Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

ΑF	or the	2022 calendar year, or tax year beginning	and	ending						
B c	heck if	C Name of organization			D Employer identifi	cation number				
	Addres	BOB HOOVER ACADEMY								
	Name change	Doing business as			45-34185	56				
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address SAN BENANCIO ROAD	ess)	Room/suite	E Telephone number 831-236-					
	termin ated	City or town, state or province, country, and ZIP or foreign post	tal code		G Gross receipts \$	1,000,055.				
	Ameno				H(a) Is this a group r					
	Application				for subordinates					
	pendin	SAME AS C ABOVE			H(b) Are all subordinates included? Yes No					
ΙT	ax-exe	empt status: $X = 501(c)(3) = 501(c)($) (insert no.)	3 4947(a)(1)	or 527	1	list. See instructions				
	Vebsit				H(c) Group exemption					
K F	orm of	organization: X Corporation Trust Association Ot	her	L Year		M State of legal domicile; CA				
	rt I	Summary								
•	1	Briefly describe the organization's mission or most significant activitie	es: CREA	TE TRA	NSFORMATIVE	LIFE				
Governance		EXPERIENCES IN AVIATION & EDUCATION	I FOR A	T-RISK	& UNDERSER	VED TEENS.				
rna	2	Check this box if the organization discontinued its operation	ons or dispos	sed of more	than 25% of its net as					
ove	3	Number of voting members of the governing body (Part VI, line 1a)			3	7				
	4	Number of independent voting members of the governing body (Part	VI, line 1b)			5				
es &	5	Total number of individuals employed in calendar year 2022 (Part V, li	ine 2a)			0				
<u>viţi</u>	6	Total number of volunteers (estimate if necessary)			6	12				
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7 <u>a</u>					
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 1	1	<u></u>		0.				
					Prior Year	Current Year				
Revenue		Contributions and grants (Part VIII, line 1h)			704,587.	-				
		Program service revenue (Part VIII, line 2g)			2,500.	32,000.				
3eV		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			0.	-32,131.				
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-9,086.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (698,001.	882,966.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	0.				
					0.	0.				
es	15	Salaries, other compensation, employee benefits (Part IX, column (A),			0.	0.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	62.7	4.2	0.	0.				
Ϋ́	b		62,7		220 200	351,668.				
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			229,290. 229,290.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line	25)		468,711.	351,668. 531,298.				
		Revenue less expenses. Subtract line 18 from line 12			ginning of Current Year	End of Year				
ts o	00	Tatal accests (Dayt V. line 4.0)		БС	705,892.	1,237,190.				
sse Bala	20	Total assets (Part X, line 16)			703,832.	0.				
Net Assets or Fund Balances	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20			705,892.	1,237,190.				
	rt II	Signature Block			703,032.	1,237,1300				
		ties of perjury, I declare that I have examined this return, including accompan	vina schedules	s and stateme	ents, and to the best of m	v knowledge and helief it is				
		t, and complete. Declaration of preparer (other than officer) is based on all info				y Milowiougo and Bollot, it is				
,	001100	, and completed 200 alamon or property (callor than onloss) to become an initial		non proparor	line any mio monegor					
Sigr	1	Signature of officer			Date					
Her		SEAN TUCKER, PRESIDENT & CEO								
	•	Type or print name and title								
		Print/Type preparer's name Preparer's signature	e		Date Check	PTIN				
Paid		EDDIE LOMBOY EDDIE LOM		lo	9/29/23 if self-emplo	P01395595				
	arer	Firm's name CLIFTONLARSONALLEN LLP		<u> </u>		1-0746749				
	Only	Firm's address 1188 PADRE DRIVE, STE 101								
		SALINAS, CA 93901			Phone no. (8					
May	the IF	S discuss this return with the preparer shown above? See instruction	ns			X Yes No				

Pai	Statement of Program Service Accomplishments	77
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	USING THE POWER OF FLIGHT TO CHANGE LIVES: THE BOB HOOVER ACADEMY	
	CREATES OPPORTUNITIES THAT INSPIRE AT-RISK AND UNDERSERVED TEENS TO	
	GET ENGAGED IN STEAM (SCIENCE, TECHNOLOGY, ENGINEERING, ARTS &	
	MATHEMATICS) EDUCATION AND TO TAKE FLIGHT IN AVIATION. AVIATION IS A	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		X No
	If "Yes," describe these new services on Schedule O.	- T-
3	· / / / · · · · · · · · · · · · · · · ·	X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	nd
	revenue, if any, for each program service reported.	<u> </u>
4a		646.
	HAVING COMPLETED OUR EIGHTH YEAR OF PUBLIC-PRIVATE PARTNERSHIP WITH	THE
	MONTEREY COUNTY OFFICE OF EDUCATION (MCOE), 2022 HAS BEEN A YEAR OF	
	GROWTH FOR THE BOB HOOVER ACADEMY. WE MOVED INTO OUR BRAND NEW CAMPU	
	EXPANDED OUR AIRCRAFT TRAINING FLEET, MEANWHILE RECRUITING AND GROWING	NG
	OUR STUDENT POPULATION SIZE BEYOND THE SINGLE CLASSROOM THAT WE HAVE	7
	TRADITIONALLY OCCUPIED. THROUGHOUT THESE MAJOR CHANGES, WE SUSTAINED	
	HIGH LEVEL OF AVIATION EDUCATION AND TRAINING USING ALL OUR DONATED RESOURCES.	
	KESOUKCES.	
	AFTER TWO YEARS OF PLANNING, DESIGN, AND CONSTRUCTION, 2022 BROUGHT	
	GRAND OPENING OF THE BRAND NEW MCOE/BHA CAMPUS AT THE SALINAS AIRPOR	
	ON AUGUST 4, 2022, RETURNING AND NEW STUDENTS WERE WELCOMED TO THE N	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	7
TD	(Code:) (Expenses a	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
۷-،	Other program conject (Decaribe on Schedule O.)	
4d	Other program services (Describe on Schedule O.)	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 269,905.	
70		90 (2022)

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Form 990 (2022) BOB HOOVER ACADEMY 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			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			_V
	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?			٦,
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u></u>
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	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	- "		
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17		47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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		X

Form 990 (2022) BOB HOOVER ACADEMY Part IV Checklist of Required Schedules (continued)

	(GOTTEMBER)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ı
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ı
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ı
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			ı
	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			ı
	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			ı
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	$\vdash \vdash \vdash$	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			ı
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	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	00-	x	ı
L	"Yes," complete Schedule L, Part IV	28a 28b	^	Х
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	200		
C		28c		Х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			ı
D-	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	QQO A	(0000)
232004	. 12-13-22	Form	990 ((2022)

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Form 990			ACADEMY		45-3418556	Page :
Part V	Statements Regard	ling Other I	RS Filings and Tax Compliance	(continued)		

			Yes	No
2 a	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	37	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	١.		 ₩
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
D	If "Yes," enter the name of the foreign country Continue to the foreign country Continue to the foreign country (FRAR)			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		Х
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		-
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
Va	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	OD		
	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		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1.2		
_	to file Form 8282?	7c	Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 1			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 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	Х	
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	4		
11	Section 501(c)(12) organizations. Enter:			
_	Gross income from members or shareholders	4		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	ioa		
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
-	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	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		Х
	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.			

Form **990** (2022)

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No **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 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 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? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request ___ Other (explain on Schedule O) Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records COLLEEN TUCKER - 831-236-8334

Form **990** (2022)

93908

CA

265 SAN BENANCIO ROAD, SALINAS,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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.

X Check this box if neither the organization		orga T	ıııza			nper	ısate			(F)
(A)	(B)			Pos	C) ition	1		(D)	(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per week	box	, unle cer ar	ss pei id a d	rson i irecto	is both or/trus	n an tee)	compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				٥		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			nsate		(W-2/1099-MISC/	` 1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		1099-NEC)		and related
	below	vidua	itutio	Officer	emp	hest c	mer			organizations
	line)	lpul	lust	ijij. 0	Key	E High	For			
(1) SEAN TUCKER	15.00	l								
PRESIDENT & CEO		Х		Х				0.	0.	0.
(2) MATT WRIGHT	1.00								_	_
SECRETARY		Х		Х				0.	0.	0.
(3) COLLEEN TUCKER	10.00									
DIRECTOR		Х						0.	0.	0.
(4) ROSS MERRILL	5.00									
TREASURER		Х		X				0.	0.	0.
(5) JOAN COCHRAN	1.00									
DIRECTOR		Х						0.	0.	0.
(6) DENEEN GUSS	1.00									
DIRECTOR		Х						0.	0.	0.
(7) RANDY SHERMAN	1.00									
DIRECTOR		Х						0.	0.	0.
		1								
						\vdash				
		1								
-	+	H				\vdash				
		1								
	+									
		1								
		<u> </u>				1		1		

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(A) Name and title	(B) Average	1						(D) Reportable	(E) Reportable	(F) Estimated amount of		
	week (list any hours for related organizations below line)	tee or director			recto	Highest compensated compound of compensated compound of compensated compound of compensated compensate	tee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensat		ation ne tion ted
	,		느	0	호	ΕĒ	Œ					
1b Subtotal								0.	0.			0.
c Total from continuation sheets to Par								0.	0.			0.
d Total (add lines 1b and 1c)								0.	0.			0.
2 Total number of individuals (including b compensation from the organization	ut not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100	,000 of reportable			0
compensation from the organization											Yes	No
3 Did the organization list any former offi	cer, director, trust	ee, k	еу е	mpl	oye	e, or	higl	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J f										3		X
4 For any individual listed on line 1a, is th and related organizations greater than \$	•		-					·	-	4		х
5 Did any person listed on line 1a receive	or accrue comper	nsati	on fr	om a	any	unre	elate	ed organization or indivi	dual for services			
rendered to the organization? If "Yes." (Section B. Independent Contractors	complete Schedul	e J fo	or su	ıch r	ers	on .				5		X
Complete this table for your five highes:	t compensated inc	lepe	nder	nt cc	ntra	actor	s th	nat received more than §	\$100,000 of compens	ation fr	om	
the organization. Report compensation	· ·	-							· · · · · · · · · · · · · · · · · · ·			
(A) Name and busin	ess address	NIC	ONE	י				(B) Description of s	services) Compe	C) ensatio	n
Traine and Sasin		11/)IN I	<u> </u>			1	Becompaint	JOI VICES			
							\dashv					
2 Total number of independent contracto	`	ot lin	nited	l to t	thos (ted	above) who received m	ore than			
\$100,000 of compensation from the org	jai iiZaliUT					<u>, </u>				Form	990	(2022)

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		Official in Confedence C Confedence a response of	or riote to driy iiii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							SECTIONS 212 - 214
nts nts		Federated campaigns1a					
ira our		Membership dues1b					
s, c	C	Fundraising events					
ar J	c	Related organizations1d					
Contributions, Gifts, Grants and Other Similar Amounts	•	Government grants (contributions)					
Sign	f	All other contributions, gifts, grants, and					
her			879,123.				
걸			439,415.				
Sor		Total. Add lines 1a-1f	•	879,123.			
<u> </u>		Total / Not in too 14 11	Business Code	0,0,120			
	0.6	SUMMER SCHOOL	611600	32,000.	32,000.		
ice			011000	32,000.	32,000.		
erv ue	k						
n S Ten	C	•					
ran }ev	C						
Program Service Revenue	•						
<u>-</u>	f	All other program service revenue					
	Ç	Total. Add lines 2a-2f		32,000.			
	3	Investment income (including dividends, intere	st, and				
		other similar amounts)					
	4	Income from investment of tax-exempt bond p					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 -		6,981.				
			3,338.				
			3,643.				
		Rental income or (loss)	3,043.	3,643.	4,646.	-1,003.	
		Net rental income or (loss)	(::) Oth -:-	3,043.	4,040.	-1,003.	
	7 8	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	81,620.				
	k	Less: cost or other basis					
ne			113,751.				
Revenue	C	Gain or (loss) 7c	-32,131.				
	(Net gain or (loss)		-32,131.			-32,131.
je	8 8	Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	ŀ	Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
		Gross income from gaming activities. See					
	٠.	Part IV, line 19 9a					
	L	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	1U 8	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b	l				
	(Net income or (loss) from sales of inventory					
ای			Business Code				
ő e	11 a	BOB HOOVER PROJECT, LL	513130	331.		331.	
ane Turk	k						
Miscellaneous Revenue	(
isc B	(All other revenue					
Σ		Total. Add lines 11a-11d		331.			
	12	Total revenue. See instructions		882,966.	36,646.	-672.	-32,131.

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Form **990** (2022)

Form 990 (2022) BOB HOOVER ACADEMY Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	8,431.		8,431.	
С	Accounting	4,550.		4,550.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	3,846.			3,846.
12	Advertising and promotion	10,963.		1 01 5	10,963.
13	Office expenses	7,293.	3,757.	1,917.	1,619.
14	Information technology	2,853.	1,426.	1,427.	
15	Royalties	4 5 4 4	4 5 4 4		
16	Occupancy	4,544.	4,544.	225	0 140
17	Travel	3,570.	1,203.	225.	2,142.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1 571	1 571		
19	Conferences, conventions, and meetings	4,574.	4,574.		
20	Interest Payments to effiliates				
21	Payments to affiliates	55,453.	55,453.		
22		17,684.	8,687.	1,982.	7,015.
23 24	Insurance Other expenses. Itemize expenses not covered	11,004.	0,007.	1,702.	,,,,,,
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 0.) AIRCRAFT/FLIGHT INSTR O	136,974.	136,974.		
a b	AIRCRAFT MAINTENANCE	50,061.	15,759.		34,302.
C	CATERING	10,063.	7,197.	489.	2,377.
d	LEASED AIRCRAFT	9,949.	9,949.	100.	2,5,7,
	All other expenses	20,860.	20,382.		478.
25	Total functional expenses. Add lines 1 through 24e	351,668.	269,905.	19,021.	62,742.
26	Joint costs. Complete this line only if the organization	,			,,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
			I	L	Form 990 (2022

Form 990 (2022)

Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			283,580.	1	413,929.
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial coı	ntributor, or 35%			
		controlled entity or family member of any of t	hese person	s		5	
	6	Loans and other receivables from other disqu	ualified perso	ons (as defined			
		under section 4958(f)(1)), and persons descri	bed in section	on 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use		8			
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D	10a	859,971. 162,041.			
	b	Less: accumulated depreciation	361,682.	10c	697,930.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li		13	331.		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			60,630.		125,000.
	16	Total assets. Add lines 1 through 15 (must e			705,892.	16	1,237,190.
	17	Accounts payable and accrued expenses			17		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su		· ·			
jab.		controlled entity or family member of any of t				22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 1 <i>1-</i> 24). (Complete Part X			
		of Schedule D			0.	25	0.
	26	Total liabilities. Add lines 17 through 25		X	0.	26	0.
S		Organizations that follow FASB ASC 958, o	спеск пеге				
nce	07	and complete lines 27, 28, 32, and 33.			705,892.	27	1 177 190
ala	27			·····	705,052.	28	1,177,190. 60,000.
d B	28	Net assets with donor restrictions Organizations that do not follow FASB AS		k boro		20	00,000.
-un		_	C 956, Chec	k nere			
Net Assets or Fund Balances	20	and complete lines 29 through 33.		20			
ets	29	Capital stock or trust principal, or current fur Paid-in or capital surplus, or land, building, o				29	
1556	30					30	
et A	31	Retained earnings, endowment, accumulated		Г	705,892.	31 32	1,237,190.
ž	32			·····	705,892.	33	1,237,190.
	33	Total liabilities and net assets/fund balances			,05,052.	აა	Form 990 (2022)

Pa	rt XI │ Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>66.</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>351</u>	,66	68.		
3	Revenue less expenses. Subtract line 2 from line 1	3		531	, 29	98.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-	705	, 89	92.		
5	5 Net unrealized gains (losses) on investments							
6	Donated services and use of facilities 6							
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	1,2	237	,19	90.		
Pa	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: X Cash Accrual Other							
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L:	2a		X		
	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?		L <i>i</i>	2b		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		L <i>i</i>	2c				
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.								
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?								
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
			F	orm (99 0 ((2022)		

232012 12-13-22

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public

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

Inspection
Employer identification number
45-3418556

OMB No. 1545-0047

		HOOVER ACAI					4	5-3418556
Part I	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions		
The orga	anization is not a private found							
1 🗀	A church, convention of ch	•		•	-	I)(A)(i).		
2	A school described in sect	•						
3	A hospital or a cooperative		•		(b)(1)(A)(ii	ii).		
4	A medical research organiz						iii). Enter	the hospital's name.
-	city, and state:	anon operated in con	ijanotion with a noopital	GCCCTIDGG	000110	((,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	my. Lincon	the freepital e flame,
5	An organization operated for	or the benefit of a col	lege or university owner	l or operati	ad by a go	vernmental un	it describe	ad in
3 <u> </u>	section 170(b)(1)(A)(iv). (0		lege of difficulty owner	or operati	sa by a gc	verninental di	it describe	5 4 III
e [7		antal unit described in	aaatian 17	70/L\/4\/A\	()		
6 ∟ 7 X	A federal, state, or local go	-						
7 <u>X</u>	ū	•	ntial part of its support if	om a gove	rnmentai	unit or from the	e generai p	oublic described in
	section 170(b)(1)(A)(vi). (C		(4VAV 1) (0 LL D	\				
8 _				•				
9	☐ An agricultural research org				-		-	-
	or university or a non-land-o	grant college of agrici	ulture (see instructions).	Enter the i	name, city	, and state of t	he college	or
	university:							
10	An organization that norma							
	activities related to its exen		· ·					-
	income and unrelated busing		(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	after June 30, 1975.
	See section 509(a)(2). (Co	•						
11	An organization organized							
12	An organization organized :	and operated exclusi	vely for the benefit of, to	perform t	ne functio	ns of, or to car	y out the	purposes of one or
	more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section :	509(a)(2).	See section 5	09(a)(3). (Check the box on
_	lines 12a through 12d that	describes the type of	f supporting organizatior	and com	olete lines	12e, 12f, and	12g.	
a	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), ty	oically by	giving
	the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	f the direc	tors or trustee	s of the su	upporting
_	organization. You must o	complete Part IV, Se	ctions A and B.					
b	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization	(s), by hav	ving
	control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported
_	organization(s). You mus	t complete Part IV,	Sections A and C.					
С	Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionally	/ integrate	ed with,
	its supported organizatio	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d [Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection v	vith its support	ed organiz	zation(s)
	that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	bution red	quirement and	an attentiv	/eness
	requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е [Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type II	, Type III	
	functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.			
f Er	nter the number of supported o	organizations						
g Pi	rovide the following information	about the supporte	d organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	,	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)
Total								

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

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

Sec	ction A. Public Support	71	•	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	, ,	, ,	` ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	227,781.	256,700.	79,840.	704,587.	879,123.	2148031.
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	227,781.	256,700.	79,840.	704,587.	879,123.	2148031.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1042379.
6	Public support. Subtract line 5 from line 4.						1105652.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	227,781.	256,700.	79,840.	704,587.	879,123.	2148031.
	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	0.	0.	0.	0.	0.	
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						2148031.
	Gross receipts from related activities,	etc. (see instruction	ns)			12	104,448.
	First 5 years. If the Form 990 is for the					01(c)(3)	<u> </u>
	organization, check this box and stop						
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	51.47 %
	Public support percentage from 2021					15	54.38 %
	33 1/3% support test - 2022. If the					ore, check this box	
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion		ŕ	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	_	· · · ·	*	-		
	more, and if the organization meets the	ū				*	
	organization meets the facts-and-circle						
18	Private foundation. If the organization			•	•		;
			- 1-, 100	, ,,	,		(Form 990) 2022

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	(//		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from :					18 3 1/3% and line 1	7 is not
198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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
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H	4b		
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	10b		
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Pai	TIV Supporting Organizations (continued)			
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
		1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. 1: tion B. Type I Supporting Organizations	1c		
Sec	tion B. Type i Supporting Organizations	$\overline{}$,,	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sec	tion C. Type II Supporting Organizations		'	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	7	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	and organization maintained a close and commission many relationship man and capported organization (o).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. 3 tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check 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. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	ctions	3)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	and the state of the significant	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	The second details in	la		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	Bb		

SCHE	dule A (FORM 990) 2022 BOB 1100 VER ACADEM 1			D J T T T T T T T T T T T T T T T T T T
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must			
Sect	ion 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	ion 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):			
а	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	ion 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			

Schedule A (Form 990) 2022

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

instructions).

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2022

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

BOB HOOVER ACADEMY

Employer identification number 45-3418556

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	vised	funds	(1	b) Fun	ds 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 v	vriting that the assets	held	d in donor advised	d fund	s	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		arrage ar Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•				ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	of pub	olic 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 treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X						φ

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

Schedule D (Form 990) 2022

Pai	rt III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	easures, oi	Other \$	Simila	Assets	(contir	nued)	
3	Using the organization's acquisition, accessi										
	collection items (check all that apply):										
а	Public exhibition	C	ı 🔲 ı	Loan or exc	hange progra	ım					
b	Scholarly research	e	, 🔲	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organizatio	n's exemp	t purpos	se in Part	XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, his	storical treas	sures, or othe	r similar a	ssets				
	to be sold to raise funds rather than to be ma								Yes		No
Pai	rt IV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered "	Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	contribution	s or other ass	ets not ind	cluded		_		_
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	scrow or cu	ustodial acco	unt liability	·?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pai	rt V Endowment Funds. Complete										
		(a) Current year	(b) P	rior year	(c) Two year	s back (c	1) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balanc	e (line 1g	i, column (a)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	.%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	nd administer	ed for the			ſ		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment fu	unds.							
Pai	t VI Land, Buildings, and Equipm		D-4 N/	line dd e O		David V. III	- 10				
	Complete if the organization answere				T			. 1			
	Description of property	(a) Cost or o		. ,	or other		cumulate	ed	(d) Boo	k valu	е
		basis (investr	nent)	Dasis	(other)	aepr	eciation				
_	Land										
b	Buildings										
С	Leasehold improvements			0.0	7 546	4 .	60 0	11			<u> </u>
	Equipment				7,546.	Т.	62,04	± 1 •		5,5	
	Other				2,425.					$\frac{2,4}{2}$	
Total	I. Add lines 1a through 1e. (Column (d) must e	aual Form 990 Part	X colum	n (R) line 1	Oc)			- 1	69	7,9	5U.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 BOB HOOVER	ACADEMY	45	5-3418556 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Ye	s" 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 en	d-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, col. (B) line 12.)			
Part VIII Investments - Program Related.	•		
Complete if the organization answered "Ye	s" 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 en	d-of-year market value
(1)			·
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	•		
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	a) Description		(b) Book value
(1) REIMBURSEMENT RECEIVABLE			125,000.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	ine 15.)		125,000.
Part X Other Liabilities.			
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	j.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column /h) must squal Form 000 Port V and (D)			

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) 2022

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

Pai	rt XI Reconciliation of Revenue per Audited Financial S	Statements With Revenue p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	1 - 1		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	
Pa	rt XII Reconciliation of Expenses per Audited Financial	•	s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
5 D a	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line table table) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line table) Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line table)	ne 18.)	5	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provid		V, line 4; Part X, line 2; Part	XI,

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990)

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public Inspection

Name of the organization							1 -	-	ident		on nu	mber
		R ACADEM							185	56		
Part I Excess Benefi	it Transacti	ons (section 50	01(c)(3), secti	on 501(c)(4), and sec	ction 501(c)(29) organ	nizatio	ns on	ly).			
Complete if the org						, or Form 990-EZ, Pa	rt V, I	ine 40	b.			
1 (a) Name of disqualified pe	erson (b) I	Relationship bety			ified (c	c) Description of trans	sactio	n				cted?
(2)		person and or	ganiza	ation	,-	,, = 5551, p 1151, 51 11 11 11				Y	es	No
										_	-	
										-	+	
										+-	+	
										-	-	
											\dashv	
2 Enter the amount of tax inc	curred by the c	organization man	aners	or disc	ualified persons duri	ng the year under						
								\$				
3 Enter the amount of tax, if												
	,,,	a.c., .c			,u			🕶				
Part II Loans to and/	or From Int	terested Pers	ons.									
Complete if the org	ganization ansv	wered "Yes" on F	orm 9	90-EZ,	Part V, line 38a or F	orm 990, Part IV, line	26; 0	or if th	e orga	nizatio	n	
reported an amour												
	(b) Relationship			an to or	(e) Original	(f) Balance due) In	(h) Ap	proved ard or	, ,, ,,	/ritten
interested person	with organization	of loan		zation?	principal amount		defa	ault?	comm	ittee?	agree	ment?
			То	From			Yes	No	Yes	No	Yes	No
												<u> </u>
												<u> </u>
												-
												<u> </u>
												\vdash
												<u> </u>
												\vdash
												<u> </u>
Total					\$							
Part III Grants or Ass	istance Ber	nefiting Inter	ested	l Per								
Complete if the org		_										
(a) Name of interested pe		(b) Relationship			(c) Amount of	(d) Type	of		(e) Purp	ose o	 f
(.,		interested pers			assistance	assistand				assista		
		the organiza	ation									

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

Schedule L (Form 990) 2022

	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz	ation's
VIATION SPECIALTIES OWNED BY DIRECTOR 227,02			transaction	reven	ues? No
AVIATION SPECIALTIES	OWNED BY DIRECTOR	227,024.	FLIGHT SERV	100	X
Part V Supplemental Information.					
	oonses to questions on Schedule L (see in	nstructions).			
SCH L, PART IV, BUSINESS T	TRANSACTIONS INVOLVING	G INTERESTI	ED PERSONS:		
(A) NAME OF PERSON: AVIAT	ON CDECTAL TEC				
(D) DESCRIPTION OF TRANSAC	CTION: FLIGHT SERVICE	S			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Inspection Employer identification number

	BOB HOOVER ACADEMY					45-3418556			
Part I Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) thod of determin h contribution ar		s	
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles	X	1			BLUE BOO			
7	Boats and planes	X	1	435,070.	APPRAI	SAL VALUI	3		
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (SHOP TOOLS)	Х	1	619.	FMV				
26	Other ()								
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organization	zation durino	the tax year for c	ontributions					
	for which the organization completed Form 8283, Part V, Donee Acknowledgement						2		
	5	, ,	J				Yes	No	
30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it				
	must hold for at least 3 years from the date of	•		,	•				
	exempt purposes for the entire holding period?					30a		Х	
b									
31								Х	
	Does the organization hire or use third parties	•	•	•		31			
						32a		х	
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is ched	ked,				
-	describe in Part II	(-))		,				

LHA

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

Schedule M (Form 990) 2022

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2022 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

BOB HOOVER ACADEMY

Employer identification number 45-3418556

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

METAPHOR FOR THE DEEPER MISSION, TO CAPTURE STUDENTS' MINDS, FOCUS

THEIR ENERGIES AND TO CULTIVATE SUCCESS IN THE CLASSROOM AND IN LIFE.

EACH STUDENT EARNS ADMISSION INTO OUR FLIGHT TRAINING PROGRAM BY

EXCELLING IN OUR GROUND TRAINING CURRICULUM. FROM THERE, THE ULTIMATE

TRANSFORMATIVE EXPERIENCE IS TO LEAVE THE INSTRUCTOR ON THE GROUND,

TAKE AN AIRPLANE INTO THEIR OWN HANDS AND FLY SOLO. STUDENTS BECOME

ACCOUNTABLE TO THEMSELVES AND THEIR TEAMMATES, CHALLENGING THEMSELVES

IN ORDER TO PARTICIPATE IN AN ENDEAVOR THAT CAN HAVE A MEASURABLE

IMPACT ON THEIR FUTURE; ULTIMATELY, THEY DEVELOP THE SKILLS AND

CONFIDENCE TO LAUNCH THEMSELVES OUT OF THEIR CURRENT ORBIT TOWARDS A

COURSE AS A DYNAMIC AND CONTRIBUTING MEMBER OF SOCIETY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

LEARNING CENTER OF 2 CLASSROOMS, 2 FACULTY/STAFF OFFICES, A SIMULATOR

ROOM, AND HANGAR SPACE FOR UP TO 4 SMALL AIRCRAFT ALONG WITH OUR

AIRCRAFT MAINTENANCE TRAINING AREA. THE EFFICIENCY AND EFFECTIVENESS OF

HAVING ALL FUNCTIONS UNDER ONE ROOF AND STEPS AWAY FROM ONE ANOTHER

HELPS DELIVER THE BEST EDUCATION AND TRAINING TO OUR STUDENTS.

2022 STATISTICS: 24 STUDENTS, 272.7 PLANE HOURS, 240 FLIGHTS FLOWN, 1

SOLO FLIGHTS, 95 SIMULATOR HOURS, 121 SIMULATOR FLIGHTS, AND 530.3

VOLUNTEER HOURS.

AIRCRAFT AND SIMULATOR TRAINING:

BHA CONTINUES ITS CORE MISSION OF INSPIRING STUDENT LEARNING THROUGH

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization
BOB HOOVER ACADEMY

Employer identification number
45-3418556

THE POWER OF FLIGHT. 2022 SAW A THREE-TIMES-INCREASE IN SIMULATOR USAGE

(121 SIMULATOR FLIGHTS AS COMPARED TO 41 THE PREVIOUS YEAR) THANKS TO

AN UPDATED TRAINING AND LEARNING CURRICULUM THAT INCORPORATES SIMULATOR

TRAINING TO COMPLEMENT AIRCRAFT FLIGHTS. THOUGH NOT DEPICTED ABOVE,

THIS RESULTED IN A SAVINGS OF APPROXIMATELY 50 AIRCRAFT FLIGHTS THAT

WOULD OTHERWISE HAVE BEEN FLOWN, FOR THE SAME NUMBER OF STUDENTS SERVED

IN 2021 AND 2022, FOR A COST SAVINGS VALUE OF \$8,250.

MEANWHILE, IN LATE 2022 A VERY GENEROUS DONOR GIFTED BHA WITH A 2010

DIAMOND AIRCRAFT DA-40 XLS 4-SEATER, VALUED AT OVER \$425,000. IN 2023,

THIS AIRCRAFT WILL ADD HIGH TRAINING VALUE DUE TO ITS INCREASED SEATING

CAPACITY. STUDENT OBSERVERS CAN SIT IN THE BACK SEAT AND LEARN ALL

ASPECTS OF FLYING DURING TRAINING FLIGHTS. BHA CONTINUES TO INNOVATE

TRAINING METHODS FOR INCREASED LEARNING AND DECREASED COSTS THROUGH THE

SMART USE OF DONATED TRAINING EQUIPMENT AND VOLUNTEER MENTORING TIME.

VOLUNTEERS:

AS MENTIONED PREVIOUSLY, OUR SIMULATOR FLIGHTS HAVE INCREASED

SIGNIFICANTLY, AND IT IS OUR VOLUNTEER MENTOR FORCE THAT HELPED US MEET

THAT DEMAND THROUGH THEIR COST-FREE INSTRUCTION. THEIR 119.3 HOURS OF

SIMULATOR INSTRUCTION ESSENTIALLY CARRIED THE ENTIRE TEACHING LOAD OF

THE 121 SIMULATOR FLIGHTS FLOWN BY OUR STUDENTS. THIS EQUATES TO A COST

SAVINGS OF \$7,158 THROUGH FREE INSTRUCTION.

AOPA HIGH SCHOOL STEM CURRICULUM:

MCOE CONTINUES TO TEACH THE AIRCRAFT OWNER AND PILOTS ASSOCIATION

(AOPA) HIGH SCHOOL STEM CURRICULUM DURING THE LATTER HALF OF THE SCHOOL

DAY. IN EARLY 2023 BHA WILL REASSESS THE VALUE OF USING THIS CURRICULUM

A5669651

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization

BOB HOOVER ACADEMY

Employer identification number 45-3418556

AS IT DOES NOT SERVE AS A STUDENT PILOT GROUND SCHOOL.

STUDENT PILOT GROUND SCHOOL:

DURING THE SUMMER BREAK, OUR VOLUNTEER FLIGHT INSTRUCTOR AND CHIEF

PILOT TAUGHT A TRIAL PREPARATORY GROUND SCHOOL COURSE FOR STUDENTS TO

PREPARE FOR THE FAA PRIVATE PILOT WRITTEN EXAM. THIS INTENSIVE COURSE

BUILT A STRONG FOUNDATION FOR OUR STUDENT PILOTS, AND HIGHLIGHTED THE

NEED TO HAVE SUCH INSTRUCTION DURING THE SCHOOL YEAR AS WE RECEIVE NEW

STUDENTS.

INTRODUCTION TO AVIATION MAINTENANCE:

ALSO INTRODUCED IN THE SUMMER WAS AN INTRODUCTORY MAINTENANCE INTENSIVE

IN WHICH STUDENTS WERE INTRODUCED TO AVIATION MAINTENANCE PRACTICES.

THIS SUBJECT PROVED TO BE A SUCCESS AND WAS INCORPORATED INTO THE

SCHOOL DAY AFTERNOON PERIOD.

FORM 990, PART VI, SECTION A, LINE 1A:

THE BOARD HAS DELEGATED AUTHORITY TO THE FINANCE COMMITTEE TO APPROVE CHECKS OVER \$1,000.

FORM 990, PART VI, SECTION A, LINE 2:

LINE 2 EXPLANATION - COLLEEN TUCKER & SEAN TUCKER; FAMILY RELATIONSHIP

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

LINE 11B EXPLANATION - THE FORM 990 IS PRESENTED AND EXPLAINED BY THE FIRM

PREPARING THE TAX RETURN TO MANAGEMENT AT LEAST ONE MONTH PRIOR TO THE

FILING DATE. THE FORM 990 IS MADE AVAILABLE TO THE ENTIRE BOARD PRIOR TO

FILING WITH THE IRS.

14191013 131839 A566965

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization 45-3418556 BOB HOOVER ACADEMY FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED AND REVIEWED AT THE FIRST BUSINESS BOARD MEETING OF THE CALENDAR YEAR. THE POLICY APPLIES TO ANY DIRECTOR, OFFICER OR KEY EMPLOYEE. INTERESTED PERSONS HAVE A DUTY TO DISCLOSE OR IF A DIRECTOR, OFFICER OR KEY EMPLOYEE BECOMES AWARE OF A CONFLICT THEY ARE REQUIRED TO BRING IT TO THE ATTENTION OF AN OFFICER. BOARD DETERMINES WHETHER A CONFICT EXISTS. IF A CONFLICT EXISTS THE INTERESTED PERSON IS NOT ALLOWED AS PART OF THE DISCUSSIONS OR VOTE. FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE UPON REQUEST