CLIENT'S COPY

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

<u>A I</u>	For the	± 2023 calendar year, or tax year beginning $$ JUL $1,$ 2023 and ending	ng Jl	UN 30, 2024	
В	Check if applicable	C Name of organization		D Employer identif	ication number
Г	Addres	GILLINGHAM CHARTER SCHOOL			
Ē	Name change			80-04240	26
	□ Initial □ return □ Final □ return/	Number and street (or P.O. box if mail is not delivered to street address) 915 HOWARD AVENUE	n/suite	E Telephone numb 570-955-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,703,701.
	Ameno return	POIISVILLE, PA 1/901		H(a) Is this a group	return
	Application	F Name and address of principal officer: NICOLLE HUTCHINSON		for subordinate	s? Yes X No
	pendin	915 HOWARD AVENUE, POTTSVILLE, PA 1/901		H(b) Are all subordinates	included? Yes No
1	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	If "No," attach	a list. See instructions
	Websit			H(c) Group exempti	
			_ Year o	f formation: 2010	M State of legal domicile: PA
P	art I	Summary			
Governance	1	Briefly describe the organization's mission or most significant activities: ${ m \underline{TO}~FURTH}$	HER	EDUCATION	QUALITY IN
rna	2	Check this box if the organization discontinued its operations or disposed of	more t	han 25% of its net as	ssets.
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	
		Number of independent voting members of the governing body (Part VI, line 1b)		4	
es &	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	
Ϋ́	6	Total number of volunteers (estimate if necessary)			
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			
				Prior Year	Current Year
e	8	Contributions and grants (Part VIII, line 1h)		457,876.	
Revenue	9	Program service revenue (Part VIII, line 2g)		3,867,478. 3,178.	
Вè	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		55,393	
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,383,925	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,303,923.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4)		0.	
	45	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		3,304,000	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	+
oen	h	Total fundraising expenses (Part IX, column (D), line 25)		<u> </u>	,,
Š	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,309,014.	1,494,316.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,613,014.	
		Revenue less expenses. Subtract line 18 from line 12		-229,089.	
or or	4	•	Beg	inning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		2,016,660.	1,644,156.
ASS	21	Total liabilities (Part X, line 26)		2,268,720.	
Ref	22	Net assets or fund balances. Subtract line 21 from line 20		-252,060.	-653,819.
Pa	art II	Signature Block			
	-	lties of perjury, I declare that I have examined this return, including accompanying schedules and st			y knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	eparer h	nas any knowledge.	
Sig		Signature of officer		Date	
Her	e e	NICOLLE HUTCHINSON, EXECUTIVE DIRECTOR			
		Type or print name and title	I D	oto La	DTIN
Paid	i	Preparer's signature EDMUND FOSU-LARYEA, CPA		ate Check if self-empl	PTIN Dyed P02526016
	parer	Firm's name BARBACANE THORNTON & COMPANY, LLP			51-0229493
	Only	Firm's address 503 CARR ROAD, SUITE 100			-
_		WILMINGTON, DE 19809		Phone no. 3 (02-478-8940
Ma	y the IF	AS discuss this return with the preparer shown above? See instructions			Yes No

Pai	Chack if School as Constains a reasonable or note to any line in this Bort III
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO FURTHER EDUCATION QUALITY IN POTTSVILLE, PA.
	TO TOKINDA DOCATION CONDITT IN TOTIBVILLE, TA:
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 3 , 539 , 238 . including grants of \$) (Revenue \$ 3 , 950 , 077 .)
	GILLINGHAM CHARTER SCHOOL IS A CHARTER SCHOOL WHICH HAS A FINANCIAL
	ACCOUNTABILITY & CONTROL OVER ALL ACTIVITIES RELATED TO THE STUDENT'S
	EDUCATION.
4b	
40	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
. •	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 3,539,238.
	Form 990 (2023

Part 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	Ť		
•	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			
J		5		х
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III			
6	· · · · · · · · · · · · · · · · · · ·			х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		.
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			3,7
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
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		х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's siability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	•	12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	- 21	
b	•	12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
13				Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ا بيرا		Х
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
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	4-		.
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			3 7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	and the second s	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	_	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

Form	n 990 (2023) GILLINGHAM CHARTER SCHOOL 80-042	<u>4026</u>	Р	_{age} 4
Pa	rt IV Checklist of Required Schedules (continued)		1	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	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 of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			3,7
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	. 29		
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		
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	00		. v
0.4	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		х	
05 -	Part V, line 1	34	_ A	Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	of "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	054		
26	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?	26		х
27	If "Yes," complete Schedule R, Part V, line 2	36		
37		27		Х
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	. 37		_^
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	20	х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	I
	Check if Schedule O contains a response or note to any line in this Part V			
	Chock in Contouring Contrains a response of flote to any line in this real v	<u></u>	Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	5	163	140
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	ă		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

023) GILLINGHAM CHARTER SCHOOL

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	J , , , , , , , , , , , , , , , , , , ,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>
	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			37
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۲.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and convices provided to the payor?	7.		X
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7h		
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d		70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40	amounts due or received from them.)	40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	134		
h	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 13c	1		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	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.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

332005 12-21-23

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion 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 on line 1a, above, who are independent 1b 7									
2	2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		Х						
h	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:	1.5								
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	X							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	This Section B requests information about policies not required by the internal nevenue Code.)		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
b										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12.5								
ŭ	on Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	X							
15	Did the process for determining compensation of the following persons include a review and approval by independent	17								
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
		15b	X							
	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	.55								
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
iou	taxable entity during the year?	16a		Х						
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100								
	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								
Sec	tion C. Disclosure	100								
17	List the states with which a copy of this Form 990 is required to be filed PA									
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	onlv)	availal	ole						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website X Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial							
.5	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									
_5	THE ORGANIZATION - 570-955-3830									
	915 HOWARD AVENUE, POTTSVILLE, PA 17901									

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization n	or any related	orga	niza	tion	con	nper	nsat		irector, or trustee.	<u> </u>
(A)	(B)		(C) Position					(D)	(E)	(F)
Name and title	Average	(do) than	one	Reportable	Reportable	Estimated
	hours per	box offi	, unle: cer an	ss pei	rson i irecto	is botl or/trus	h an tee)	compensation	compensation	amount of
	week (list any					П	Τ	from the	from related organizations	other compensation
	hours for	or director				9		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)		and related
	below	Individual trustee	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) NIGOLIE HUMGHINGON	line) 50.00	삘	SE.	#	Ke	물'등	ᅙ			
(1) NICOLLE HUTCHINSON EXECUTIVE DIRECTOR	30.00	-		x				0.	0.	0.
(2) SCOTT HERBERT	2.00			^		\vdash		· ·	0.	0.
BOARD PRESIDENT	2.00	Х						0.	0.	0.
(3) JACKIE ZILLIOX	2.00	Α				\vdash		0.	0.	<u></u>
BOARD VICE PRESIDENT	2.00	Х						0.	0.	0.
(4) DANIEL KURTZ	2.00	25				\vdash		1	•	•
BOARD SECRETARY		х						0.	0.	0.
(5) ANDRE GRANT	2.00									
BOARD MEMBER		Х						0.	0.	0.
(6) SHARON KLINGER	2.00									
BOARD TREASURER		Х						0.	0.	0.
(7) MARSHA CHWASTIAK	2.00									
BOARD MEMBER		Х						0.	0.	0.
		-								
						<u> </u>				
		-								
						┢	<u> </u>			
		1								
-						\vdash				
		1								
-										
		1								
						$oxed{oxed}$				
		1								
										000

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week				ition		one n an	(D) Reportable compensation from	(E) Reportable compensation from related		Esti amo o	mated ount of ther
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		ensation in the nization related izations	
1b Subtotal								0.		0.		0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c) Total number of individuals (including but n	I, Section A						 	0. 0.	000 of reportable	0.		0.
compensation from the organization						,					١	() 'es No
 3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su 	uch individual										3	Х
and related organizations greater than \$150 5 Did any person listed on line 1a receive or a rendered to the organization? (# (accrue compen	sati	on fr	om	any	unre	elate	ed organization or individ	dual for services		5	X
rendered to the organization? If "Yes." con Section B. Independent Contractors	iplete Schedule	e J fo	or st	ich ŗ	oers	on .					5	A
Complete this table for your five highest co the organization. Report compensation for	•	-							•	ensat	ion fron	ı
(A) Name and business	address	NC	ONE	<u> </u>				(B) Description of s	ervices	С	(C) ompens	ation
							$\frac{1}{1}$					
Total number of independent contractors (i \$100,000 of compensation from the organi		ot lin	nited	d to t	thos		ted	above) who received mo	ore than			
TOO,000 OF COMPENSATION NOTH THE ORGANI	Lativii										Form 9	90 (2023)

80-0424026

VIII Statement of Revenu

		Check if Schedule O contains a response or	note to any lin	e in this Part VIII			
		Officer if Correctine C contains a response of	Hote to arry iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 :	a Federated campaigns 1a					
rar		b Membership dues 1b					
E, G		c Fundraising events 1c					
ifts		d Related organizations 1d					
nils,			26,081.				
Sir		f All other contributions, gifts, grants, and					
E İİ			87,000.				
έξ		similar amounts not included above 1f	87,000.				
d th		g Noncash contributions included in lines 1a-1f 1g \$		E4 2 2 2 4			
<u>2</u> <u>p</u>		h Total. Add lines 1a-1f		713,081.			
		⊢	Business Code				
Q)	2	a TUITION	900099	3,950,077.	3,950,077.		
ξ		b					
Ser		с					
E S							
gra Re							
Program Service Revenue	'	e					
ъ.		f All other program service revenue		2 050 077			
_		g Total. Add lines 2a-2f		3,950,077.			
	3	Investment income (including dividends, interest	i, and				
		other similar amounts)		3,491.			3,491.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties	ļ				
		(i) Real	(ii) Personal				
	6	a Gross rents 6a					
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7	a Gross amount from sales of	(ii) Other				
		assets other than inventory 7a					
		b Less: cost or other basis					
<u>e</u>		and sales expenses 7b					
enr		c Gain or (loss) 7c					
ě		d Net gain or (loss)					
her Revenue		a Gross income from fundraising events (not					
	8	• • • • • • • • • • • • • • • • • • • •					
ō		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
		b Less: direct expenses8b					
		c Net income or (loss) from fundraising events					
	9	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
	ı	b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
,		լ	Business Code				
sno (11 :	a MISCELLANEOUS REVENUE	900099	37,052.			37,052.
ne.		b		-			
ella		c					
Miscellaneous Revenue		d All other revenue					
Σ	'	_		37,052.			
		e Total. Add lines 11a-11d		4,703,701.	3 950 077	0.	40,543.
	12	Total revenue. See instructions		性,/UJ,/U⊥•	P,330,0//•	ı U•	40,343.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,845,011. 2,434,148. 589,137. Other salaries and wages 7 Pension plan accruals and contributions (include 220,020. 110,010. 110,010. section 401(k) and 403(b) employer contributions) 170,758. 567,899. 738,657. Other employee benefits 9 218,319. 174,655. 43,664. 10 Payroll taxes Fees for services (nonemployees): Management 76,263. 76,263. Legal 120,668. 120,668. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 124,939. 124,939. column (A), amount, list line 11g expenses on Sch O.) 25,953. 25,953. Advertising and promotion 12 145,701. 145,701. Office expenses 13 122,315. 122,315. Information technology 14 15 Royalties 16 Occupancy 8,219. 8,219. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 8,440. 8,440. 20 Payments to affiliates 21 188,286. 188,286. Depreciation, depletion, and amortization 22 67,186. 47,031. 20,155. 23 Other expenses. Itemize expenses not covered 24 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.) 253,382. 253,382. SPECIAL EDUCATION SERVI FOOD SERVICES 203,894. 203,894. REPAIRS & MAINTANANCE 50,332. 50,332. С d 98.738. 98,738. All other expenses 5,105,460. 3,539,238. 1,566,222. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2023)

Check here

if following SOP 98-2 (ASC 958-720)

<u>Par</u>	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			972,817.	1	632,373
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net	35,906.	4	134,190		
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs	ontributor, or 35%				
		controlled entity or family member of any of the	ese perso	ons		5	
	6	Loans and other receivables from other disqua	lified per				
		under section 4958(f)(1)), and persons describe	ed in sect	tion 4958(c)(3)(B)		6	
g l	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		8			
ĕ	9	B			104,551.	9	94,405
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,279,167.			
	b	Less: accumulated depreciation	10b	808,985.	507,370.	10c	470,182
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			396,016.	15	313,006
	16	Total assets. Add lines 1 through 15 (must equal to 15)			2,016,660.	16	1,644,156
	17	Accounts payable and accrued expenses			350,621.	17	421,052
	18	Grants payable				18	
	19	Deferred revenue			54,192.	19	114
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
န္မ	22	Loans and other payables to any current or for					
┋╽		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the		22			
-	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p	•				
		parties, and other liabilities not included on line		·	1 062 007		1 076 000
		of Schedule D			1,863,907.		1,876,809
_	26	Total liabilities. Add lines 17 through 25		X	2,268,720.	26	2,297,975
s		Organizations that follow FASB ASC 958, ch	eck here				
) 		and complete lines 27, 28, 32, and 33.		-	-252,060.	07	-653,819
a <u>a</u> al	27	Net assets without donor restrictions			-232,000.	27	-055,619
9	28	Net assets with donor restrictions				28	
<u>Š</u>		Organizations that do not follow FASB ASC	958, cne	ck nere			
<u>,</u>		and complete lines 29 through 33.		-		-00	
is	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			252 060	31	6E2 010
ž	32	Total net assets or fund balances		·····	-252,060. 2,016,660.	32	-653,819
	33	Total liabilities and net assets/fund balances			∠,∪⊥0,000.	33	1,644,156 Form 990 (202

Pai	t XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,703 5,103						
2	Total expenses (must equal Part IX, column (A), line 25) 2								
3	Revenue less expenses. Subtract line 2 from line 1	3	-40						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-25	2,0	<u>60.</u>				
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	-65	3,8	19.				
Pai	t 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 X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a									
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		2b	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis X 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		Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	3b						
			Form	990	(2023)				

332012 12-21-23

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization GILLINGHAM CHARTER SCHOOL

Employer identification number

80-0424026 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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 5 from line 4.						
_	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	(-,, : -	(,	(-,	(-,	(-,	(-)
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						
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						
	Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for the	•	,				
	organization, check this box and stor	-			•		
Sec	ction C. Computation of Publi						
14	Public support percentage for 2023 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2023. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the	organization did no	ot check a box on l				
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2023. If the org	anization did not o				
	and if the organization meets the fact						
	meets the facts-and-circumstances te				•		
b	10% -facts-and-circumstances test	-	•		-	17a, and line 15 is	10% or
	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	3
							(Form 990) 2023

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

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

Se	ction A. Public Support	<u> </u>	•				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		I	Γ	T	T	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	L organization's fi	rot opposed third i	founds or fifth tox	l	[01(a)(2) arganization	
14	First 5 years. If the Form 990 is for the check this box and stop here	· ·		•	-	. , . ,	лі, —
Se	ction C. Computation of Publi		centage				
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022		•			16	%
	ction D. Computation of Inves					1 1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

332023 12-21-23

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
_		
За		
3b		
3c		
_		
4a		
4b		
1.5		
4c		
_		
5a		
5b		
5c		
- 55		
6		
7		
8		
9a		
9b		
9с		
10a		
401		
10b		

Par	t IV	Supporting Organizations (continued)			.,
		The second secon		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	•	elow, the governing body of a supported organization?	11a		
b	A fami	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	ion B	3. Type I Supporting Organizations			
				Yes	No
		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did th	e organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sect	ion C	C. Type II Supporting Organizations			
				Yes	No
		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
Saat	the su	pported organization(s). D. All Type III Supporting Organizations	1		
Seci	IOII L	7. All Type III Supporting Organizations			T
	D:			Yes	No
		e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	•	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2		
	•	ganization maintained a close and continuous working relationship with the supported organization(s). ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
	-	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sect	ion E	E. Type III Functionally Integrated Supporting Organizations			
		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2		ties Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported 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,			
		he organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's involvement.	2b		
		t of Supported Organizations. Answer lines 3a and 3b below.			
		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Pai	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations						
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations mus		•				
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
_6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	on C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functiona	lly integrated	d Type III supporting orga	nization (see			
	instructions).			•			

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

c Excess from 2021 d Excess from 2022 e Excess from 2023

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

GILLINGHAM CHARTER SCHOOL

Employer identification number 80-0424026

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.				
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	d funds			
	are the organization's property, subject to the organization's $% \left(1\right) =\left(1\right) \left(1$	exclusive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	sed only			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring			
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.			
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recrea	. —	a historically important land area			
	Protection of natural habitat	Preservation of a	a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of				
	day of the tax year.		Held at the End of the Tax Year			
	Total number of conservation easements					
		and the body of the Co				
C	Number of conservation easements on a certified historic str		2c			
a	Number of conservation easements included on line 2c acqu					
2	on a historic structure listed in the National Register					
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the c	organization during the tax			
4	year Number of states where property subject to conservation eas	coment is located				
5	Does the organization have a written policy regarding the per					
J	violations, and enforcement of the conservation easements if		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
	g,g,					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year			
			.			
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(h)(4	4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	tatement and			
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemer	nts that describes the			
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections of	·	er Similar Assets.			
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and	d balance sheet works			
	of art, historical treasures, or other similar assets held for put	blic exhibition, education, or research in furt	therance of public			
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items	•			
b	If the organization elected, as permitted under FASB ASC 95					
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furthe	rance of public service,			
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1					
2	If the organization received or held works of art, historical tre	•	gain, provide			
	the following amounts required to be reported under FASB A		•			
	Revenue included on Form 990, Part VIII, line 1		\$			
		- for Form 000				
LHA	For Paperwork Reduction Act Notice, see the Instructions	S IUI FORM 99U.	Schedule D (Form 990) 2023			

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

Part VI Land, Buildings, and Equipment

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

Complete in the organization answered lifes on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumu				(d) Book value			
1a Land							
b Buildings							
c Leasehold improvements		602,287.	242,631.	359,656.			
d Equipment		676,880.	566,354.	110,526.			
e Other							
Total. Add lines 1a through 1e. (Column (d) must equa	470,182.						

Schedule D (Form 990) 2023

Dart VIII	Invoctmente -	Other Securities			
Schedule D	(Form 990) 2023	GILLINGHAM	CHARTER	SCHOOL	80-

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		

(3) (4) (5) (6) (7) (8) (9)

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))

Part IX Other Assets

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

(a) Description	(b) Book value
(1) DEPOSITS	2,500.
(2) RIGHT-TO-USE LEASE ASSETS	63,009.
(3) DEFERRED OUTFLOWS	247,497.
(4)	
(5)	
(6)	
<u>(9)</u>	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	313,006.

Other Liabilities Part X

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED INFLOWS	50,043.
(3) DUE TO LOCAL DISTRICTS	277,606.
(4) LEASE LIABILITIES	67,160.
(5) NET OPEB LIABILITIES	58,000.
(6) NET PENSION LIABILITIES	1,424,000.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	1,876,809.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2023

Pai	t XI Reconciliation of Revenue per Audited Financial State	ements With Revenu	ıe per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	4,703,701.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	4,703,701.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)		5	4,703,701.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen	ses per Returr	1
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total expenses and losses per audited financial statements		1	5,105,460.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	i i		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	5,105,460.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	5,105,460.

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 X, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X - FASB ASC 740 FOOTNOTE

THE SCHOOL IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE SERVICE CODE. THE SCHOOL ADOPTED THE PROVISIONS OF ASC 740-10, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT EVALUATED THE SCHOOL'S TAX POSITIONS AND CONCLUDED THAT THE SCHOOL HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. THE SCHOOL FILES A RETURN OF ORGANIZATIONS EXEMPT FROM INCOME TAX ANNUALLY. THE SCHOOL'S RETURNS FOR 2021, 2022, AND 20223 ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY WERE FILED.

Schedule D (Form 990) 2023

Schedule D) (Form 990) 2023	GILLINGHAM	CHARTER	SCHOOL	80-0424026	Page 5
Part XIII	(Form 990) 2023 Supplemental Infor	mation (continued)				•
	_ саррисинения	(continued)				
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SCHEDULE E (Form 990)

Schools

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

2023

OMB No. 1545-0047

Open to Public Inspection

80-0424026

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990 or Form 990-EZ.

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

Employer identification number

GILLINGHAM CHARTER SCHOOL

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

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

Schedule E (Form 990) 2023

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SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

Attach to Form 990.

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

GILLINGHAM CHARTER SCHOOL

Employer identification number 80-0424026

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		<u> </u>
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			v
a	The organization?	5a		X
D	Any related organization?	5b		$\vdash $
•	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the net earnings of:	6a		Х
	The organization?			X
a	Any related organization?	6b		
7	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		X
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			x
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		$\stackrel{\wedge}{\vdash}$
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		
	negulations section 33.4930-0t0/	1 3	1	1

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Schedule J (Form 990) 2023

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Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(<u>i</u>)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(<u>i</u>)							
	(ii)							
	(i)							
	(ii)							
	(j)							
	(ii)							
	Ξ							
	(ii)							
	(<u>i</u>)							
	(ii)							
	(<u>i</u>)							
	(ii)							
	(i)							
	(ii)							
	Ξ							
	(ii)							
							Schedi	Schedule J (Form 990) 2023

SCHEDULE O (Form 990)

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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GILLINGHAM CHARTER SCHOOL

Employer identification number 80-0424026

FORM 990, PART VI, SECTION B, LINE 11B:
THE 990 WILL BE REVIEWED BY THE BOARD PRESIDENT & DISTRIBUTED TO THE BOARD
PRIOR TO SUBMITTING THE RETURN TO THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING
BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A CONFLICT OF INTEREST STATEMENT
TO ENSURE THE SCHOOL OPERATES IN A MANNER CONSISTENT WITH CHARITABLE
PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX
EXEMPT STATUS. PERIODIC REVIEWS ARE CONDUCTED.
FORM 990, PART VI, SECTION B, LINE 15:
THE CEO'S SALARY IS APPROVED BY THE BOARD.
FORM 990, PART VI, SECTION C, LINE 19:
AVALIABLE TO THE PUBLIC UPON REQUEST.

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

Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

2023

OMB No. 1545-0047

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

Open to Public Inspection

Employer identification number 80-0424026Direct controlling End-of-year assets Total income ூ Legal domicile (state or Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. foreign country) Primary activity GILLINGHAM CHARTER SCHOOL Name, address, and EIN (if applicable) of disregarded entity Name of the organization Part I

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part II

סופשוובמנוסוום ממוווופן נוזכ נמא לכמו.							
(a)	(q)	(0)	(p)	(e)	(f)	(6)	(0,0)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direc	Section 5 (Z(b)(13) controlled	(SI)(a) pe
of related organization		foreign country)	section	status (if section	entity	entity?	~
				501(c)(3))		Yes	No
GILLINGHAM CHARTER SCHOOL FOUNDATION -							
84-3276801, 915 HOWARD AVENUE, POTTSVILLE,							
PA 17901	LEASE BUILDING TO SCHOOL	PENNSYLVANIA	501(C)(3)	LINE 12	N/A		×

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Schedule R (Form 990) 2023

GILLINGHAM CHARTER SCHOOL

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Schedule R (Form 990) 2023

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

	tage ship			Ī							ļ
(k)	General or Percentage managing ownership partner?										
(9)	General or managing partner?										
	31 Ge ox m ule Pi (65) Ye										
(E)	e V-UE nt in b Sched orm 10										
	Code V-UBI amount in box 20 of Schedule 4 K-1 (Form 1065)										
_	tionate ons?										
(h)	Dispropolation allocati										
	of year ts										
(6)	Share of end-of-year assets										
											\dashv
(£)	of tota ome										
	Share of total income										
											_
(e)	ant inco unrelati om tax i 512-51										
	Predominant income (related, unrelated, excluded from tax under sections 512-514)										
	g Pr excl										\dashv
_	Direct controlling entity										
(p)	ect co ent										
											_
(၁)	Legal domicile (state or foreign country)										
	/ity										
(q)	Primary activity										
	Prima										
											П
	NII										
	s, and l anizatic										
(a)	address ed org										
	Name, address, and EIN of related organization										
	∠ -										
			l	I	1	1		l		l	

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

	_1	I	Ī	Ī	Ī
(i) ction (b)(13) trolled rtity?	8				
Se 512 con	Yes				
(h) Section Percentage 572(b)(13) controlled entity?					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Type of entity (C corp, S corp, or trust)					
(d) Direct controlling entity					
(c) Legal domicile (state or foreign)	country)				
(b) Primary activity					
(a) Name, address, and EIN of related organization					

Schedule R (Form 990) 2023

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				<u>¥</u>	Yes No	اه
1 During the tax year, did the organization engage in any of the following transactions	s with one or more rel	transactions with one or more related organizations listed in Parts II-IV?	n 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	
c Gift, grant, or capital contribution from related organization(s)				1c X	<u> </u>	
				1d	×	١
e Loans or loan guarantees by related organization(s)				1 e	X	١
f Dividends from related organization(s)				#	×	l
(6				19	×	l
				9 4	×	l. ,
				÷	×	I
i Lease of facilities equinment or other assets to related organization(s)				÷	×	I
ל הכמסכ כן ומסוווניסי, כקמוף!!!סווי, כן סנווסן מסכנים גם וסומנכם סופמ וובמניסין (כן				-	-	
k Lease of facilities, equipment, or other assets from related organization(s)				‡ X	м	
l Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			1	X	
	nization(s)			1m	X	اا
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n	X	اا
o Sharing of paid employees with related organization(s)				10	X	
p Reimbursement paid to related organization(s) for expenses				1p	X	ا. ا
q Reimbursement paid by related organization(s) for expenses				19	×	1
r Other transfer of cash or property to related organization(s)				1	×	
s Other transfer of cash or property from related organization(s)				1s	×	
2 If the answer to any of the above is "Yes," see the instructions for information on wl	ho must complete thi	s line, including covered r	mation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved		
(1) GILLINGHAM CHARTER SCHOOL FOUNDATION	M	2,880.	2,880. RENT AT COST			
(2) GILLINGHAM CHARTER SCHOOL FOUNDATION	ບ	87,000.	CASH			
(3)						
(4)						
(5)						Ī
(9)						
332163 09-28-23			Schedule	Schedule R (Form 990) 2023	90) 202	ខ្ល

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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.

I a	ı	1	1	I	ı	1	1	, I.	~
(h) (i) (j) (k) Disproportional propertional allocations? Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? partner? ownership Yes No (Form 1065) Yes No								6000	Schedule R (Form 990) 2023
(j) General or F managing partner? Yes No								į	Form
× 20 me X-1 pe 5) Ye									ule n
(i) de V-UE nt in bo:								0	Scne
amou of Sc									
(h) Disproportionate allocations?									
(g) Share of end-of-year assets									
(f) Share of total income									
(e) Are all partners sec. 501(c)(3) orgs.? Yes No									
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)									
(c) Legal domicile (state or foreign country)									
(b) Primary activity									
(a) Name, address, and EIN of entity									