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Short Form  
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public  
Inspection

A For the 2008 calendar year, or tax year beginning

07/01, 2008, and ending

06/30/2009

B Check if applicable	C Name of organization THE SUMMIT PREPARATORY SCHOOL OF SOUTHWEST MISSOURI		D Employer identification number 75-3166533
Address change	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telephone number (417) 869-8077
Name change			F Group Exemption Number ►
Initial return			
Termination return			
Amended return			
Application pending			
See Specific Instructions.	922 W REPUBLIC ROAD City or town, state or country, and ZIP + 4 SPRINGFIELD, MO 65807		

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method  Cash  Accrual  
Other (specify) ►

I Website: ► WWW.THESUMMITPREP.ORG

J Organization type (check only one) -  501(c) (3) ► (insert no) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 769,038.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received . . . . .	1 162,948.
2 Program service revenue including government fees and contracts . . . . .	2 596,809.
3 Membership dues and assessments . . . . .	3
4 Investment income . . . . .	4
5 a Gross amount from sale of assets other than inventory . . . . .	5a
b Less cost or other basis and sales expenses . . . . .	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . .	5c
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here . . . ►	
a Gross revenue (not including \$ 58,983. of contributions reported on line 1) . . . . .	6a 9,281.
b Less direct expenses other than fundraising expenses . . . . .	6b 10,642.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c -1,361.
7 a Gross sales of inventory, less returns and allowances . . . . .	7a
b Less cost of goods sold . . . . .	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c
8 Other revenue (describe ► ) . . . . .	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ►	9 758,396.
10 Grants and similar amounts paid (attach schedule) . . . . .	10 78,915.
11 Benefits paid to or for members . . . . .	11
12 Salaries, other compensation, and employee benefits . . . . .	12 731,038.
13 Professional fees and other payments to independent contractors . . . . .	13 28,488.
14 Occupancy, rent, utilities, and maintenance . . . . .	14 83,060.
15 Printing, publications, postage, and shipping . . . . .	15 2,776.
16 Other expenses (describe ► ) . . . . .	16 115,862.
17 Total expenses. Add lines 10 through 16 . . . . . ►	17 1,040,139.
18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 -281,743.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19 -67,332.
20 Other changes in net assets or fund balances (attach explanation) . . . . .	20
21 Net assets or fund balances at end of year Combine lines 18 through 20 . . . . . ►	21 -349,075.

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	78,665. 22	4,395.
23 Land and buildings . . . . .	3,322. 23	12,197.
24 Other assets (describe ► ) . . . . .	855. 24	2,214.
25 Total assets . . . . .	82,842. 25	18,806.
26 Total liabilities (describe ► ) . . . . .	150,174. 26	367,881.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . . .	-67,332. 27	-349,075.



## Part V Other Information (Note the statement requirements in the instructions for Part VI.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .

35 If the organization had income from business activities, such as those reported on lines 2, 6a and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? . . . . .

b If "Yes," has it filed a tax return on **Form 990-T** for this year? . . . . .

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a**

b Did the organization file **Form 1120-POL** for this year? . . . . .

38 a Did the organization borrow from or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .

b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .

39 Section 501(c)(7) organizations Enter:

a Initiation fees and capital contributions included on line 9 . . . . .

b Gross receipts, included on line 9, for public use of club facilities . . . . .

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► NONE; section 4912 ► NONE; section 4955 ► NONE

b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I . . . . .

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ► NONE

d Enter amount of tax on line 40c reimbursed by the organization . . . . . ► NONE

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .

41 List the states with which a copy of this return is filed. ► \_\_\_\_\_

42 a The books are in care of ► SHERI BALLARD Telephone no. ► 417-869-8077  
Located at ► 922 W. REPUBLIC ROAD SPRINGFIELD, MO ZIP + 4 ► 65807

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .  
If "Yes," enter the name of the foreign country: ► \_\_\_\_\_  
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .  
If "Yes," enter the name of the foreign country: ► \_\_\_\_\_

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here. . . . . ►   
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ► **43**

44. Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .

	Yes	No
33		X
34	X	
35a	X	
35b		
36	X	
37b	X	
38a	X	
38b	367,881	
39a		
39b		
40b	X	
40e		X

	Yes	No
42b	X	
42c	X	

	Yes	No
44	X	
45	X	

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

46 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. . . . . Yes  No  46

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . . Yes  No  47

48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . Yes  No  48

49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . Yes  No  49a

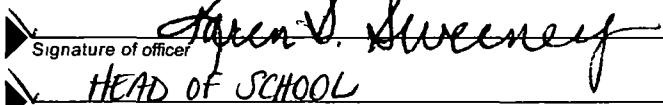
b If "Yes," was the related organization(s) a section 527 organization? . . . . . Yes  No  49b

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ►	NONE			

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000 . . . . ►	NONE	

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
		Date <u>5-11-2010</u>
	Signature of officer	
	HEAD OF SCHOOL	
	Type or print name and title	

<b>Paid Preparer's Use Only</b>	Preparer's signature ► <u>Brinn D Tull, CPA</u>	Date <u>4/22/10</u>	Check if self-employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <u>BKD, LLP</u> <u>910 E ST LOUIS #200/PO BOX 1190 SPRINGFIELD, MO 65806-2523</u>		EIN ► <input type="checkbox"/>	Phone no ► <u>417 865-8701</u>

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

**Department of the Treasury  
Internal Revenue Service**

**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

<b>Name of the organization</b> THE SUMMIT PREPARATORY SCHOOL OF SOUTHWEST MISSOURI	<b>Employer identification number</b> 75-3166533
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**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: (Please check only one organization)

1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II )  
 9  An 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 )  
 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)  
 11  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 that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally Integrated      d  Type III - Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**  
 f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?   
 (ii) A family member of a person described in (i) above?   
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?   
 h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)	X	
11g(ii)	X	
11g(iii)	X	

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

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

**Schedule A (Form 990 or 990-EZ) 2008**

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 Total. Add lines 1-3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 Public support. Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 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 IV) . . . . .						
11 Total support. Add lines 7 through 10 . . . . .	11	11	11	11	11	11
12 Gross receipts from related activities, etc (See instructions) . . . . .					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
6 <b>Total.</b> Add lines 1-5 . . . . .						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
c Add lines 7a and 7b. . . . .						
8 <b>Public support</b> (Subtract line 7c from line 6) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 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 . . . . .						
c Add lines 10a and 10b . . . . .						
11 Net income from unrelated business activities not included in 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 IV) . . . . .						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .						
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	16	%

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

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	18	%
19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

## Part IV

**Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

**SCHEDULE E**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Schools**

► To be completed by organizations that  
answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization THE SUMMIT PREPARATORY SCHOOL  
OF SOUTHWEST MISSOURI

Employer identification number  
75-3166533

	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 X	
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 X	
3 Has the organization publicized its racially nondiscriminatory policy 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 . . . . .	3 X	
<u>THE RACIALLY NONDISCRIMINATORY POLICY WAS STATED IN BOTH NEWSPAPER AND MAGAZINE ADVERTISEMENTS.</u>		
-----		
-----		
4 Does the organization maintain the following:		
a 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 X	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	4c X	
d Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	4d X	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
-----		
-----		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? . . . . .	5a X	
b Admissions policies? . . . . .	5b X	
c Employment of faculty or administrative staff? . . . . .	5c X	
d Scholarships or other financial assistance? . . . . .	5d X	
e Educational policies? . . . . .	5e X	
f Use of facilities? . . . . .	5f X	
g Athletic programs? . . . . .	5g X	
h Other extracurricular activities? . . . . .	5h X	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
-----		
-----		
6a Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	6a X	
b Has the organization's right to such aid ever been revoked or suspended? . . . . .	6b X	
If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement.		
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 CB 587, covering racial nondiscrimination? If "No," attach an explanation	7 X	

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

JSA  
8E1273 1 000

Schedule E (Form 990 or 990-EZ) 2008



FORM 90EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID IN EXCESS OF \$5000	RECIPIENT NAME AND ADDRESS	GRANTS PAID	FINANCIAL AID	SCHOLARSHIPS
=====	=====	=====	=====	=====
AND	FOUNDATION STATUS OF RECIPIENT	UNRELATED INDIVIDUALS	UNRELATED INDIVIDUALS	UNRELATED INDIVIDUALS
=====	=====	=====	=====	=====
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR	PURPOSE OF GRANT OR CONTRIBUTION	FINANCIAL AID TO STUDENTS	FINANCIAL AID TO STUDENTS	SCHOLARSHIPS TO INDIVIDUALS
=====	=====	67,015.	11,900.	78,915.
=====	=====	=====	=====	=====

## FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	30,184.
INTEREST	11,656.
DEPRECIATION	2,132.
BAD DEBT	1,182.
INSURANCE	13,166.
ADVERTISING	16,060.
DUES & SUBSCRIPTIONS	195.
MEALS	33,341.
STUDENT EVENTS	1,660.
BANK CHARGES	974.
STAFF DEVELOPMENT	3,019.
PAYROLL EXPENSES	2,293.
 TOTAL	 115,862.

## FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH	78,665.	4,395.
TOTALS	78,665.	4,395.

## FORM 990EZ, PART II - OTHER ASSETS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
INVENTORIES FOR SALE OR USE	855.	2,214.
TOTALS	855.	2,214.

## FORM 990EZ, PART II - TOTAL LIABILITIES

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
LOANS FROM OFFICERS, DIRECTORS, ETC.	149,999.	367,881.
RETIREMENT PLAN PAYABLE	175.	
<b>TOTALS</b>	<b>150,174.</b>	<b>367,881.</b>

## FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

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THE ORGANIZATION'S PURPOSE IS TO PROVIDE CHILDREN FROM KINDERGARTEN THROUGH GRADE TWELVE WITH AN EXTRAORDINARY EDUCATION IN A SUPPORTIVE, STIMULATING ENVIRONMENT.

## FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

## PROGRAM SERVICE ACCOMPLISHMENT 1

OUR SCHOOL IS UNMATCHED BY ANY SCHOOL IN OUR AREA BY PROVIDING AN INTEGRATED CURRICULUM, A STANDARD OF SMALL CLASSES (15:1), AND AN INNOVATIVE LANGUAGE STUDY PROGRAM. OUR PROGRAM IS DESIGNED TO CHALLENGE OUR EAGER, ABLE STUDENTS, AND TO DEVELOP THEIR SKILLS AND TALENTS TO THEIR FULLEST POTENTIAL. THIS YEAR, OUR SCHOOL SERVED 100 STUDENTS, CONSISTING OF KINDERGARTEN THROUGH EIGHTH GRADE.

## THE SUMMIT PREPARATORY SCHOOL

75-3166533

## FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION			CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
	COMPENSATION				
ANNE WINIKLER 922 W REPUBLIC ROAD SPRINGFIELD, MO 65807	PRESIDENT	NONE	NONE	NONE	NONE
KELLEY STILL 922 W REPUBLIC ROAD SPRINGFIELD, MO 65807	TREASURER	NONE	NONE	NONE	NONE
RICHARD SHIMIZU 922 W REPUBLIC ROAD SPRINGFIELD, MO 65807	VICE PRESIDENT	1.	NONE	NONE	NONE
AARON JONES 922 W REPUBLIC ROAD SPRINGFIELD, MO 65807	MEMBER	1.	NONE	NONE	NONE
KAREN SWEENEY 922 W REPUBLIC ROAD SPRINGFIELD, MO 65807	DIRECTOR	40.	28,500.	NONE	NONE
ASHLEY DEES 922 W REPUBLIC ROAD SPRINGFIELD, MO 65807	SECRETARY	1.	NONE	NONE	NONE

## FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
GRAND TOTALS		28,500.	NONE	NONE

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box . . . . . ►
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

***Do not complete Part II unless*** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only . . . . . ► 

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization THE SUMMIT PREPARATORY SCHOOL OF SOUTHWEST MISSOURI	Employer identification number 75-3166533
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P O box, see instructions 922 W REPUBLIC ROAD	
	City, town or post office, state, and ZIP code For a foreign address, see instructions SPRINGFIELD, MO 65807	

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► THE SUMMIT PREPARATORY SCHOOL

Telephone No ► 417 869-8077 FAX No. ► 417 869-8087

- If the organization does not have an office or place of business in the United States, check this box . . . . . ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box . ►  . If it is for part of the group, check this box . . ►  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year \_\_\_\_\_ or  
►  tax year beginning 07/01, 2008, and ending 06/30, 2009 .

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$ <u>NONE</u>
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ <u>NONE</u>
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ <u>NONE</u>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box . . . . . ►

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Type or print  File by the extended due date for filing the return. See instructions	Name of Exempt Organization <b>THE SUMMIT PREPARATORY SCHOOL OF SOUTHWEST MISSOURI</b>	Employer identification number <b>75-3166533</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>922 W REPUBLIC ROAD</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SPRINGFIELD, MO 65807</b>	

**Check type of return to be filed** (File a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of ► THE SUMMIT PREPARATORY SCHOOL  
Telephone No. ► 417 869-8077 FAX No ► 417 869-8087
- If the organization does not have an office or place of business in the United States, check this box . . . . . ►
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box . . . ►  . If it is for part of the group, check this box . . . ►  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 05/15/2010
- For calendar year       , or other tax year beginning 07/01/2008, and ending 06/30/2009
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension  
ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$ <u>NONE</u>
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$ <u>NONE</u>
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$ <u>NONE</u>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► Brian D Todd Title ► CPA Date ► 2/12/10  
BKD, LLP  
910 E ST LOUIS #200/PO BOX 1190  
SPRINGFIELD, MO 65806-2523