEMBERS OF THE ARIZONA	SENIOR ACADEM	Y. THESE
	SERVICES INCLUDE (1) RESIDENTIAL CARE PROVIDED BY CERTIFIED CAREGIVERS AND D	IRECTORS, REG	ISTERED
	NURSE, AND BUSINESS MANAGER; (2) FITNESS AND WELLNESS CLASSES; (3) LECTURES,	CONCERTS, AN	D
	CRAFTS; (4) ON-SITE HAIR AND NAIL SALON. SERVICES ARE FEE-BASED AND MAY ALSO	BE OFFERED I	0
	NON-MEMBERS OF THE ACADEMY IN ORDER TO MAINTAIN SOLVENCY OF THE FACILITIES.	SIGNIFICANT	
	ACCOMPLISHMENTS INCLUDE, (1) EXCELLENT SAFETY RECORD; (2) STRONG, POSITIVE E	VALUATIONS FR	OM STATE
	AND COUNTY INSPECTORS; (3) HIGH RESIDENT SATISFACTION.		
4b	(Code:) (Expenses \$ 155,868 including grants of \$) (Revenue	\$ 174,	440)
	FACILITIES MANAGEMENT. A PORTION OF THE LAND OWNED BY ASC IS LEASED TO AN AS		/
	VILLAS AT ACADEMY VILLAGE, LLC), WHICH ALSO OWNS THE ASSISTED LIVING BUILDIN		
	MAINTAINS THE PROPERTY, ENSURING A HIGH STANDARD OF MAINTENANCE, AS WELL AS		
	SECURITY.		11 1112
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4-1	Other program convises (Describe on Schedule O.)		
4d	Other program services (Describe on Schedule O.))	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,595,178		
EEA		Form	990 (2021)

Form	990 (2021) THE ACADEMY SERVICES CORPORATION 86-0864	631	P	Page 3
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	. 1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	. 2		х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	. 3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	. 4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
-	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	. 5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
-	"Yes," complete Schedule D, Part I	. 6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	. 7		
0	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	/		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	. 8		v
9	complete Schedule D, Part III	. 0		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	. 9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	. 3		~
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	. 10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	. 10		
••	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	. 11a	x	
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	. 11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	. 11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	. 11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	. 11e	x	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	. 12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	. 12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	. 14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
. –	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	. 14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.	. 15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	1.0		
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	. 16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	47		
10	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions	. 17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10		v
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	. 18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		v
20 a	If "Yes," complete Schedule G, Part III			x
zua b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			x
21 21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		-
41	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	. 21		x
		-	L	

Form		5-08646	31	Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)				-
			·	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the				
	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J		23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a		24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year				
	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II		26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III		27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,				
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV		28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If				
	"Yes," complete Schedule L, Part IV		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified				
	conservation contributions? If "Yes," complete Schedule M.		30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"				
	complete Schedule N, Part II		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations				
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		33	x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1		34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O.		38	x	
Par					
	Check if Schedule O contains a response or note to any line in this Part V		<u></u>	<u></u>	
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	17			
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?	<u></u>	1c	х	

Form	990 (2021) THE ACADEMY SERVICES CORPORATION	86-08646	31	F	Page S
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)	1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	31	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		x
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
•••	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
2	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
а	and services provided to the payor?		7a		v
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b		x
b			70		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7-		
	required to file Form 8282?	1	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year		_		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as requi		7g		x
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		x
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter:	1			
а	Initiation fees and capital contributions included on Part VIII, line 12		-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		-		
1	Section 501(c)(12) organizations. Enter:	1			
а	Gross income from members or shareholders		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which				
	the organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	•••••	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see instructions and file Form 4720, Schedule N.				
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		x
	If "Yes," complete Form 4720, Schedule O.		10		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any				
••	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		ĺ
	If "Yes," complete Form 6069.		.,		

Forr	m 990 (2021) THE ACADEMY SERVICES CORPORATION 86-0864	531	Р	age 6
Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and fo	r a "No		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction	ons.		
	Check if Schedule O contains a response or note to any line in this Part VI			. x
Se	ction A. Governing Body and Management			
			Yes	No
1a	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	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
2	any other officer, director, trustee, or key employee?	2		v
2		-		x
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			x
6	Did the organization have members or stockholders?	6	x	
7a	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?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		x	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	x	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
č	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12.0	л	
U	describe in Schedule O how this was done.	12c	x	
13	Did the organization have a written whistleblower policy?	-		
13 14	Did the organization have a written document retention and destruction policy?		X	
14		14	x	
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	450		
a L	The organization's CEO, Executive Director, or top management official		X	
b	Other officers or key employees of the organization	15b	x	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed Arizona			
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.			
	X Own website Another's website X Upon request X 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			

LORI	SOMNER	(520)647-3615,	7700	S	VIVALDI	COURT,	TUCSON,	\mathbf{AZ}	85747

Form 990 (2021) THE ACADEMY SERVICES CORPORATION	86-0864631	Page 7
	Compensation of Officers, Directors, Trustees, Key Employees, Highest Co Independent Contractors	ompensated Employe	es, and
	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 the organization's tag	nis table for all persons required to be listed. Report compensation for the calendar year ending with o ax year.	or within the	

• 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, 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 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.

	atod organizat	0011 0011100		<i>a</i> any ear		oooi, aooioi, o.		
				C)				
(A)	(B)	(do not ch		ition ore than one		(D)	(E)	(F)
Name and title	Average			son is both a		Reportable	Reportable	Estimated amount
	hours			ector/trustee		compensation	compensation	of other
	per week					from the organization (W-2/	from related organizations W-2/	compensation from the
	(list any	or	¶ ₽	Ke en Hg	Fo	1099-MISC/	1099-MISC/	organization and
	hours for related	livid	Officer	ploy y en	Former	1099-NEC)	1099-NEC	related organizations
	organizations	ual t		Highest compe employee Key employee				
	below	Individual trustee or director		mpe yee				
	dotted line)	e		Highest compensated employee Key employee				
				ë				
(1) ABIGAIL HAGLER	1.50							
BOARD MEMBER		x				0	0	0
(2) EDWARD SCHECHNER	2.50							
BOARD MEMBER		x				0	0	0
(3) SHERYL LACOSSE	1.00							
BOARD MEMBER		x				0	0	0
(4) DOUGLAS POUST	1.50							
BOARD MEMBER		x				0	0	0
(5) RICHARD HOWELL	1.00							
BOARD MEMBER		x				0	0	0
(6) PAULA PERRERA	1.00							
BOARD MEMBER		x				0	0	0
(7) GARY FENSTERMACHER	10.00							
PRESIDENT		x	x			0	0	0
(8) TRACY NUCKOLLS	2.00							
CHAIRMAN OF BOARD OF DIRECTORS		x	x			0	0	0
(9) BEN TUCHI	1.50							
TREASURER		x	x			0	0	0
 (10)								
(11)								
(12)								
(13)								
(14)								
								E arra 200 (2004)

	990 (2021) THE ACADEMY SERVI										6-0864	631	P	age 8
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	oloyee	s, ar		_	est Co	omp	ensated Employe	es (contin	ued)			
	(A) Name and title	(B) Average hours per week (list any	officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	able ation ated	cor	(F) ated amount of other npensation rom the	
		hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-M 1099-N	ISC/	-	nization I organiz	
(15)														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
								-						
(25)														
1b	Subtotal					•••	• • •	• •						
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)		•••		•••	•••		• •	0		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization	ted to those I								of			Yes	0 No
3	Did the organization list any former officer, direct employee on line 1a? <i>If</i> "Yes," <i>complete Schedu</i>		-				-					3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th													
5	<i>individual</i>	compensatio	on from	n any	unr	elat	ed org	aniz	ation or individual			4		x
Secti	for services rendered to the organization? If "Yes on B. Independent Contractors	s," complete	Sched	dule .	J for	' suc	ch pers	son	• • • • • • • • •	••••	• • • •	5		х
1	Complete this table for your five highest compensa													
	compensation from the organization. Report comp	ensation for	the cal	lenda	ar ye	ear e	ending	with		nization's ta	ax year.	(0)		
	(A) Name and business addres	SS							(B) Description of service	ces		(C) Compens	ation	
2	Total number of independent contractors (includin received more than \$100,000 of compensation from the structure of the struc	-				sted	above) wh	0					

Form 9	90 (20	21) THE ACADEMY SERVICE	S CORPORATION	1		86-08646	31 Page 9
Part	VIII	Statement of Revenue					
		Check if Schedule O contains a response or r	note to any line in thi	s Part VIII			
		· · · · · · · · · · · · · · · · · · ·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns 1a					
<i>(</i>)	b	Membership dues 1b					
ants unts	c	Fundraising events 1c					
ם פֿ	d	Related organizations 1d					
Gifts ar A	е	Government grants (contributions) 1e					
niis G	f	All other contributions, gifts, grants,					
tion r Si		and similar amounts not included above 1f	200				
Sthe	g	Noncash contributions included in					
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f	\$				
σσ	h	Total. Add lines 1a-1f	►	200			
			Business Code				
c)	2a	AV MEDICAL SERVICES	623000	1,553,977	1,553,977		
Program Service Revenue	b	THE VILLAS AT ACADEMY V	621400	174,440	174,440		
Ser	С						
eve	d						
2 B B	е						
Ϋ́,		All other program service revenue					
	g	Total. Add lines 2a-2f	•••••	1,728,417			
	3	Investment income (including dividends, interest,					
		other similar amounts)		38,720	38,720		
	4	Income from investment of tax-exempt bond proc					
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss)					
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets other than inventory 7a					
	h	Less: cost or other basis					
		and sales expenses 7b					
an n							
eve		Gain or (loss)					
Other Revenue		Gross income from fundraising	· · · · · · · · ·				
Cthe		events (not including \$					
0		of contributions reported on line					
		1c). See Part IV, line 18 8a					
	b	Less: direct expenses					
			· · · · · · •				
		Gross income from gaming					
		activities, See Part IV, line 19 9a	1				
	b	Less: direct expenses	0				
			· · · · · · •				
		Gross sales of inventory, less					
	100	returns and allowances	a				
	b	Less: cost of goods sold	b				
	c	Net income or (loss) from sales of inventory	· · · · · · •				
		· · · ·	Business Code				
S	11a						
nou	b						
ella	c						
Miscellanous Revenue	d						
2	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		1,767,337	1,767,137	0	0

21) THE ACADEMY SERVICES CORPORATION

	Check if Schedule O contains a response or note to a not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	• • • •	Total expenses	Program service	Management and	Fundraising
1. 1	Ob, and 10b of Part VIII. Grants and other assistance to domestic organizations		expenses	general expenses	expenses
1	-				
,	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4 -	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
5	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	811,720	811,720		
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
)	Other employee benefits	77,555	59,209	18,346	
)	Payroll taxes	76,500	76,500		
1	Fees for services (nonemployees):				
а	Management				
b	Legal	825		825	
С	Accounting	650		650	
d	Lobbying		· · ·		
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	47,997	47,809	188	
2	Advertising and promotion	6,659	6,659		
3	Office expenses	5,747	5,526	221	
4	Information technology	3,374	3,374		
5	Royalties				
6	Occupancy	290,275	290,275		
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	4,348	4,348		
D		74,700	74,700		
1	Payments to affiliates	24,466		24,466	
2	Depreciation, depletion, and amortization	-,		,	
3		40,742	38,403	2,339	
ļ	Other expenses. Itemize expenses not covered			_,	
-	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	FOOD SERVICES	88,878	88,878		
a b	MEDICAL AND NURSING SUPPLIES	8,781	8,781		
				710	
с С	LICENSING AND REG	5,089	4,379	/10	
d	BANKING FEES	111	111	0.00	
e	All other expenses	74,792	74,506	286	
; :	Total functional expenses. Add lines 1 through 24e.	1,643,209	1,595,178	48,031	
6	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here 🕞 🗌 if				

Form	990 (20	21) THE ACADEMY SERVICES CORPORATION	86	5-0864631	L Page 11
Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			🗌
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	348,269	1	240,409
	2	Savings and temporary cash investments	8,020	2	8,022
	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	
state under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 20,019 7 8 Inventories for sale or use 8 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 5,053,589 b Less: accumulated depreciation 10b 4,990,093 10c	7	7,342			
	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End 3 48 J.269 1 348 J.269 1 2 Savings and temporary cash investments 8 J.020 2 3 4 Accounts receivable. net 4 5 Loans and other receivables from any current or former officer, director, trustee, key emptyve, 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 parsons (as defined under section 4958(r)(1)), and persons described in section 4958(r)(3)(8) 6 9 Prepaid suppresse and defered charges 9 9 Less: accumutated depreciation 10a 5, 053, 589 10a Louiding, and depreciation 10a 5, 053, 589 11 Investments - publicky traded securities 534, 743 11 112 12 Investments - publicky traded securities 534, 743 11 112 13 Investments - program related. See Part IV, line 11 13 14 14 Intergible assets 14 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 5, 901, 144 16 20 12 Investments - program related. See Part IV, line 11 13 14 14 </td <td>10a</td> <td>Land, buildings, and equipment: cost or other</td> <td></td> <td></td> <td></td>	10a	Land, buildings, and equipment: cost or other			
	5,053,589				
	534,743	11	533,752		
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14			14	
	15			15	
	16		5,901,144	16	5,843,114
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19		Ť	19	
	20			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22				
iliti		trustee, key employee, creator or founder, substantial contributor, or 35%			
dei.					
_	23		1,513,825		1,327,630
	24			24	
	25				
		parties, and other liabilities not included on lines 17-24). Complete Part X			
			58,546	25	62,583
	26		1,572,371	26	1,390,213
S					
Liabilities					4,452,901
	28		500,000	28	
Б					
Fur					
sets or Fund Ba		· · · · ·		-	
As:		-		-	
Net					4,452,901
	33	I otal liabilities and net assets/fund balances	5,901,144	33	5,843,114 Form 990 (2021)

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Form **990** (2021)

Form	1 990 (2021) THE ACADEMY SERVICES CORPORATION 86	5-086463	1	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	767,	337
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	643,	209
3	Revenue less expenses. Subtract line 2 from line 1	3		124,	128
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,	328,	773
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	4,	452,	901
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗌
				Yes	No
1	Accounting method used to prepare the Form 990: 🕱 Cash 🗌 Accrual 🗌 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		x
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		х
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		3b		
EEA			Form	9 90 (2021)

SCHE	DULE	Α
(Form	990)	

Public Charity Status and Public Support

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

Department of the Treasury Internal Revenue Service

►	Attach	to Form	990 or	Form	990-EZ.
---	--------	---------	--------	------	---------

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

t charitable trust.	2021
	Open to Public
mation.	Inspection
Employer identificati	on number

OMB No. 1545-0047

Name	of the	organization

(C)

(D)

(E) Total

THE	AC	ADEMY SERVICES CORPORAT	ION				86-086463	1
Par	t I	Reason for Public Char	rity Status. (Al	I organizations mus	t comple	ete this p	art.) See instruction	ons.
The o	rga	nization is not a private foundation be	ecause it is: (For lin	nes 1 through 12, check o	only one bo	ox.)		
1		A church, convention of churches,	or association of c	hurches described in se	ction 170((b)(1)(A)(i)		
2		A school described in section 170	(b)(1)(A)(ii). (Attac	h Schedule E (Form 990)).)			
3		A hospital or a cooperative hospital	l service organizat	ion described in section	170(b)(1)	(A)(iii).		
4		A medical research organization or	perated in conjunct	tion with a hospital descr	ibed in se	ction 170(b)(1)(A)(iii). Enter the	
		hospital's name, city, and state:						
5	Π	An organization operated for the be	nefit of a college o	r university owned or ope	erated by a	a governme	ental unit described in	
		section 170(b)(1)(A)(iv). (Complet	e Part II.)			0		
6	Π	A federal, state, or local government		l unit described in sectio	on 170(b)(⁻	1)(A)(v).		
7	П	An organization that normally receiv	0		• • •		rom the general public	
		described in section 170(b)(1)(A)(•				3	
8	П	A community trust described in sec		,				
9	П	An agricultural research organization			perated in	coniunctio	n with a land-grant coll	eae
•		or university or a non-land-grant col				-	-	090
		university:	logo of agricalitato		uno narrio,	ony, and o		
10		An organization that normally receiv	es: (1) more than :	33 1/3% of its support fro	om contribu	utions mer	nbership fees and gros	s
10		receipts from activities related to its	exempt functions,	subject to certain except	tions; and	(2) no mor	e than 33 1/3% of its	
		support from gross investment incom) from businesses	
11		acquired by the organization after . An organization organized and ope					n.	
12	v	An organization organized and oper						os of
12	Δ	one or more publicly supported org						
								J. Check
_		the box in lines 12a through 12d that					-	ling
а		X Type I. A supporting organization				-		ving
		the supported organization(s) the			-	e airectors	or trustees of the	
		supporting organization. You n						-
b		Type II. A supporting organizat				••		0
		control or management of the s			persons that	at control o	r manage the supporte	d
		organization(s). You must con						
С		Type III functionally integrate						with,
_		its supported organization(s) (s		-				
d		Type III non-functionally inte						. ,
		that is not functionally integrated	•	• • •		•	ent and an attentivenes	S
		requirement (see instructions).	•					
е		Check this box if the organization	on received a writte	en determination from the	IRS that it	is a Type	I, Type II, Type III	
		functionally integrated, or Type	,	integrated supporting or	rganizatior	1.		
f		Enter the number of supported organi						• • •
g	F	Provide the following information about	ut the supported or	ganization(s).	1		Γ	
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	•	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	listed in you docum	ir governing ient?	support (see instructions)	other support (see instructions)
						1		
					Yes	No		
(۵)								
'AR	IZC	ONA SENIOR ACADE	86-0748530	10	x		0	
(B)								

1

1

0

0

 15 Public support percentage from 2020 Schedule A, Part II, line 14		e A (Form 990) 2021 THE ACADEMY					86-086463	
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) Calendar year (or fiscal year) Calendar year (or fiscal year beginn	Part							
Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and memberskip fees received. (Oo not include any 'unsual grants.') </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>lify under</th>								lify under
Calendar year (or fiscal year beginning in) + include any 'unusual grants.') (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gitts, grants, contributions, and membership fees nearback. (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 2 Tax revenues leveled for the organization's benefit and either paid to or expended on its behalf (c) 2019 (d) 2020 (e) 2021 (f) Total 3 The value of services or facilities furnished by a governmental unit to the organization without charge (c) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 4 Total. Add lines 1 through 3 (c) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 5 The portion of total contributions by each person (other than a governmental unit or publicly supports dorganization) included on line 1 that exceede 2% of the amount shown on line 11, column (f) (d) 2010 (e) 2021 (f) Total 7 Amounts from line 4 (d) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Net income from unrelated business is regularly carried on			o qualify unde	er the tests lis	ted below, pl	ease comple	te Part III.)	
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")								
membership fees received. (Do not include any "nonusal grants.")			(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
include any "unusual grants.") 2 Tax revenues levide for the organization's benefit and either paid to or expended on its behalf	1	-						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities it furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly support. Sutter than a governmental unit or publicly support. Sutter the sceeds 2% of the amount shown on line 11, column (f) 6 Public support. Sutter line 5 from line 4. Section B. Total Support. (a) 2017 7 Amounts from interest, dividends, payments sectived on exclusions and the sceeds 2% of the amount similar sources. 9 Net income from unrelated business adviviles, whether or not the business is regularly carried on . 10 Other income. Do not include gian or loss from less for reganization (f). divided by first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 11 Total support. Add lines 7 through 10 12 Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by supported organization for lock its box and stop here. The organization for check has box on line 13 and line 14 is 33 1/3% or more, check this box and stop here. The organization for lock kins box and stop here. The organization for lock kins box and stop here. The organization did not check a box on line 13, and line 14 is 33 1/3								
organization's benefit and either paid to or expended on its behalf								
or expended on its behalf	2							
3 The value of services or facilities furnished by a governmental unit to the organization without charge		•						
formished by a governmental unit to the organization without charge		-						
a Total. Add lines 1 through 3	3							
4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 6 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) + Amounts from line 4 7 Amounts from line 4 7 Amounts from line 4 7 Amounts from line 4 8 Gross income from onscurities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross necepits from related activities, etc. (see instructions) 13 First 5 years. If the Form 900 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 5 Section C. Computation of Public Support Percentage 14 Public support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 16								
 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)								
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)	4	-						
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	5							
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (1)		each person (other than a						
line 1 that exceeds 2% of the amount shown on line 11, column (1)		governmental unit or publicly						
shown on line 11, column (f)		supported organization) included on						
6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) + 7 Amounts from line 4		line 1 that exceeds 2% of the amount						
Section B. Total Support Calendar year (or fiscal year beginning in) + A mounts from line 4		shown on line 11, column (f)						
Calendar year (or fiscal year beginning in) * (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 7 Amounts from line 4	6	Public support. Subtract line 5 from line 4.						
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 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on	Calen		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
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 rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on	8	Gross income from interest, dividends,						
 similar sources Net income from unrelated business activities, whether or not the business is regularly carried on		payments received on securities loans,						
 9 Net income from unrelated business activities, whether or not the business is regularly carried on		rents, royalties, and income from						
activities, whether or not the business is regularly carried on		similar sources						
 is regularly carried on	9	Net income from unrelated business						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Image: Comparison of the organization of the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Image: Comparison of Public Support Percentage 14 Public support percentage from 2020 Schedule A, Part II, line 14 14 9 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. Image: Comparization comparization or check this box and stop here. 17a 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here		activities, whether or not the business						
loss from the sale of capital assets (Explain in Part VI.) Image: Comparison of the organization of		is regularly carried on						
(Explain in Part VI.)	10	Other income. Do not include gain or						
(Explain in Part VI.)		loss from the sale of capital assets						
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 13 First 5 years. 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 stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2020 Schedule A, Part II, line 14 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. b 33 1/3% support test - 2020. 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 stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2021. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization for the organization field 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. The organization qualifies	12		(see instructio				12	
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 organization 10%-facts-and-circumstances test - 2020. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 		10% or more, and if the organization mee	ts the facts-an	d-circumstance	es test, check t	his box and st	op here. Expla	in in
 organization 10%-facts-and-circumstances test - 2020. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 		Part VI how the organization meets the fa	cts-and-circum	nstances test	The organizatio	n qualifies as	a publicly supp	orted
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organization		-					-	•
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see		-			-	-		_
	18							
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Schedu	le A (Form 990) 2021 THE ACADEMY	SERVICES	CORPORATIO	N		86-0864631	Page 3
Part	III Support Schedule for Organiza	ations Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked th	e box on line	10 of Part I	or if the organ	nization failed	l to qualify und	er Part II.
	If the organization fails to qualify	under the tes	sts listed belo	w, please co	mplete Part I	l.)	
Secti	on A. Public Support				•	*	
	dar year (or fiscal year beginning in)►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						()
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
-	sold or services performed, or facilities furnished in any activity that is related to the						
-	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
0							
Secti	on B. Total Support			1			
-	dar year (or fiscal year beginning in)►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9		(a) 2017	(b) 2010	(0) 2019	(u) 2020	(e) 2021	(1) 101ai
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the or	rganization's fir	st. second. thi	rd, fourth, or fif	th tax vear as	a section 501(c)	(3)
	organization, check this box and stop her	-			-		
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2021 (line 8	-		3 column (f))		15	%
16	Public support percentage from 2020 Sch		-			16	%
	on D. Computation of Investment In			••••	<u></u>	10	70
-				uline 10. selu		47	0/
17	Investment income percentage for 2021 (I			-		17	%
18	Investment income percentage from 2020					18	%
19a	33 1/3% support tests - 2021. If the orga						
	17 is not more than 33 1/3%, check this b	-	-	-		• • •	
b	33 1/3% support tests - 2020. If the organizati						
	line 18 is not more than 33 1/3%, check this bo	-	-			-	
20	Private foundation. If the organization di	d not check a b	box on line 14.	19a, or 19b, c	neck this box a	and see instructi	ons 🕨 🗌

Page 4

No

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Yes

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

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	9c		x
	10a		x
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	10b		
Schedu	le A (F	orm 99	0) 2021

11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		х
b	A family member of a person described in line 11a above?	11b		х
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		x
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	x	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		x
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ecti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have	-		
3				
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
Conti	supported organizations played in this regard.	3		
-	on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	- inct	ruotia	
1		; 11150	ucuc	115).
a L	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>	- C 1		
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction and the law)	ctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

- Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or а trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Schedule A (Form 990) 2021

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Γ

Yes No

THE ACADEMY SERVICES CORPORATION

Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

3b

3a

Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	0
1 🗌	Check here if the organization satisfied the Integral Part Test as a qualifying			
	instructions. All other Type III non-functionally integrated supporting organ	izati	ons must complete Secti	ons A through E.
Sectio	n 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 I	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			
F	property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	nstructions 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 I	Fair market value of other non-exempt-use assets	1c		
d ⁻	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	-		
	see instructions).	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	n C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	ncome tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to	-		
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	-	tearated Type III suppor	ting organization

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

THE ACADEMY SERVICES CORPORATION

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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	e A (Form 990) 2021 THE ACADEMY SERVICES CORE			08646	5 31 Page 7
Part	V Type III Non-Functionally Integrated 509(a)(Supporting Organ	izations (continue	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purper	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required)	- provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	n the organization is resp	onsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in)			
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				
EEA				s	chedule A (Form 990) 2021

Schedule A (F	form 990) 2021 Page 8
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.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No. 1545-0047

2021
Open to Public

Departr		Attach to Form 990.		Open to Public
Internal	Revenue Service • Go to www.irs.gov/Form	990 for instructions and the latest information		Inspection
Name o	f the organization	Er	nployer identifica	ation number
THE 2	ACADEMY SERVICES CORPORATION		86-08646	31
Pa	rt I Organizations Maintaining Donor Advised		unts.	
	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	n writing that the assets held in donor advised		
	funds are the organization's property, subject to the organiz	zation's exclusive legal control?		🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor			
	only for charitable purposes and not for the benefit of the do	onor or donor advisor, or for any other purpose		
	conferring impermissible private benefit?			🗌 Yes 🗌 No
Par				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	ation (check all that apply).		
	Preservation of land for public use (for example, recreat	ion or education)	torically importa	nt land area
	Protection of natural habitat	Preservation of a ce	rtified historic str	ucture
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qua	lified conservation contribution in the form of a c	onservation	
	easement on the last day of the tax year.		Held a	at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic s	tructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	d after 7/25/06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, r	released, extinguished, or terminated by the orga	anization during	the
	tax year 🕨			
4	Number of states where property subject to conservation e	asement is located		
5	Does the organization have a written policy regarding the p	eriodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements	it holds?		🗌 Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing conservati	on easements d	uring the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation e	asements during	the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) ab	oove satisfy the requirements of section 170(h)(4	·)(B)(i)	
	and section 170(h)(4)(B)(ii)?			🗌 Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation	ation easements in its revenue and expense stat	ement and	
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements th	at describes the	
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections	s of Art, Historical Treasures, or Oth	ner Similar A	ssets.
	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 b	alance sheet wo	rks
	of art, historical treasures, or other similar assets held for p	ublic exhibition, education, or research in further	ance of public	
	service, provide in Part XIII the text of the footnote to its fin	ancial statements that describes these items.		
b	If the organization elected, as permitted under FASB ASC	958, to report in its revenue statement and balar	nce sheet works	of
	art, historical treasures, or other similar assets held for publ			
	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 ti		-	
	following amounts required to be reported under FASB AS	-		
а	Revenue included on Form 990, Part VIII, line 1	-	► \$	

▶ \$

	D (Form 990) 2021 THE ACADEMY SEI				86-08646		Page 2
Part	III Organizations Maintaining	Collections of	Art, Historical T	reasures, or C	ther Similar Ass	ets (cor	ntinued)
3	Using the organization's acquisition, access	ion, and other record	s, check any of the fo	blowing that make s	ignificant use of its		
	collection items (check all that apply):						
а	Public exhibition		d 🗌 Loan o	r exchange progran	าร		
b	Scholarly research		e Other				
с	Preservation for future generations						
4	Provide a description of the organization's of	collections and explain	n how they further the	e organization's exe	mot ouroose in Part		
•	XIII.			o organization o oke			
5	During the year, did the organization solicit	or roccive depations	of art historical trace	uros, or other simila	r		
5							
Dem	assets to be sold to raise funds rather than		bart of the organization	ons collection?	• • • • • • • • • • •	Yes	_ No
Part							·
	Complete if the organization	answered res	on Form 990, P	art IV, line 9, or	reported an amo	unt on F	orm
	990, Part X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermedi	ary for contributions	or other assets not		_	_
	included on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	llowing table:				
					Amo	unt	
С	Beginning balance				lc		
d	Additions during the year				ld		
е	Distributions during the year				le		
f	Ending balance				If		
2a	Did the organization include an amount on F				litv?	Yes	No
b	If "Yes," explain the arrangement in Part XII						Π
Part							
	Complete if the organization	answered "Yes"	on Form 990 P	art IV line 10			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four ye	ears back
1a	Beginning of year balance	534,743	542,032	497,810	542,919		L8,225
		554,745	542,032	497,810	542,919	51	10,225
b							
С	Net investment earnings, gains, and			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	(=		
		45,120	24,313	61,722	(7,689)	5	56,070
d	Grants or scholarships					<u> </u>	
е	Other expenditures for facilities and						
	programs	7,111	6,607	10,000	28,750		31,376
f	Administrative expenses	39,000	24,995	7,500	8,670		
g	End of year balance	533,752	534,743	542,032	497,810	54	2,919
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a)) held as:			
а	Board designated or quasi-endowment	•	%				
b	Permanent endowment 100. 	00 %	_				
с	Term endowment %						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.					
3a	Are there endowment funds not in the poss		ation that are held ar	nd administered for t	he		
	organization by:	g				•	res No
	(i) Unrelated organizations					3a(i)	x
						3a(ii)	
L	(ii) Related organizations						x
b	If "Yes" on line 3a(ii), are the related organi			•••••	••••	3b	
4	Describe in Part XIII the intended uses of the		owment funds.				
Part				ort IV/ line 11-	Soo Earm 000 F	ort V II.	0.10
	Complete if the organization						
	Description of property	(a) Cost or othe) Accumulated	(d) Book v	alue
		(investme	ent) (o	other)	depreciation		
1a	Land	••		760,000		76	50,000
b	Buildings	••	4,2	271,857		4,27	1,857
С	Leasehold improvements	•••					
d	Equipment	•••		21,732		2	21,732
е	Other						
Total.	Add lines 1a through 1e. (Column (d) must		t X, column (B), line	10c.)		5,05	53,589

Schedule D (Form 990) 2021

Schedule D (Form	,	RPORATION	86-0864631	Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" of	n Form 990, Part IV, line 1	1b. 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 va	
(1) Financial of	lerivatives	••		
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 12.)	. ►		
Part VIII	Investments - Program Related. Complete if the organization answered "Yes" of	n Form 990, Part IV, line 1	1c. See Form 990, Part X,	line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation	:
			Cost or end-of-year market va	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colum	n (b) must equal Form 990, Part X, col. (B) line 13.)	. •		
Part IX	Other Assets. Complete if the organization answered "Yes" of	n Form 990 Part IV line 1	1d. See Form 990. Part X	line 15
	(a) Description		(b) Boo	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.).			
Part X	Other Liabilities.			
ΤάττΑ	Complete if the organization answered "Yes" of	n Form 990 Part IV line 1	1e or 11f See Form 990 F	Part X
	line 25.	in oni 330, i artiv, ine i	Te of TH. See Tollin 330, 1	an A,
1.				
(1) Federal i		b) Book value		
		12.072		
	PAYABLE	13,273		
	PAYABLE	4,584		
	LIABILITIES	44,717		
	LES TAX PAYABLE	9		
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 25.). ►	62,583		
	uncertain tax positions. In Part XIII, provide the text of the foo	-		_
organization's	liability for uncertain tax positions under FASB ASC 740. Che	eck here if the text of the footnote l	has been provided in Part XIII	

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Schedule	D (Form 990) 2021 THE ACADEMY SERVICES CORPORATION	86-0864631	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	-	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		
Part		per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 1	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
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.

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 for the latest information.

OMB No. 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE ACADEMY SERVICES CORPORATION

Employer identification number 86-0864631

01. Members or stockholder classes and rights (Part VI, line 6)

THE ARIZONA SENIOR ACADEMY (ASA) IS THE SOLE MEMBER OF ACADEMY SERVICES CORPORATION. THE

ASA BOARD HAS THE POWER TO APPOINT AND REMOVE DIRECTORS OF ASC.

02. Member election for additional members (Part VI, line 7a)

AS THE SINGLE MEMBER OF THE ACADEMY SERVICES CORPORATION (ASC), THE ARIZONA SENIOR ACADEMY

(ASA) HAS THE POWER TO APPOINT AND REMOVE DIRECTORS OF THE ASC BOARD. THE APPOINTMENT

PROCESS IS AS FOLLOWS: ASC RECEIVES RECOMMENDATIONS OF POSSIBLE BOARD MEMBERS, REVIEWS

THESE RECOMMENDATIONS, THEN NOMINATES QUALIFIED CANDIDATES FOR CONSIDERATION BY THE ASA

BOARD OF DIRECTORS. THE ASA BOARD MAY ACCEPT OR REJECT NOMINEES, OR MAY PROPOSE

ALTERNATIVE CANDIDATES.

03. Form 990 governing body review (Part VI, line 11)

OFFICERS OF THE CORPORATION, WITH THE ASSISTANCE OF A CERTIFIED PUBLIC ACCOUNTANT, DO THE

INITIAL DRAFT OF THE 990. IT IS THEN REVIEWED BY THE FINANCE AND INVESTMENT COMMITTEE,

AND WHEN ACCEPTED, IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS FOR REVIEW. THE FORM

IS SUBMITTED TO THE SERVICE FOLLOWING REVIEW BY MEMBERS OF THE BOARD OF DIRECTORS.

04. Conflict of interest policy compliance (Part VI, line 12c)

GIVEN THE CORPORATION'S LIMITED SCOPE OF WORK, THE FACT THAT NONE OF THE OFFICERS ARE

PAID, THAT ITS BOARD MEMBERS SERVE WITHOUT COMPENSATION, AND THAT ITS EXPENSE ACCOUNTS ARE

RIGOROUSLY MONITORED, DETECTING CONFLICT OF INTEREST IS READILY DETERMINED. WHERE BOARD

MEMBERS OR OFFICERS ARE DIRECTLY INVOLVED WITH CORPORATE EXPENDITURES IN EXCESS OF

\$100.00, STRICT AND CONTINUOUS COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS

REQUIRED. CORPORATE OFFICERS AND BOARD MEMBERS COMPLETE A CONFLICT OF INTEREST INQUIRY

Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
THE ACADEMY SERVICES CORPORATION	86-0864631

FORM ONCE A YEAR.

05. CEO, executive director, top management comp (Part VI, line 15a)

NO CORPORATE OFFICERS OR MANAGEMENT RECEIVE FINANCIAL COMPENSATION. NO EMPLOYEE EARNS IN

EXCESS OF \$100,000 PER YEAR.

06. Other officer or key employee compensation (Part VI, line 15b

THE SALARIES OF PROFESSIONAL PERSONNNEL (NURSES) ARE REVIEWED ANNUALLY AND COMPARED TO

COMMUNITY NORMS.

07. Form 990 availability to public (Part VI, line 18)

THE ORGANIZATION FILES ITS IRS FORM 990 WITH SCHEDULES IN A BINDER IN THE CORPORATE OFFICE

THAT IS AVAILABLE FOR REVIEW UPON REQUEST FROM A MEMBER OF THE PUBLIC. THE FORM IS ALSO

POSTED ON THE ACADEMY SERVICES CORPORATION WEBSITE, ACADEMYSERVICESCORP.ORG.

08. Governing documents, etc, available to public (Part VI, line 19)

GOVERNING DOCUMENTS, OPERATING POLICIES, FINANCIAL REPORTS, AND IRS FILINGS ARE KEPT IN

THE CORPORATE OFFICE AND MADE AVAILABLE UPON REQUEST (ALL PERSONAL IDENTIFICATIONS ARE

REDACTED FROM COPIES MADE AVAILABLE TO THE PUBLIC.)

SCHEDULE R								OMB No. 1545	5-0047
(Form 990)	(Form 990) Related Organizations and Unrelated Partnerships							202	1
	 Complete if the org. 	anization ans			IV, line 33, 34, 35b, 30	6, or 37.	_		
Department of the Treasury		. ,_		o Form 990.				Open to P	
Internal Revenue Service Name of the organization	► Go to wi	ww.irs.gov/Fo	orm990 for ins	structions and the	latest information.		Employer identificatio	Inspecti	ion
•	ERVICES CORPORATION	1					86-0864631	nnunnber	
	fication of Disregarded Entities. Comple	ete if the or	anization a	answered "Yes"	on Form 990. Pa	rt IV. line 33.			
	(a) Name, address, and EIN (if applicable) of disregarded entity			(b)	(c) Legal domicile (state	(d)	(e)	(f) Direct con)
			Prim	nary activity	or foreign country)	Total income	End-of-year assets	Direct con ent	ity
()	AT ACADEMY VILLAGE LLC,							THE ACAD	
13701 E LANG			PROPERTY (OWNER AND		154 440	0 1 5 1 0 1 0	SERVICES	
TUCSON AZ 8			IANAGER		AZ	174,440	2,151,010	THE ACAL	
(2) AV MEDICAL S 13775 E LANG				OF ASSISTED				SERVICES	
TUCSON AZ 8			LIVING FAC		AZ	1,553,977	147,778	CORPORAT	
(3)									
			Ť						
(4)									
(4)									
(5)									
Identi	fication of Related Tax-Exempt Organiz	vations Co	mnlete if th	e organization a	answered "Yes" o	n Form 990 Par	t IV line 34 he	 cause it ha	<u>d</u>
Part II	r more related tax-exempt organizations d		•	e organization a		111 Onn 990, 1 ai		Sause It na	u
0100	(a)		•	(-)	(-1)	(e)	(f)	((g) 12(b)(13)
N	ame, address, and EIN of related organization	Prima	(b) ry activity	(c) Legal domicile (state	(d) Exempt Code section	Public charity status	Direct controlli	ng Sec. 51 control	12(b)(13) led entity?
				or foreign country)		(if section 501(c)(3))	entity	Yes	No
(1) THE ARIZONA	SENIOR ACADEMY,								
13701 E LANG		SCIENTIF	-						
TUCSON AZ 8	5747	EDUCATIO	N	AZ	501(C)(3)	10	N/A		x
(2)									
(2)									
(3)									
(4)									+
(5)									

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	Identification of								wered "Ye	es" or	n Form 990	, Part IV,	line 3	84,				
	because it had on				rtnersh				(r	<u> </u>	(i)	(3)		(12)				
	(a) (b) Name, address, and EIN of Primary activit related organization		/ Legal Direct controllin domicile entity (state or foreign		controlling Predominant Shar entity income (related, i unrelated, excluded from		controlling entity unrelated, unrelated,		Legal Direct controlling Predomining domicile entity income (rr (state or unrela excluded foreign excluded excluded		(f) Share of tota income	nare of total Share of end-o		ortionate ations?	(i) Code V-UBI amount in box of Schedule K- (Form 1065)	-1 par		(k) Percentage ownership
			country)			ns 512-514)			Yes	No	, <i>,</i> ,	Yes	No					
(1)																		
(2)						>												
(3)																		
(4)																		
(5)																		
	Identification of I line 34, because it									were	d "Yes" on I	Form 99), Par	t IV,				
	(a) address, and EIN of related o		(b) Primary activity	(C) Legal do (state or foreig	micile	(d) Direct controllir entity	ng Ty	(e) /pe of entity o, S corp, or trust)	(f) Share of tota income		(g) Share of d-of-year assets	(h) Percentage ownership	c	(i) on 512(b)(13) controlled entity?				
													Ye	s No				
(1)																		
(2)																		
(3)																		
(4)																		
(5)																		

No

x

Yes

Transactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 1a

b	Gift, grant, or capital contribution to related organization(s)	1b	x
С	Gift, grant, or capital contribution from related organization(s)	1c	x
d	Loans or loan guarantees to or for related organization(s)	1d	x
е	Loans or loan guarantees by related organization(s)	1e	x
f	Dividends from related organization(s)	1f	x
g	Sale of assets to related organization(s)	1g	x
h	Purchase of assets from related organization(s)	1h	x
i	Exchange of assets with related organization(s)	1i	x
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	x
-		-	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	x
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11	x
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	x
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	x
o	Sharing of paid employees with related organization(s)	10	x
р	Reimbursement paid to related organization(s) for expenses	1p	x
q	Reimbursement paid by related organization(s) for expenses	1q	x
r	Other transfer of cash or property to related organization(s)	1r	x
s	Other transfer of cash or property from related organization(s)	1s	x
•	If the ensure the encoded in the instruction for information on the most encoded this line, including encoded in the encoded the second second tensor the three helds		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a)	(b)	(c)	(d)
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(1)			
_(2)			
_(3)			
(4)			
(5)			
_(6)			
EEA			Schedule R (Form 990) 2021

THE ACADEMY SERVICES CORPORATION

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)		(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Legal domicile Predominant	d 501(c)(3) organizations?		Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?		Percentage ownership	
				Yes	No			Yes	No		Yes	No		
1)														
2)														
3)														
4)														
5)														
6)														
7)														
8)														
9)														
0)														
1)														
2)														

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990	Overflow Statement	2021	Dama 1
Name(s) as shown on return	(This page is not filed with the return. It is for your records only.)	FEIN	Page 1
THE ACADEMY	SERVICES CORPORATION		86-0864631
Description			Amount
SUBSCRIPTIO		\$	3,308
OFFICE SUPP	LIES		2,218
	Total:	\$	5,526
	OCCUPANCY EXPENSES		
Description			Amount
UTILITIES		\$	45,163
REPAIRS			73,377
RENT			169,060
CARPET/FLOO		_,	2,675
	Total:	\$	290,275
	PART IX LINE 24E PROGRAM SERVICES		
Description		_ <u>_</u>	Amount
<u>NEW EMPLOYE</u> DUES AND AS		<u>\$</u>	<u> </u>
PATIO LANDS			327
SUPPLIES			13,464
TELEPHONE			10,011
TELEVISION			13,201
ROOM FURNIS	HINGS		470
RESIDENT AC			2,484
	INTING, AND COPYING		4,267
ALARM SYSTE			2,692
	LATED EXPENSE		4,304
BAD DEBT EX	ENTAL AND MAINTENANCE		16,123
BAD DEBI EX	Total:	\$	
	OTTED EXDENCED		
	OTHER EXPENSES		
Description			Amount
SUBSCRIPTIO	NS	\$	286
	Total:	\$	286