Form **990** 

### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2017

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

On to www.irs.gov/Form990 for Instructions and the latest information.

For the 2017 calendar year, or tax year beginning 2017, and ending Jun 30 2018 D'Employer identification number C Name of organization Oakcrest School Check if applicable X Doing business as 52-1182755 Address change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change П initial return 1619 Crowell Road (703) 790-5450 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Vienna, VA 22182 G Gross receipts \$ 17,489,988. Amended return Application pending F Name and address of principal officer H(a) is this a group return for subordinates? 

Yes 
No H(b) Are all suburdinates included? - Yes- No Shaun-Pacious,-1619-Crowell-Road,-Vienna,-VA=22182 501(c) ( ) ◀ (Insert no.) ☐ 4947(a)(1) or If "No," attach a list. (see Instructions) **×** 501(c)(3) Tax-exempt status: Website: ▶ H(c) Group exemption number ▶ www.oakcrest.org L Year of formation: Form of organization: X Corporation Trust Association Other ▶ 1978 M State of legal domicile, VA Part I Briefly describe the organization's mission or most significant activities: Oakcrest School, in partnership with parents, challenges Activities & Governance girls in grades 6-12 to develop their intellect, character, faith and leadership potential to succeed in college and throughout their lives. Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 11 Number of independent voting members of the governing body (Part VI, line 1b) 10 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 83 Total number of volunteers (estimate if necessary) . . . . . . . . 6 50 Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from 999-T, line 34 7b 0. Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 4,822,644 1,075,722. ő Program service revenue (Part VIII, line 2q) 9 5-, 136 , 650 5,906,430. Investment income (Part VIII, column (A), lines 4, and 7d) 10 50,655 3,776,907. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c. 9c. 10c, and 11e) -13,735 -13,887. 12 Total revenue - add lines 8 through 11 (must equal Fact VII), C 9,996,214 10,745,172 13 Grants and similar amounts paid (Part IX, column (A), 934,202 1,229,204 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 3,377,733 3,662,842 **16a** Professional fundraising fees (Part IX, column (A), line 11e) 5,000 5,000 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,637,914 2,473,266 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 5,954,849 7,370,312. 3,374,860 Revenue less expenses. Subtract line 18 from line 12 4,041,365 SCANNED Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 61,414,527 51,221,704. 21 Total liabilities (Part X, line 26) . 11,489,750. 25,062,194 22 Net assets or fund balances. Subtract line 21 from line 20 36,352,333 39,731,954 Part II Signature Block 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 Sign Signature of officer 5/14/2019 Here Matthew Buonocore Type or print name and title Print/Type preparer's name Date **Paid** self-employed P01295891 Corrie Scott **Preparer** 

L.C

For Paperwork Reduction Act Notice, see the separate instructions. BAA

Firm's address ▶ 374 Maple Avenue East Suite 305,

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's name ► Hozik & Company

**Use Only** 

REV 03/08/19 PRO

VA

Vi<u>enna</u>

Firm's EIN ▶

22180 Phone no. (703) 272-7109

Yes No Form **990** (2017)

Form 990 (2017)

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| Part l | 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   | ×            |    |
| 2      | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | 2   | ×            |    |
| 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   |              | ×  |
| 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   |              | ×  |
| 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 Revenue Procedure 98-19? If "Yes," complete Schedule C,   |     |              |    |
| _      | Part III   | 5   |              | ×  |
| 6      | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6   |              | ×  |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7   |              | ×  |
| 8      | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  | 8   |              | ×  |
| 9      | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV   | 9   |              | ×  |
| 10     | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V$ .   | 10  |              | ×  |
| 11     | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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 | ×            |    |
| 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 | ×            |    |
| 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 |              | ×  |
| 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 |              | ×  |
| e<br>f | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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 | 11e | _ <b>X</b> _ | ×  |
| 12 a   | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   | 12a |              | ×  |
| 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 |              | ×  |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13  | ×            |    |
| 14 a   | Did the organization maintain an office, employees, or agents outside of the United States?  | 14a |              | ×  |
| b      | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.   | 14b |              |    |
| 15     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15  |              | ×  |
| 16     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.  | 16  |              | ×  |
| 17     | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  | 17  |              | ×  |
| 18     | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | 18  | ×            |    |
| 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  | - •          | ×  |
|        |  |     | n 990        |    |

| Part     | Checklist of Required Schedules (continued)  |            |     |          |
|----------|--|------------|-----|----------|
|          | Did the average to a group to a group because if a subtract 16 "Ver " a group to Cabady to 11  |            | Yes | No.      |
|          | Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   | 20a<br>20b |     | <u> </u> |
| 21       | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  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         |     |          |
| 22       | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22         | ×   | <u> </u> |
| 23       | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  | 23         | ×   |          |
| 24a      | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a   | 24a        | ×   |          |
|          | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   | 24b<br>24c |     | ×        |
| d<br>25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I           | 24d<br>25a |     | ×        |
| b        | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  | 25b        |     | ×        |
| 26       | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II  | 26         |     | ×        |
| 27       | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III                    | 27         |     | ×        |
| 28       | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)   |            |     |          |
| a<br>b   | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a<br>28b |     | ×        |
| С        | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .   | 28c        |     | ×        |
| 29<br>30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  | 29<br>30   | ×   | ×        |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31         |     | ×        |
| 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II   | 32         |     | ×        |
| 33       | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>  | 33         |     | ×        |
| 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         |     | ×        |
| 35a<br>b | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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.                  | 35a        |     | ×        |
| 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   | 35b<br>36  |     | •        |
| 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,  | 30         |     | _ ×      |
|          | Part VI  | 37         |     | ×        |
| 38       | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.   | 38         | ×   |          |

| Part   |   |      |            |          |
|--------|---|------|------------|----------|
|        | Check if Schedule O contains a response or note to any line in this Part V  | • •  | Yes        | No       |
| 1a     | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   13  |      |            |          |
| b      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0  | 1    |            |          |
| C      | Did the organization comply with backup withholding rules for reportable payments to vendors and  |      |            |          |
| _      | reportable gaming (gambling) winnings to prize winners?   | 1c   | ×          |          |
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   |      |            |          |
|        | Statements, filed for the calendar year ending with or within the year covered by this return 83  |      |            |          |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .  | 2b   | ${\times}$ |          |
|        | <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  |      |            | 1        |
| 3a -   | Did the organization have unrelated business gross income of \$1,000 or more during the year?—.—.—.—.   | -3a- | _          | _x_      |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O   | 3b   |            |          |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority   |      |            |          |
| -      | over, a financial account in a foreign country (such as a bank account, securities account, or other financial  |      |            |          |
|        | account)?   | 4a   |            | ×        |
| b      | If "Yes," enter the name of the foreign country   |      |            |          |
|        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts   |      |            | ,        |
|        | (FBAR).   |      |            |          |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a   |            | ×        |
| b      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b   |            | ×        |
| С      | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5с   |            |          |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  |      |            |          |
|        | organization solicit any contributions that were not tax deductible as charitable contributions?  | 6a   |            | ×        |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or  |      |            |          |
|        | gifts were not tax deductible?  | 6b   |            |          |
| . 7    | Organizations that may receive deductible contributions under section 170(c).   |      |            |          |
| а      | 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   | ×          |          |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b   | ×          | <b> </b> |
| С      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  |      |            |          |
|        | If "Yes," indicate the number of Forms 8282 filed during the year   | 7с   |            | ×        |
| d<br>e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e   |            |          |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  | 7f   |            | ×        |
| g      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g   |            | <u> </u> |
| h      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h   |            |          |
| 8      | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  |      |            |          |
|        | sponsoring organization have excess business holdings at any time during the year?  | 8    |            |          |
| 9      | Sponsoring organizations maintaining donor advised funds.   |      |            |          |
| а      | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a   |            |          |
| b      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b   |            |          |
| 10     | Section 501(c)(7) organizations. Enter.   |      |            |          |
| а      | Initiation fees and capital contributions included on Part VIII, line 12  |      |            |          |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]   |      |            |          |
| 11     | Section 501(c)(12) organizations. Enter.  |      |            |          |
| a      | Gross income from members or shareholders   | ł    |            |          |
| b      | Gross income from other sources (Do not net amounts due or paid to other sources  |      |            |          |
|        | against amounts due or received from them.)   |      |            |          |
| 12a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a  | _          |          |
| b      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b   | {    | 1          |          |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.  | 120  |            |          |
| а      | Is the organization licensed to issue qualified health plans in more than one state?  | 13a  | _          |          |
| b      | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which |      |            |          |
| J      | the organization is licensed to issue qualified health plans  |      |            |          |
| С      | Enter the amount of reserves on hand  | ١.   |            |          |
| 14a    | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a  |            | ×        |
| b      | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O   | 14b  |            | <u> </u> |
|        |   |      |            |          |

| Part     | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O S   |            |             |                 |
|----------|--|------------|-------------|-----------------|
|          | Check if Schedule O contains a response or note to any line in this Part VI  |            |             |                 |
| Section  | on 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   1a   |            |             |                 |
|          | 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   |            |             | i l             |
|          | committee, explain in Schedule O.  |            |             | [               |
| b        | Enter the number of voting members included in line 1a, above, who are independent . 1b 10   |            |             |                 |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  | _          |             | لـــا           |
| 3        | Did the organization delegate control over management duties customarily performed by or under the direct  | 2-         |             | -x-             |
| 3        | supervision of officers, directors, or trustees, or key employees to a management company or other person? .   | 3          | ,           |                 |
| 4        | 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?   | 5          |             | ×               |
| 6        | Did the organization have members or stockholders?   | 6          |             | ×               |
| 7a       | Did the organization have members, stockholders, or other persons who had the power to elect or appoint  |            |             |                 |
|          | one or more members of the governing body?   | 7a         |             | ×               |
| b        | Are any governance decisions of the organization reserved to (or subject to approval by) members,  |            |             | _               |
| _        | stockholders, or persons other than the governing body?  | 7b         |             | ×,              |
| 8        | Did the organization contemporaneously document the meetings held or written actions undertaken during   |            |             |                 |
|          | the year by the following:   |            |             |                 |
| a        | The governing body?  | 8a<br>8b   | ×           | -               |
| 9        | Each committee with authority to act on behalf of the governing body?  | 00         |             | <del> </del>    |
| Ū        | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.   | 9          | '           | ×               |
| Secti    | on B. Policies (This Section B requests information about policies not required by the Internal Reven  | ue C       | ode.)       |                 |
|          |  |            | Yes         | No              |
| 10a      | Did the organization have local chapters, branches, or affiliates?   | 10a        |             | ×               |
| ь        | If "Yes," did the organization have written policies and procedures governing the activities of such chapters,   |            |             |                 |
| 44-      | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  | 10b        |             |                 |
| 11a<br>b | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990.   | 11a        | ×           | -               |
| 12a      | Did the organization have a written conflict of interest policy? If "No," go to line 13  | 12a        | ×           |                 |
| 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 in Schedule O how this was done   | 12c        | ×           |                 |
| 13       | Did the organization have a written whistleblower policy?  | 13         | ×           | ļ               |
| 14       | Did the organization have a written document retention and destruction policy?   | 14         | ×           |                 |
| 15       | Did the process for determining compensation of the following persons include a review and approval by   |            |             |                 |
| _        | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  | 15-        | <del></del> |                 |
| a        | The organization's CEO, Executive Director, or top management official   | 15a<br>15b | ×           | -               |
| b        | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |            |             | ×               |
| 16a      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement   |            |             |                 |
|          | with a taxable entity during the year?   | 16a        |             | ×               |
| 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  |            |             |                 |
| <u> </u> | organization's exempt status with respect to such arrangements?  | 16b        |             |                 |
|          | on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶ VA  |            |             |                 |
| 17<br>18 | List the states with which a copy of this Form 990 is required to be filed VA.  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section  | 5014       | C)(3)e      | onlv)           |
| .5       | available for public inspection. Indicate how you made these available. Check all that apply.  | . 551(     | _,,,,,,,    | ~··· <b>y</b> ) |
|          | ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)   |            |             |                 |
| 19       | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest of the state of the | erest      | policy      | y, and          |
|          | financial statements available to the public during the tax year.  |            |             |                 |
| 20       | State the name, address, and telephone number of the person who possesses the organization's books and re-   | cords      | <b>•</b>    |                 |
|          | The Organization, 1619 Crowell Road, Vienna, VA 22182 (703)790-5450  |            |             |                 |

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

#### 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

| Check this box if neither the organization nor             | any relate   | d orga   | anız                  | atıo    | n c          | ompe                         | nsa       | ted any curren                         | t officer, director                      | , or trustee   |
|--|--|--|-----------------------|---------|--------------|------------------------------|-----------|--|--|--|
| (A)<br>Name and Title                                      | (B)<br>Average<br>hours per<br>week (list any                  | ge box, unless person is both an officer and a director/trustee) |                       |         |              |                              | an<br>ee) | (D) Reportable compensation from       | (E) Reportable compensation from related | (F) Estimated amount of other  |
|  | hours for<br>related<br>organizations<br>below dotted<br>line) |  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former    | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)         | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1)Mırıam Buono President                                  | 2.00   | ×  |                       | ×       |              |                              |           | 0.                                     | 0.                                       | 0.   |
| (2) Amy Spence Vice-President                              | 2.00   | ×  |                       | ×       |              |                              | ŀ         | 0.                                     | 0.                                       | 0.   |
| (3) Chris Tierney Treasurer                                | 2.00   | ×  |                       | ×       |              |                              |           | 0.                                     | 0.                                       | 0.   |
| (4) Shaun Pacious<br>Secretary                             | 2.00   | ×  |                       | ×       |              |                              |           | 0                                      | 0.                                       | 0.   |
| (5) Chip Jordan Director                                   | 2.00   | ×  |                       |         |              |                              |           | 0.                                     | 0.                                       | 0.   |
| (6) Michelle Casey-Bueno Director                          | 2.00   | ×  |                       |         |              |                              |           | 0.                                     | 0.                                       | 0.   |
| (7) Maureen Ferguson Director                              | 2.00   | ×  |                       |         |              |                              |           | 0.                                     | 0.                                       | 0.   |
| (8) Othon Wiltz Director                                   | 2.00   | ×  |                       |         |              |                              |           | 0                                      | 0.                                       | 0.   |
| (9) Paul Waddelove<br>Director                             | 2.00   | ×  |                       |         |              |                              |           | 0                                      | 0.                                       | 0.   |
| (10) Steve Payne Director                                  | 2.00   | ×  |                       | ļ       |              |                              |           | 0                                      | 0.                                       | 0.   |
| (11)Mary Ortiz<br>Head of School                           | 40.00  |  |                       | ×       |              |                              |           | 106,237.                               | 0.                                       | 5,550.   |
| (12)Cecılıa Marquez<br>Academic Dean                       | 40.00  |  |                       |         |              | ×                            |           | 154,850                                | 0.                                       | 5,550.   |
| (13) Michael Barvick Director of Institutional Advancement | 40.00  |  |                       |         |              | ×                            |           | 192,312                                | 0.                                       | 5,550.   |
| (14) Matthew Buonocore<br>CFO                              | 40.00  |  |                       | ×       |              |                              |           | 120,142.                               | 0.                                       | 0.   |

| (15)  (16)  Name and title  Average Power field and Power field and Power field and a received more than \$100,000 of reportation or more than \$100,000 of reportation or more than \$100,000 of reportation or more than \$100,000 of reservices remainstant from the organization and related compensation from the organization and related organi | Part          | VII Section A. Officers, Directors, Trust    | tees, Key E    | .mplo  | yees         |              |              | lighe         | st C          | ompensated E                                     | mployees (c   | ontinue       | <u>d)</u> |                  |           |
|---|---------------|--|----------------|--|--------------|--------------|--------------|---------------|---------------|--|---------------|---------------|-----------|------------------|-----------|
| Name and title   Name      | -             |  |                |  |              | •            | • •          |               | ı             | '  |               |               |           |                  |           |
| Compensation from the organization sheets to Part VIII, Section A   State of Total from continuation sheets to Part VIII, Section A   Total (add lines 15 and 1c).   Total (add lines 15      |               |  |                | (do r  | not ch       |              |              |               | оле           |  |               |               |           |                  |           |
| New Company         |               | Name and title                               |                | box, t   | unles        | ss pe        | erson        | ıs both       | h an          | Reportable                                       |               |               |           |                  |           |
| 10   10   10   10   10   10   10   10   |               |  | week (list any | v <del></del>                                    | _            | _            |              |               | - <del></del> | from   | related       |               | ot        | ther             | -         |
| 10   10   10   10   10   10   10   10   |               |  |                | divid  | 1 state      | #ice         | ey e         | npig<br>afgin | om            | the organization                                 |               |               | -         |                  | .n        |
| (15) (16) (17) (18) (19) (20) (21) (22) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29   |               |  | organizations  | dual<br>ector                                    | it on        | 17           | mplc         | st co         | 박             | (W-2/1099-MISC)                                  |               |               | organ     | nızatıon         |           |
| (15) (16) (17) (18) (19) (20) (21) (22) (25) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29   |               |  |                | ੇ ਹਨੂ <b>'</b>                                   | al t         | '            | oyee         | ) mg          |               |  |               |               |           |                  |           |
| (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (25) (26) (27) (28) (29) (29) (29) (20) (21) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (21) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (20) (20) (20) (21) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29  |               |  |                | tee  | uster        | '            | "            | ลูกรลา        |               |  |               |               |           |                  |           |
| (15) (17) (18) (29) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (20) (20) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (29) (29) (29) (29) (29) (29) (29   |               |  |                | <u> </u>   | (0)          | <u> </u>     |              | e e           |               |  |               |               |           |                  |           |
| (17).  (19).  (20).  (21).  (22).  (23).  (24).  (25).  1b Sub-total  | (15)          |  | Ţ              | .['  | [ '          |              |              |               |               |  |               | _             |           |                  |           |
| (17).  (19).  (20).  (21).  (22).  (23).  (24).  (25).  1b Sub-total  |               |  |                | <u> </u>   | <u></u> —'   | igspace      | <del> </del> | —             | $\perp$       |  | <u></u>       |               |           |                  |           |
| (19) (20) (21) (22) (23) (25)  1b Sub-total .   | (16)          |  |                | .  '   | '            |              |              |               |               |  |               |               |           |                  |           |
| (19) (20) (21) (22) (23) (25)  1b Sub-total .   | (4.7)         |  |                | <del>                                     </del> | <del> </del> | $\vdash$     | $\vdash$     |               | ┼             | <del> </del>                                     | <u> </u>      | +             |           |                  |           |
| (29)  (29)  (21)  (22)  (23)  (24)  (25)  1b Sub-total  | 0.0           |  |                | ·  '   | '            |              |              |               |               |  |               |               |           |                  |           |
| (29)  (29)  (21)  (22)  (23)  (24)  (25)  1b Sub-total  | /1 <b>8</b> ) |  | +              | +  | +-'          | $\vdash$     | +            | <del> </del>  | -             | -  | -             | +             |           |                  |           |
| (29)  (21)  (22)  (23)  (24)  (25)  1b Sub-total  | 1             | ,  | +              | '  | '            |              |              |               |               |  |               |               |           |                  |           |
| (20)   (21)   (22)   (23)   (24)   (25)   (25)   (26)   (27)   (27)   (27)   (28)   (29)         | (19)          |  | +              | <del>                                     </del> | $\vdash$     | $\vdash$     | +            |               | +             | <del>                                     </del> |               | $\top$        |           |                  |           |
| (22)  (23)  (24)  (25)  1b Sub-total .  | Y1            |  | 1              | '  | '            |              |              |               |               |  |               |               |           |                  |           |
| (22)  (23)  (24)  (25)  1b Sub-total .  | (20)          |  |                |  |              |              |              |               |               |  |               |               |           |                  |           |
| (23)   (23)   (24)   (25)   (25)   (25)   (25)   (25)   (26)   (27)         |               |  |                |  | <u> </u>     |              |              |               |               |  |               |               |           |                  |           |
| (23)   (23)   (24)   (25)   (25)   (25)   (25)   (25)   (26)   (27)         | (21)          |  | Ţ              | _  | '            |              |              |               |               |  |               |               |           |                  |           |
| (24)    (24)   (25)   | T             |  |                | <del></del>                                      | ⊥_'          | $\perp$      | $\perp$      | <u> </u>      |               |  | <u> </u>      | -             |           |                  |           |
| (24)    (24)   (25)   | (22)          |  |                | -  | 1            |              |              |               |               |  |               |               |           |                  |           |
| (25)  |               |  |                | <del></del>                                      | <u></u>      | $\vdash$     | $\vdash$     | <u> </u>      |               |  |               |               |           |                  |           |
| 255   Sub-total   | (23)          |  |                |  | '            |              |              |               |               |  |               |               |           |                  |           |
| 255   Sub-total   | (24)          |  | +              | +  | +            | 十            | +-           | -             | +             | +  |               |               |           |                  |           |
| 1b Sub-total  | (24)          |  |                | 1  | '            |              |              |               |               |  |               |               |           |                  |           |
| 1b Sub-total  | (25)          |  | +              | +-   | +            | +            | +            | <del> </del>  | +-            | +  |               | $\overline{}$ |           |                  |           |
| Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).   | (20)          |  |                | 1  | '            |              |              |               |               |  |               |               |           |                  |           |
| Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).   | 1b            | Sub-total                                    |                | <u></u>  | <u>.</u>     | <u></u>      | <u> </u>     |               | <b>P</b>      | 573,541.   |               | 0.            |           | 16,6             | 550.      |
| Total (add lines 1b and 1c)   |               |  | t VII, Sectio  | on A   | •            |              |              |               | <b>•</b>      |  |               |               |           |                  |           |
| Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 4  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  |               |  |                |  | •            |              |              |               | <b>&gt;</b>   | 573,541.   | İ             | 0.            |           | 16,6             | 550.      |
| Teportable compensation from the organization ► 4  3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual employee on line 1a? If "Yes," complete Schedule J for such individual end organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual end organization in the organization or individual end or services rendered to the organization? If "Yes," complete Schedule J for such person employee on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person for services rendered to the organization? If "Yes," complete Schedule J for such person for the complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who  |               | Total number of individuals (including bu    | ut not limiter | d to th  | hose         | e lıs        | ted          | abov          | e) v          |  |               | J0,000 /      |           |                  |           |
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual   |               |  |                |  |              |              |              |               |               |  |               |               |           |                  | _         |
| employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  |               |  |                | _  | _            | _            |              | _             |               |  |               | _             |           | Yes              | No        |
| For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  | 3             |  |                |  |              |              |              |               | emp           | loyee, or high,                                  | iest comper   | nsated        |           | <b> </b>         | ļ         |
| organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual  | _             |  |                |  |              |              |              |               |               |  |               |               | 3         | <u></u> '        | ×         |
| Individual  | 4             | For any individual listed on line 1a, is the | e sum of re    | porta  | ble :        | con          | npe          | nsatio        | n a<br>ה-"    | and other comp                                   | pensation fro | m the         |           | '                |           |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who  |               | <del>-</del>                                 | greater to     | an p   | 150,         | ,UUL         | J7 1         | t Ye          | s,            | complete Sur                                     | leaule J 101  | Sucri         |           | <del></del>      | ļ         |
| for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  (B)  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who  | 5             |  |                | ·omne  | 2002         | ·<br>stior   | o frc        | ·<br>·m an    |               | related organi                                   | · · · ·       | · ·           | 4         | <del>  ×</del> ' | <b></b> - |
| Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who   | 5             |  |                |  |              |              |              |               |               |  | Zation or mai | Viduai        |           |                  |           |
| Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  Compensation  Total number of independent contractors (including but not limited to those listed above) who   | Section       | <u>_</u>                                     |                | 30,  |              | <del>-</del> |              |               |               | <u> </u>   |               |               |           | لـــــ           |           |
| compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who  |               | <u> </u>                                     | compensa       | ted in   | dep          | enc          | dent         | cont          | ract          | tors that receiv                                 | ed more that  | n \$100.      | 000 of    | i ——             |           |
| year.  (A) Name and business address Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who  | •             |  |                |  |              |              |              |               |               |  |               |               |           |                  | ax        |
| Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who   |               |  |                |  | _            | -            |              | -             | -             | ,  |               | _             |           |                  |           |
| Name and business address  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who   |               | (A)  |                |  |              |              |              | $\prod$       |               |  |               | (C)           | -         |                  |           |
| · · · · · · · · · · · · · · · · · · ·   |               |  | dress          |  |              |              |              |               | L             |  | ervices       | C             |           |                  |           |
| · · · · · · · · · · · · · · · · · · ·   |               |  |                |  |              |              | _            |               |               |  |               |               |           |                  |           |
| · · · · · · · · · · · · · · · · · · ·   | ~~~~          |  |                |  |              |              |              |               | $\prod$       |  |               |               |           |                  |           |
| · · · · · · · · · · · · · · · · · · ·   |               |  |                |  |              |              |              |               | $\perp$       |  |               |               |           |                  |           |
| · · · · · · · · · · · · · · · · · · ·   |               |  |                |  |              |              |              |               | $\perp$       |  |               |               |           |                  |           |
| · · · · · · · · · · · · · · · · · · ·   |               |  | <del></del>    |  | <u> </u>     |              | <del></del>  | <del></del>   | Щ,            |  |               |               |           |                  |           |
|   | 2             |  |                | -  |              |              |              |               | o tr          | nose listed ap-                                  | ove) who      |               |           |                  |           |

| Form 9                                |        |   |                |                 | · · ·             |  |   | Page 9   |
|---------------------------------------|--------|---|----------------|-----------------|-------------------|--|---|--|
| Part                                  | VIII   | Statement of Reve<br>Check if Schedule C        |                | nonco or noto t | o any line in thi | - Part VIII                            |   | П  |
|                                       |        | Check ii Schedule C                             | Comains a res  | ponse or note t | (A) Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business<br>revenue | (D) Revenue excluded from tax under sections 512-514 |
| ıts ı                                 | 1a     | Federated campaigns                             | s 1a           |                 |                   | 10/0/30                                |   | 0,20,,   |
| ons, Gifts, Grants<br>Similar Amounts | b      | Membership dues .                               |                |                 | _                 |  |   |  |
| S, C                                  | C      | Fundraising events .                            | <u>1c</u>      | 179,010.        | ļ                 | 1                                      | İ                                       |  |
| Giff<br>la                            | d      | Related organizations                           |                |                 |                   |  |   |  |
| ş Ē                                   | е      | Government grants (cor                          |                |                 | ]                 |  |   |  |
| it S                                  | f      | All other contributions, g                      |                |                 |                   |  |   |  |
| -효호                                   |        | _and similar amounts not inc                    |                |                 | -                 |  | -                                       | •  |
| Contributions,<br>and Other Sim       | g      | Noncash contributions inclu                     |                | 170,557.        |                   |  |   |  |
|                                       | h      | Total. Add lines 1a 1                           | <u> </u>       | Business Code   | 1,075,722.        |  |   |  |
| une                                   | _      |   |                |                 |                   | 5 001 000                              |   |  |
| eve                                   | 2a     |   |                | 611110          |                   | 5,801,872.                             | 0.                                      | . 0  |
| e B                                   | b      | School fees                                     |                | 611110          | 7,007.            | 7,007.                                 | 0.                                      | 0.   |
| Program Service Revenue               | C      | Transportation                                  |                | 611110          | 97,551.           | 97,551.                                | 0.                                      | 0.   |
| Se (                                  | d      | ***************************************         |                |                 |                   |  |   |  |
| ıran                                  | e      | All other program ser                           |                |                 |                   | -                                      |   |  |
| rog                                   | f<br>g | Total. Add lines 2a-2                           |                | •               | 5,906,430.        |  |   |  |
|                                       | 3      | Investment income                               |                |                 | 2,300,430.        | <u> </u>                               |   |  |
|                                       |        | and other similar amo                           |                | •               | 7,134.            | 0.                                     | 0.                                      | 7,134.   |
|                                       | 4      | Income from investmen                           | •              |                 | ,,154.            | · .                                    | <u> </u>                                | ,,151.   |
|                                       | 5      |   |                |                 |                   |  |   |  |
|                                       |        | rioyanioo                                       | (i) Real       | (ii) Personal   |                   |  |   |  |
|                                       | 6a     | Gross rents                                     |                |                 |                   |  |   | į  |
|                                       | ь      | Less rental expenses                            |                |                 | 1                 |  |   |  |
|                                       | C      | Rental income or (loss)                         |                |                 | 1                 | <u> </u>                               |   |  |
|                                       | d      | Net rental income or                            | (loss)         | ▶               |                   |  |   |  |
|                                       | 7a     | Gross amount from sales of                      | (i) Securities | (II) Other      |                   |  |   |  |
|                                       |        | assets other than inventory                     |                | 10,454,342      |                   |  |   |  |
|                                       | b      | Less cost or other basis                        |                |                 |                   |  |   |  |
|                                       |        | and sales expenses .                            |                | 6,684,569.      |                   |  |   |  |
|                                       | С      | Gain or (loss) .                                |                | 3,769,773.      |                   |  |   |  |
|                                       | d      | Net gain or (loss) .                            |                | <u> ▶</u>       | 3,769,773.        | 0.                                     | 0.                                      | 3,769,773.   |
| ۵                                     |        |   |                |                 |                   |  |   |  |
| 2                                     | 8a     | Gross income from fu                            |                |                 |                   |  |   |  |
| e ve                                  |        | events (not including \$                        |                |                 |                   |  |   |  |
| Œ.                                    |        | of contributions report See Part IV, line 18 .  |                |                 |                   |  |   |  |
| Other Revenue                         |        |   |                | 10,000          | _                 |  |   |  |
| ō                                     |        | Less: direct expense:<br>Net income or (loss) f |                |                 | 12 007            | ·                                      |   | 12 007   |
|                                       |        | Gross income from ga                            |                | events .        | -13,887.          |  | 0.                                      | -13,887.   |
|                                       | 54     | _   | · · · · a      |                 |                   |  |   |  |
|                                       | ь      | Less direct expense                             | _              | ·               | 1                 |  |   |  |
|                                       |        | Net income or (loss) f                          |                | `               |                   | · <del></del>                          |   |  |
|                                       |        | Gross sales of in                               |                |                 |                   |  |   |  |
|                                       |        | returns and allowanc                            |                |                 |                   |  |   |  |
|                                       | ь      | Less: cost of goods s                           | sold b         |                 | 1                 |  |   |  |
|                                       | С      |   |                | rentory ►       |                   |  | -                                       |  |
|                                       |        | Miscellaneous F                                 |                | Business Code   |                   |  |   |  |
|                                       | 11a    |   |                |                 |                   |  |   |  |
|                                       | b      |   |                |                 |                   |  |   |  |
|                                       | С      |   |                |                 |                   |  |   |  |
|                                       | d      | All other revenue .                             |                |                 |                   | ļ. <u> </u>                            |   |  |
|                                       | е      | Total. Add lines 11a-                           |                |                 |                   |  |   |  |
|                                       | 12     | Total revenue, See i                            | nstructions    | •               | 110.745.172       | 5.906.430                              | 0.                                      | 3.763.020  |

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (C) Management and general expenses (D) Fundraising expenses Do not include amounts reported on lines 6b, 7b, (A) Total expenses 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21... Grants and other assistance to domestic 2 individuals. See Part IV, line 22 . . . . . . 1,229,204. 1,229,204 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . Benefits paid to or for members . . . . Compensation of current officers, directors, 5 trustees, and key employees . . . . . 676,278. 269,120. 199,621. 207,537. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages . . . . . . 7 2,643,467. 2,159,698 331,665. 152,104. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits . . . . . . 16,735. 7,763. 9 107,527. 83,029 10 Payroll taxes 235,570. 172,649 37,668. 25,253. . . . . . . Fees for services (non-employees) 11 a Management . . . . . . . . . . Accounting . . . . . . . . . d Professional fundraising services. See Part IV, line 17 5,000. 5,000. Investment management fees . . . 47,674. 47,674. 0. 0. Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion . . . . . 30,735. 25,202. 3,996. 1,537. 321,903. 263,962 41,846. 16,095. 13 Office expenses . . . . . . 14 Information technology . . . . . 82,761. 67,864 10,759. 4,138. 15 Occupancy . . . . . . . 10,131. 16 202,614. 166,143 26,340. 17 607. 607. 0. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings . 19 28,047 28,047 0. 160,567. 160,567. 0. 20 21 Payments to affiliates . . . . 772,666. 633,588. 100,445. 38,633. 22 Depreciation, depletion, and amortization . 3,832. 23 76,646. 62,850 9,964. 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 210,702 172,776. 27,391. 10,535. a Maintenance 368,760. 0. 368,760. 0. b Instruction Student activities 145,557 145,557 0 С 0. 24,027 9,355 4,303. 10,369. Other school expenses All other expenses
Total functional expenses. Add lines 1 through 24e 1,019,581. 7,370,312. 5,857,804. 492,927. 25 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 following SOP 98-2 (ASC 958-720)

Part X Balance Sheet (A) (B) Beginning of year End of year 1 2,350,476. 1,283,301. 2 2 Savings and temporary cash investments . . . . . 75,443 1,781,616. 3 3 2,413,884. 1,202,222. 4 4 79,259. 113.815. 5 Loans and other receivables from current and former officers, directors, . . . . . ٠. -. . trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 495f(c)(3)(f), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . 6 Assets 7 7 8 8 764,547. 9 q Prepaid expenses and deferred charges . . . 42,297. Land, buildings, and equipment cost or 10a other basis, Complete Part VI of Schedule D | 10a | 49.128.999. Less: accumulated depreciation . . . . |10b| 870,538. 52,798,637. 10c 48,258,461. b 50,094. 11 82,274. 11 1,012,124. 12 12 Investments—other securities. See Part IV, line 11 . . . . . . . 0. Investments - program-related. See Part IV, line 11 . . . . . . . . . 13 13 14 14 163,890. 15 163,891. 15 Total assets. Add lines 1 through 15 (must equal line 34) . . . . 61,414,527 16 51,221,704. 16 17 17 Accounts payable and accrued expenses . . . . . . . . . 2,497,591. 362,393. 18 18 1,176,520. 19 1,480,682. 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . 22 23 Secured mortgages and notes payable to unrelated third parties . . . 21,358,424. 23 9,619,495. Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 29,659. 27,180. Total liabilities. Add lines 17 through 25 . . . . . 25,062,194. 26 11,489,750. Organizations that follow Sl'AS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 36,175,545. 27 39,555,166. 27 176,788. 28 176,788. 28 Permanently restricted net assets . . . . . . 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds . . . . . . . . . 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds . 33 36,352,333. 33 39,731,954. 61,414,527. 51,221,704. Total liabilities and net assets/fund balances . . . 34 Form **990** (2017)

| orm 99 | 90 (2017)  |          |          |         | Pa      | ge <b>12</b> |
|--------|--|----------|----------|---------|---------|--------------|
| Part   | XI Reconciliation of Net Assets  |          |          |         |         |              |
| •      | Check if Schedule O contains a response or note to any line in this Part XI                              | <u> </u> | <u></u>  |         |         |              |
| 1      | Total revenue (must equal Part VIII, column (A), line 12)  | 1        |          | 10,7    | 45,1    | 72.          |
| 2      | Total expenses (must equal Part IX, column (A), line 25)   | 2        |          | 7,3     | 70,3    | 12.          |
| 3      | Revenue less expenses. Subtract line 2 from line 1   | 3        |          | 3,3     | 74,8    | 60.          |
| 4      | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                | 4        | 3        | 36,3    | 52,3    | 33.          |
| 5      | Net unrealized gains (losses) on investments   | 5        |          |         | 5,5     | 28.          |
| 6      | Donated services and use of facilities   | 6        | L        |         |         |              |
| 7      | Investment expenses  | 7        |          |         |         |              |
| 8      | Prior period adjustments   | 8        |          |         | - 7     | 67.          |
| 9      | Other changes in net assets or fund balances (explain in Schedule O)                                     | 9        |          |         |         |              |
| 10     | Net assets or fund balances at end of year. Combine lines 3-through 9-(must-equal-Part-X,-line—          |          |          |         |         |              |
|        | 33, column (B))  | 10       | 3        | 39,7    | 31,9    | 54.          |
| Part   | XII Financial Statements and Reporting   |          |          |         |         |              |
|        | Check if Schedule O contains a response or note to any line in this Part XII                             | <u> </u> | <u> </u> | <u></u> | <u></u> |              |
|        |  |          |          |         | Yes     | No           |
| 1      | Accounting method used to prepare the Form 990:  Cash  Accrual  Other                                    |          | _        |         |         |              |
|        | If the organization changed its method of accounting from a prior year or checked "Other," ex            | plaın    | ın       |         |         |              |
|        | Schedule O.  |          |          |         |         | لــــا       |
| 2a     | Were the organization's financial statements compiled or reviewed by an independent accountant?          |          |          | 2a      |         | ×            |
|        | If "Yes," check a box below to indicate whether the financial statements for the year were comp          | olled    | or       | 1       |         | 1            |
|        | reviewed on a separate basis, consolidated basis, or both:   |          | !        |         | ,       | {            |
|        | Separate basis Consolidated basis Both consolidated and separate basis                                   |          |          |         |         |              |
| b      | ······································   |          |          | 2b      |         | ×            |
|        | If "Yes," check a box below to indicate whether the financial statements for the year were audite        | d on     | а        | ]       |         |              |
|        | 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 over   |          |          |         |         |              |
|        | of the audit, review, or compilation of its financial statements and selection of an independent account |          |          | 2c      |         | ×            |
|        | If the organization changed either its oversight process or selection process during the tax year, ex    | plain    | ın       | *       |         | i            |
|        | Schedule O.  |          |          |         |         | ئـــا        |
| 3a     | As a result of a federal award, was the organization required to undergo an audit or audits as set       | torth    | ın       |         |         |              |
|        | the Single Audit Act and OMB Circular A-133?   | • •      | •        | 3a      |         | ×            |
| b      | If "Yes," did the organization undergo the required audit or audits? If the organization did not under   | _        |          | l       |         | ļ            |
|        | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a       | udits.   |          | 3b      |         | 1            |

Form **990** (2017)

#### **SCHEDULE A** (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

Total

Employer identification number

| Oak    | crest  | School   |  |   |  |                                       | 52-1182755  |   |  |  |  |
|--------|--|--|--|---|--|---------------------------------------|---|---|--|--|--|
| Pai    | rt I   | Reason for Public Char   | ity Status (All  | organizations must  | comple                                 | te this p                             | art.) See instructio                                      | ns.   |  |  |  |
| The    | organiz  | ation is not a private founda  | tion because it is                                       | s (For lines 1 through  | 12, chec                               | k only or                             | e box.)   |   |  |  |  |
| 1      | □ A c  | church, convention of church   | nes, or association                                      | on of churches descri   | bed in <b>se</b>                       | ction 17                              | 0(b)(1)(A)(i).  | $\wedge$  |  |  |  |
| 2      | X A s  | school described in section  | 170(b)(1)(A)(ii). (                                      | Attach Schedule E (F  | orm 990                                | or 990-E2                             | <u>Z</u> ).)  | $\mathcal{O}$                                   |  |  |  |
| 3      | □ A b  | nospital or a cooperative hos  | pital service org  | anization described ii  | n section                              | 170(b)(1                              | )(A)(iii).  |   |  |  |  |
| 4      | ☐ A r  | nedical research organizatio   | n operated in co   | injunction with a hosp  | oital desc                             | rıbed ın <b>s</b>                     | ection -170(b)(1)(A)(                                     | iii). Enter_the                                 |  |  |  |
|        | ho   | spital's name, city, and state   | <del>)</del> .   |   |  |                                       |   |   |  |  |  |
| 5      |  | organization operated for t  |  | college or university   | owned o                                | r operate                             | d by a government   | al unit described in                            |  |  |  |
| 6<br>7 | ☐ An   | ederal, state, or local goverr<br>organization that normally<br>scribed in <b>section 170(b)(1)</b>                  | receives a subst   | tantial part of its supp  |  |                                       |   | the general public                              |  |  |  |
| 8      | □ A c  | community trust described in   | section 170(b)   | (1)(A)(vi). (Complete f   | Part II.)                              |                                       |   |   |  |  |  |
| 9      | An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university. |  |  |   |  |                                       |   |   |  |  |  |
| 10     | rec<br>suj<br>ac   | organization that normally recipts from activities related opport from gross investment quired by the organization a | to its exempt fur<br>income and unr<br>fter June 30, 197 | nctions—subject to co<br>related business taxal<br>75. See <b>section 509(</b> a    | ertain exc<br>ble incom<br>i)(2). (Cor | ceptions,<br>ie (less se<br>nplete Pa | and (2) no more that<br>ection 511 tax) from<br>art III ) | n 331/3% of its                                 |  |  |  |
| 11     | ☐ An   | organization organized and   | operated exclus  | sively to test for public   | c safety. S                            | See <b>sect</b> i                     | on 509(a)(4).   |   |  |  |  |
| 12     |  | organization organized and   | •  | -   | -                                      |                                       |   |   |  |  |  |
|        |  | one or more publicly suppo   | -  |   | -                                      |                                       |   |   |  |  |  |
|        | Ch   | eck the box in lines 12a thro  | ugh 12d that des   | scribes the type of sup   | porting o                              | organizatio                           | on and complete line                                      | s 12e, 12f, and 12g.                            |  |  |  |
| а      |  | Type I. A supporting organ   |  |   |  |                                       |   |   |  |  |  |
|        |  | the supported organization   | • •  |   |  |                                       | he directors or trust                                     | ees of the                                      |  |  |  |
|        | _  | supporting organization Y  |  |   |  |                                       |   |   |  |  |  |
| b      | • 🗆  | Type II. A supporting organization(s). You must of   | the supporting o   | rganization vested in   | the same                               |                                       |   |   |  |  |  |
| c      |  | Type III functionally integ  | -  |   |  | onnection                             | n with, and functions                                     | ally integrated with.                           |  |  |  |
|        | ,  | its supported organization(  |  |   |  |                                       |   | ,eg.a.ea v,                                     |  |  |  |
| d      |  | Type III non-functionally i  |  |   |  |                                       |   | orted organization(s)                           |  |  |  |
|        | • ⊔  | that is not functionally integredurement (see instruction  | grated. The orgai  | nization generally mus  | st satisfy                             | a distribu                            | ition requirement an                                      |   |  |  |  |
| е      |  | Check this box if the organ  | zation received  | a written determination   | on from th                             | ne IRS th                             | at it is a Type I, Type                                   | e II, Type III                                  |  |  |  |
|        |  | functionally integrated, or 7  |  |   |  |                                       |   |   |  |  |  |
| f      | Ente   | r the number of supported of   | organizations .  |   |  |                                       |   |   |  |  |  |
| g      | Prov   | ride the following information   | about the supp   | orted organization(s).  |  |                                       |   |   |  |  |  |
|        | (i) Nam  | e of supported organization  | (ii) EIN   | (iii) Type of organization<br>(described on lines 1–10<br>above (see instructions)) | listed in you                          | organization<br>or governing<br>ment? | (v) Amount of monetary<br>support (see<br>instructions)   | (vi) Amount of other support (see instructions) |  |  |  |
|        |  |  |  |   | Yes                                    | No                                    |   |   |  |  |  |
|        |  |  |  |   | 1.55                                   |                                       |   |   |  |  |  |
| (A)    |  |  |  |   |  |                                       |   |   |  |  |  |
| (B)    |  |  |  |   |  |                                       |   |   |  |  |  |
| (C)    |  |  |  |   |  |                                       | <del>                                     </del>          |   |  |  |  |
| (D)    |  |  |  |   |  |                                       | . –   |   |  |  |  |
| (E)    |  |  |  |   |  |                                       | "-  | · · · · · · · · · · · · · · · · · · ·           |  |  |  |

| Part       | II Support Schedule for Organiza  |  |                  |   |                 |                   |                    |
|------------|---|--|------------------|---|-----------------|-------------------|--------------------|
| •          | (Complete only if you checked th  |  |                  |   |                 |                   | alify under        |
|            | Part III. If the organization fails to  | qualify unde                             | er the tests lis | sted below, p                                 | lease comple    | ete Part III.)    |                    |
|            | on A. Public Support  | () 00/0                                  | # > 004.4        | 430045  | 100010          | 4 ) 0047          | 1 1017             |
|            | dar year (or fiscal year beginning in)  | (a) 2013                                 | <b>(b)</b> 2014  | (c) 2015                                      | (d) 2016        | (e) 2017          | (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 through 3  |  |                  |   |                 |                   |                    |
| 5          | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |  | -                |   |                 | ,                 |                    |
| 6          | Public support. Subtract line 5 from line 4   |  |                  |   |                 |                   |                    |
|            | on B. Total Support   | (-) 2012                                 | /b) 2014         | (c) 2015                                      | (d) 2016        | (a) 2017          | (6 Total           |
| Calen<br>7 | dar year (or fiscal year beginning in)  | (a) 2013                                 | <b>(b)</b> 2014  | / (C) 2015                                    | (d) 2016        | <b>(e)</b> 2017   | (f) Total          |
| 8          | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   | - 11-11-11-11-11-11-11-11-11-11-11-11-11 |                  |   |                 |                   |                    |
| 9          | Net income from unrelated business activities, whether or not the business is regularly carried on  |  |                  |   |                 |                   |                    |
| 10         | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)   |  |                  |   |                 |                   |                    |
| 11         | Total support. Add lines 7 through 10   |  |                  |   |                 |                   |                    |
| 12         | Gross receipts from related activities, etc.  |  |                  |   |                 | 12                |                    |
| 13         | First five years. If the Form 990 is for the  | _  |                  |   | -               |                   |                    |
|            | organization, check this box and stop he  |  |                  | <u>· · · · · · · · · · · · · · · · · · · </u> |                 |                   | <b>▶</b> □         |
|            | on C. Computation of Public Support Public support percentage for 2017 (line 6  |  |                  | d luman (6)                                   |                 | 44                | 0/                 |
| 14<br>15   | Public support percentage for 2017 (line of Public support percentage from 2016 Sch   |  | •                | i, column (i))                                |                 | 15                | <del>%</del>       |
| 16a        | 331/3% support test—2017. If the organi   |  |                  |   |                 |                   |                    |
| .00        | box and stop here. The organization qua   |  |                  |   |                 |                   | <b>&gt;</b> 🗀      |
| b          | 331/3% support test—2016. If the organithis box and stop here. The organization   | zation did not                           | check a box o    | on line 13 or 16                              |                 | ıs 33¹/3% or m    | nore, check        |
| 17a        | 10%-facts-and-circumstances test—20<br>10% or more, and if the organization me<br>Part VI how the organization meets the "<br>organization  | ets the "facts                           | -and-circumst    | ances" test, cl                               | heck this box a | and stop here     | . Explain in       |
| b          | 10%-facts-and-circumstances test—20<br>15 is 10% or more, and if the organization in Part VI how the organization in supported organization   | ition meets th                           | e "facts-and-o   | circumstances                                 | " test, check   | this box and      | stop here.         |
| 18         | Private foundation. If the organization di instructions   |  |                  |   |                 |                   | see ▶ □            |
|            |   |  |                  |   | Scł             | nedule A (Form 99 | 90 or 990-EZ) 2017 |

| Part        | Support Schedule for Organiza (Complete only if you checked the                              |              |  |                 |               | d to qualify u  | ndor Part II 9                                |
|-------------|--|--------------|--|-----------------|---------------|-----------------|---|
|             | If the organization fails to qualify   |              |  | •               |               |                 | nder Part II.                                 |
| Section     | on A. Public Support   | under the te | sts listed beit                                  | ow, piease co   | Jinpiete Fart | 11.)            |   |
|             | dar year (or fiscal year beginning in)   | (a) 2013     | <b>(b)</b> 2014                                  | (c) 2015        | (d) 2016      | <b>(e)</b> 2017 | (f)/Total                                     |
| 1           | Gifts, grants, contributions, and membership fees  | (a) 2013     | (6) 2014   | (0) 2013        | (4) 2010      | (0) 2017        | (i)/Total                                     |
| •           | received. (Do not include any "unusual grants")  |              |  |                 |               |                 |   |
| 2           | Gross receipts from admissions, merchandise  |              |  |                 |               |                 | <del>-</del>                                  |
| -           | sold or services performed, or facilities  |              |  |                 |               |                 |   |
|             | furnished in any activity that is related to the   |              |  |                 |               |                 |   |
| _           | organization's tax-exempt purpose  | ļ            | +  |                 |               |                 | <del> </del>                                  |
| 3           | Gross receipts from activities that are not an unrelated trade or business under section 513 |              |  |                 |               |                 |   |
|             |  |              |  |                 |               | /               |   |
| 4           | Tax revenues levied for the  |              |  |                 | /             |                 |   |
|             | organization's benefit and either paid to  |              |  |                 |               |                 |   |
| _           | or expended on its behalf  |              |  |                 |               |                 |   |
| 5           | The value of services or facilities  |              |  |                 |               |                 |   |
|             | furnished by a governmental unit to the  |              |  |                 | /             |                 |   |
|             | organization without charge  |              |  |                 | /             |                 |   |
| 6           | Total. Add lines 1 through 5   |              |  | /               |               |                 |   |
| 7a          | Amounts included on lines 1, 2, and 3  |              |  |                 |               |                 |   |
|             | received from disqualified persons .   |              |  |                 |               |                 |   |
| b           | Amounts included on lines 2 and 3  |              |  |                 |               |                 |   |
|             | received from other than disqualified  |              |  |                 |               |                 |   |
|             | persons that exceed the greater of \$5,000   |              |  |                 |               |                 |   |
|             | or 1% of the amount on line 13 for the year  |              |  |                 |               |                 |   |
| _           | Add lines 7a and 7b  |              |  |                 |               |                 |   |
| 8           | Public support. (Subtract line 7c from   |              | , /  |                 |               |                 |   |
|             | line 6.)   |              | L/   |                 | <u> </u>      |                 |   |
|             | on B. Total Support  | 1            |  | 1               |               | 1               | 1 12 7 1 1                                    |
|             | dar year (or fiscal year beginning in)   | (a) 2013     | <b>(b)</b> 2014                                  | (c) 2015        | (d) 2016      | <b>(e)</b> 2017 | (f) Total                                     |
| 9           | Amounts from line 6  | <i>j</i>     | 4  |                 |               |                 | <u> </u>                                      |
| 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   | /            |  |                 | ļ             | ļ               |   |
|             | acquired after June 30, 1975   |              | <del>                                     </del> |                 |               |                 | <del></del>                                   |
|             | Add lines 10a and 10b  | ł            |  |                 | ļ             |                 |   |
| 11          | Net income from unrelated business   |              |  |                 |               | 1               |   |
|             | 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 VI.)  |              | -  |                 |               |                 |   |
| 13          | Total support. (Add lines 9, 10c, 11,  |              |  |                 |               |                 |   |
|             | and 12.)   |              |  |                 | 6.645 4       |                 | - F01(a)(2)                                   |
| 14          | First five years. If the Form 990 is for the organization, check this box and stop he        |              |  |                 |               |                 |   |
| Co -4:      | on C. Computation of Public Suppo  |              |  | • • • • •       | · · · · ·     |                 | · · · <u>-                               </u> |
|             |  |              |  | 10              |               | 15              |   |
| 15          | Public support percentage for 2017 (line   |              | -  |                 |               | <del></del>     |   |
| 16<br>Socti | Public support percentage from 2016 Sc   |              |  |                 | • • • •       | 16              |   |
|             | on D. Computation of Investment In   |              |  | v line 12 peli: | mn (fl)       | 17              | <u>%</u>                                      |
| 17          | Investment income percentage for 2017 Investment income percentage from 201                  | •            |  | -               |               |                 | %<br>%  |
| 18          | 331/3% support tests—2017. If the organ  |              |  |                 |               |                 |   |
| 19a         | 17 is not more than 331/3%, check this box   |              |  |                 |               |                 |   |
| ь           | 331/3% support tests—2016. If the organic  |              | _  |                 |               | _               | _   |
| U           | line 18 is not more than 331/3%, check this  |              |  |                 |               |                 |   |
| 20          | Private foundation If the organization d   |              | =  |                 |               |                 |   |

#### Part IV Supporting Organizations

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

Section A. All Supporting Organizations

| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | All dapporting organizations   |                | Yes      | No |
|---|--|----------------|----------|----|
| 1                                       | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.                                 | <del>-</del> 1 |          |    |
| 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 <b>Part VI</b> 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 (b) and (c) below.  | 3a             | ļ        |    |
| 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 <b>Part VI</b> when and how the organization made the determination.  | 3b             |          |    |
| С                                       | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use  | 3c             |          |    |
| 4a                                      | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below  | 4a             |          |    |
| b                                       | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.                         | 4b             |          |    |
| С                                       | 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 <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)      |                |          |    |
| 5a                                      | purposes  Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"   | 4c             |          |    |
|   | answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , 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).  | 5a             |          |    |
| b                                       | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   | 5b             |          |    |
| C                                       | Substitutions only. Was the substitution the result of an event beyond the organization's control?   | 5с             |          |    |
| 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 <b>Part VI</b> .   | 6              | <u> </u> | 1  |
| 7                                       | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).               | 7              |          |    |
| 8                                       | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?  |                |          |    |
| 0-                                      | If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)   | 8              |          |    |
| 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 <b>Part VI</b> .   | 9a             |          |    |
| b                                       | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .  | 9b             |          |    |
| С                                       | Did a disqualified person (as defined in 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 <b>Part VI.</b>  | 9c             |          |    |
| 10a                                     |  |                |          |    |
|   | supporting organizations)? If "Yes," answer 10b below.   | 10a            |          |    |
| 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.)   | 10b            |          |    |

| Part        | V 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 in (b) and (c)   |          |            |             |  |
|             | below, the governing body of a supported organization?   | 11a      |            |             |  |
|             | A family member of a person described in (a) above?  | 11b      |            |             |  |
|             | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  | 11c      | L          |             |  |
| Section     | on B. Type I Supporting Organizations  |          |            |             |  |
|             |  |          | Yes        | No          |  |
| 1           | Did the directors, trustees, or membership of one or more supported organizations have the power to  |          |            |             |  |
|             | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the   |          |            |             |  |
|             | -tax year?-If-"No," describe in <b>Part-VI</b> how the supported organization(s) <u>effectively operated, supervised, or</u> controlled the organization's activities. If the organization had more than one supported organization, |          |            |             |  |
|             | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported  |          |            | 1           |  |
|             | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.   |          |            | نـــــا     |  |
|             | •  | 1        |            | ļ           |  |
| 2           | Did the organization operate for the benefit of any supported organization other than the supported  |          |            |             |  |
|             | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part  |          |            |             |  |
|             | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.  |          |            |             |  |
|             |  | 2        |            |             |  |
| Section     | on C. Type II Supporting Organizations   |          | 1          |             |  |
|             |  |          | Yes        | No          |  |
| 1           | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors   |          | ļ          |             |  |
|             | or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed          |          | ł          |             |  |
|             | the supported organization(s)  | <u> </u> |            | <b>├</b>    |  |
| <del></del> |  | 1        | L          | L           |  |
| Section     | on D. All Type III Supporting Organizations  |          | \ <u>\</u> | - NI -      |  |
|             |  |          | 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   |          |            |             |  |
|             | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1        |            |             |  |
| 2           | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   | <b>-</b> |            | -           |  |
| 2           | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how  | }        |            |             |  |
|             | the organization maintained a close and continuous working relationship with the supported organization(s).  |          |            |             |  |
| 3           | By reason of the relationship described in (2), did the organization's supported organizations have a  | 2        |            |             |  |
| •           | 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   | 1        |            | ;           |  |
|             | supported organizations played in this regard.   | 3        |            |             |  |
| Secti       | on E. Type III Functionally Integrated Supporting Organizations  |          | L          |             |  |
|             | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see   | inetro   | ction      |             |  |
| 1           |  | nsuu     | Clibri     | <i>3)</i> . |  |
| a           | The organization satisfied the Activities Test. Complete line 2 below.   |          |            |             |  |
| b           | The organization is the parent of each of its supported organizations. Complete line 3 below.  | /        |            |             |  |
| С           | The organization supported a governmental entity. Describe in Part VI how you supported a government entity  | SEE IN   |            | iuris)      |  |
| 2           | Activities Test. Answer (a) and (b) 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       |            | <u> </u>    |  |
| b           | Did the activities described in (a) 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   | 1        |            | -           |  |
|             | reasons for the organization's position that its supported organization(s) would have engaged in these   |          |            |             |  |
|             | activities but for the organization's involvement.   | 2b       |            | ļ           |  |
| 3           | Parent of Supported Organizations. Answer (a) and (b) below.   |          | i          |             |  |
| а           | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or  |          |            |             |  |
|             | trustees of each of the supported organizations? Provide details in Part VI.   | 3a       |            | <u> </u>    |  |
| 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.  | 3b       |            |             |  |

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org   | jani  | zations                               |                                |
|--|-------|---------------------------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying<br>instructions. All other Type III non-functionally integrated supporting organ   |       |                                       |                                |
| Section A - Adjusted Net Income  |       | (A) Prior Year                        | (B) Current Year<br>(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     |                                       |                                |
| Section B - Minimum Asset Amount   |       | (A) Prior Year                        | (B) Current Year (optional)    |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year).  |       |                                       |                                |
| a Average monthly value of securities  | 1a    |                                       |                                |
| b Average monthly cash balances  | 1b    |                                       |                                |
| c Fair market value of other non-exempt-use assets   | 1c    |                                       |                                |
| d Total (add lines 1a, 1b, and 1c)   | 1d    |                                       |                                |
| e 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 1-1/2% 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 .035.   | 6     |                                       |                                |
| 7 Recoveries of prior-year distributions   | 7     |                                       |                                |
| 8 Minimum Asset Amount (add line 7 to line 6)  | 8     |                                       |                                |
| Section C - Distributable Amount   |       |                                       | Current Year                   |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A)  | 1     | , , , , , , , , , , , , , , , , , , , |                                |
| 2 Enter 85% of line 1.   | 2     |                                       |                                |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A)   | 3     |                                       |                                |
| 4 Enter greater of line 2 or line 3.   | 4     |                                       |                                |
| 5 Income tax imposed in prior year   | 5     |                                       |                                |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to   |       |                                       |                                |
| emergency temporary reduction (see instructions).  | 6     |                                       |                                |
| 7 Check here if the current year is the organization's first as a non-functional instructions).  | y int | tegrated Type III support             | ing organization (see          |

Schedule A (Form 990 or 990-EZ) 2017

| Part         | Type III Non-Functionally Integrated 509(a)(3  | ) Supporting Organi         | zations (continuea)                    |  |
|--------------|--|-----------------------------|--|--|
| Sècti        | on D - Distributions   |                             |  | Current Year                           |
| 1            | Amounts paid to supported organizations to accomplish e  | exempt purposes             |  |  |
| 2            | Amounts paid to perform activity that directly furthers exe  | rted                        |  |  |
|              | organizations, in excess of income from activity   |                             |  |  |
| 3            | Administrative expenses paid to accomplish exempt purp   | nizations                   |  |  |
| 4            | Amounts paid to acquire exempt-use assets  |                             |  |  |
| 5            | Qualified set-aside amounts (prior IRS approval required)  |                             |  | _ <del></del>                          |
| 6            | Other distributions (describe in Part VI). See instructions.   |                             |  |  |
| 7            | Total annual distributions. Add lines 1 through 6.   |                             |  |  |
| 8            | Distributions to attentive supported organizations to whice  | h the organization is res   | ponsive                                |  |
| _            | (provide details in <b>Part VI</b> ). See instructions.  |                             |  |  |
| 9            | Distributable amount for 2017 from Section C, line 6   |                             | -                                      |  |
| 10           | Line 8 amount divided by line 9 amount   |                             |  |  |
|              | Elife of arrival divided by line of arrival t  |                             | (ii)                                   | (iii)                                  |
| Se           | ection E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions | Underdistributions Pre-2017            | Distributable<br>Amount for 2017       |
| 1            | Distributable amount for 2017 from Section C, line 6   |                             |  |  |
| 2            | Underdistributions, if any, for years prior to 2017 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.                          |                             |  |  |
| 3            | Excess distributions carryover, if any, to 2017  |                             |  |  |
| а            |  |                             |  |  |
| b            | From 2013  |                             |  |  |
| С            | From 2014  |                             | -                                      | ,                                      |
| d            | From 2015  |                             |  |  |
| e            | From 2016  |                             |  |  |
| f            | Total of lines 3a through e  |                             |  |  |
|              | Applied to underdistributions of prior years   |                             |  |  |
|              | Applied to 2017 distributable amount   |                             |  |  |
| i            | Carryover from 2012 not applied (see instructions)   |                             |  |  |
| i            | Remainder. Subtract lines 3g, 3h, and 3i from 3f.  |                             |  | ************************************** |
| 4            | Distributions for 2017 from  |                             |  | · ·                                    |
|              | Section D, line 7:   |                             |  |  |
| а            | Applied to underdistributions of prior years   |                             |  |  |
| <u></u><br>b | Applied to 2017 distributable amount   |                             | ************************************** |  |
|              | Remainder. Subtract lines 4a and 4b from 4.  |                             |  |  |
| <u>-</u>     | Remaining underdistributions for years prior to 2017, if   |                             |  |  |
| J            | any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.                                  |                             |  |  |
| 6            | Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions |                             |  |  |
| 7            | Excess distributions carryover to 2018. Add lines 3j and 4c.   |                             |  |  |
| 8            | Breakdown of line 7  |                             |  | `                                      |
| а            | Excess from 2013   |                             |  |  |
| b            | Excess from 2014   |                             |  |  |
|              | Excess from 2015   |                             |  | ','                                    |
| d            |  |                             | ·                                      |  |
|              | Excess from 2017   |                             |  |  |

Schedule A (Form 990 or 990-EZ) 2017

| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) |
|---------|---|
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#### **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 2017

Open to Public Inspection

Employer identification number

| Name o | f the organization  |  | Employer identification number         |
|--------|---|--|--|
| Oak    | crest School  |  | 52-1182755                             |
| Par    |   |  | ds or Accounts.                        |
|        | Complete if the organization answered   |  |  |
|        |   | (a) Donor advised funds                      | (b) Funds and other accounts           |
| 1      | Total number at end of year   |  |  |
| 2      | Aggregate value of contributions to (during year)   |  |  |
| 3      | -Aggregate value of grants from (during year)   |  | <del> </del>                           |
| 4      | Aggregate value at end of year  |  | <u> </u>                               |
| 5      | Did the organization inform all donors and dono   |  |  |
|        | funds are the organization's property, subject to the   | _  |  |
| 6      | Did the organization inform all grantees, donors,   |  |  |
|        | only for charitable purposes and not for the bene<br>conferring impermissible private benefit?          |  |  |
| Dor    |   | · · · · · · · · · · · · · · · · · · ·        | · · · · · · · · · · · · · · · · · · ·  |
| Par    |   | "Vos" on Form 990 Part IV June 7             |  |
|        | Complete if the organization answered   |  |  |
| 1      | Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation) |  | f a historically important land area   |
|        | Protection of natural habitat   | ·  | f a certified historic structure       |
|        | Preservation of open space  | Freservation o                               | a certified historic structure         |
| 2      | Complete lines 2a through 2d if the organization h  | eld a qualified conservation contribution    | on in the form of a conservation       |
| -      | easement on the last day of the tax year.   |  | Held at the End of the Tax Year        |
| а      | Total number of conservation easements .  |  | . 2a                                   |
| b      | Total acreage restricted by conservation easemen  |  | · L —                                  |
| c      | Number of conservation easements on a certified   |  |  |
| ď      | Number of conservation easements included in  | • •  |  |
| _      |   |  |  |
| 3      | Number of conservation easements modified, tran   | nsferred, released, extinguished, or terr    | ninated by the organization during the |
|        | tax year ▶  |  |  |
| 4      | Number of states where property subject to conse  | ervation easement is located ►               |  |
| 5      | Does the organization have a written policy re-   |  |  |
|        | violations, and enforcement of the conservation ea  |  |  |
| 6      | Staff and volunteer hours devoted to monitoring, inspec   | cting, handling of violations, and enforcing | conservation easements during the year |
|        | <b>&gt;</b>   |  |  |
| 7      | Amount of expenses incurred in monitoring, inspecti   | ng, handling of violations, and enforcing    | conservation easements during the year |
|        | <b>\$</b>   |  |  |
| 8      | Does each conservation easement reported on line  |  |  |
|        |   |  | · · · · · · · L Yes L No               |
| 9      | In Part XIII, describe how the organization reports   |  |  |
|        | balance sheet, and include, if applicable, the text   | <del>-</del>                                 | nancial statements that describes the  |
| Des    | organization's accounting for conservation easem  |  | Other Similar Assets                   |
| Par    | Organizations Maintaining Collection Complete if the organization answered                              |  |  |
|        | If the organization elected, as permitted under Si  |  |  |
| ıa     | works of art, historical treasures, or other similar  |  |  |
|        | public service, provide, in Part XIII, the text of the  |  |  |
| h      | If the organization elected, as permitted under s   |  |  |
| D      | works of art, historical treasures, or other similar  |  |  |
|        | public service, provide the following amounts rela  |  |  |
|        | (i) Revenue included on Form 990, Part VIII, line 1   | _  | <b>▶</b> \$                            |
|        | (ii) Assets included in Form 990, Part X  |  | <b>▶</b> \$                            |
| 2      | If the organization received or held works of ar  |  |  |
| -      | following amounts required to be reported under   |  |  |
| а      | Revenue included on Form 990, Part VIII, line 1   | · · · · · · · · · · · · · · · · · · ·        |  |
| h      |   |  | <b>b</b> ¢                             |

| Part   | III Organizations Maintaining   |          |                            |              |            |                          |          |                         |            |          |        |
|--------|---|----------|----------------------------|--------------|------------|--------------------------|----------|-------------------------|------------|----------|--------|
| .3     | Using the organization's acquisition, collection items (check all that apply)   | acces    | sion, and of               | ther reco    | ds, chec   | k any of th              | e follov | wing that are a         | significar | it use   | of its |
| а      | ☐ Public exhibition   |          |                            | d            |            | or exchang               |          |                         |            |          |        |
| b      | ☐ Scholarly research  |          |                            | е            | ☐ Othe     | r                        |          |                         |            |          |        |
| С      | Preservation for future generations   |          |                            |              |            |                          |          |                         |            |          |        |
| 4      | Provide a description of the organiza   | tion's   | collections                | and expla    | ain how t  | hey further              | the org  | ganization's exe        | empt purp  | ose ir   | n Part |
| _      | XIII.   | 4        |                            | J            |            | Linksmanl Am             |          |                         | .1         |          |        |
| 5      | 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? |          |                            |              |            |                          |          |                         |            |          |        |
| Part   |   |          |                            |              |            |                          | _        |                         |            | _        |        |
|        | Complete if the organization 990, Part X, line 21.  |          |                            |              |            |                          |          | •                       |            | n Fori   | m      |
| 1a     | Is the organization an agent, trustee included on Form 990, Part X?   |          |                            |              |            |                          |          |                         |            | es [     | ] No   |
| b      | If "Yes," explain the arrangement in P  | art XIII | and compl                  | ete the fo   | llowing t  | able <sup>.</sup>        |          |                         |            |          |        |
|        |   |          |                            |              |            |                          | <u> </u> |                         | Amount     |          |        |
| С      | Beginning balance   |          |                            |              |            |                          | 10       | <del></del>             |            |          |        |
| d      | Additions during the year   |          |                            |              |            |                          | 10       | -                       |            |          |        |
| e      | Distributions during the year   |          |                            |              |            |                          | 16       |                         |            |          |        |
| f      | Ending balance  |          |                            |              |            |                          | 11       |                         | <u> </u>   | /aa      | ¬ N =  |
| 2a     | If "Yes," explain the arrangement in P  |          |                            |              |            |                          |          |                         | -          |          | _      |
|        | Endowment Funds.  | art All  | i. Check her               | e ii trie e. | xpianatio  | iii iias beeii           | provid   | ed on Fart Alli         | <u> </u>   |          |        |
| T CII  | Complete if the organization  | n ansv   | vered "Yes                 | " on For     | m 990. l   | Part IV. line            | e 10.    |                         |            |          |        |
| -      |   |          | Current year               |              | or year    | (c) Two year             |          | (d) Three years ba      | ck (e) Fou | ır years | back   |
| 1a     | Beginning of year balance   |          |                            |              | -          |                          |          | -                       |            |          |        |
| b      | Contributions   | 1        |                            |              |            |                          |          |                         |            |          |        |
| С      | Net investment earnings, gains, and   |          |                            |              |            |                          |          |                         |            |          |        |
|        | losses  |          |                            |              |            |                          |          |                         |            |          |        |
| d      | Grants or scholarships  |          |                            |              |            |                          |          |                         |            |          |        |
| е      | Other expenditures for facilities and   |          |                            |              |            |                          |          |                         | -          |          |        |
|        | programs  |          |                            |              |            |                          |          |                         |            |          |        |
| f      | Administrative expenses   | <u></u>  |                            |              | _          |                          |          |                         |            |          |        |
| g      | End of year balance   | <u> </u> |                            | <u> </u>     |            | <u> </u>                 |          |                         |            |          |        |
| 2      | Provide the estimated percentage of   |          | rrent year er              | nd baland    | e (line 1ç | g, column (a             | i)) held | as                      |            |          |        |
| а      | Board designated or quasi-endowme   |          |                            | %            |            |                          |          |                         |            |          |        |
| b      | Permanent endowment   | %        | 0/                         |              |            |                          |          |                         |            |          |        |
| С      | Temporarily restricted endowment ► The percentages on lines 2a, 2b, and   |          |                            | 100%         |            |                          |          |                         |            |          |        |
| 3a     | Are there endowment funds not in the  |          |                            |              | zation th  | at are held              | and ad   | Iministered for         | the        |          |        |
|        | organization by.  | о рос.   |                            |              |            |                          |          |                         |            | Yes      | No     |
|        | (i) unrelated organizations   |          |                            |              |            |                          |          |                         | . 3a(i)    | +        | 1      |
|        | (ii) related organizations  |          |                            |              |            |                          |          |                         | . 3a(ii    | -        | -      |
| b      | If "Yes" on line 3a(ii), are the related of   |          |                            |              |            |                          |          |                         | . 3b       | 1        |        |
| 4      | Describe in Part XIII the intended use  |          |                            |              |            |                          |          |                         |            |          |        |
| Part   |   |          |                            |              |            |                          |          |                         |            |          |        |
|        | Complete if the organization  | n ansy   | vered "Yes                 | on For       | m 990,     | Part IV, line            | e 11a.   | See Form 990            | ), Part X, | line 1   | 10.    |
|        | Description of property   |          | (a) Cost or o<br>(investri |              | 1          | or other basis<br>other) |          | Accumulated epreciation | (d) Bo     | ok valu  | е      |
| 1a     | Land  |          |                            |              | 20,0       | 87,302.                  |          |                         | 20,0       | 87,3     | 302    |
| b      | Buildings   | . [      |                            |              | 2,6        | 67,507.                  |          | 58,351.                 | 2,6        | 509,1    | L56.   |
| C      | Leasehold improvements  | .        |                            |              |            |                          |          |                         |            |          |        |
| d      | Equipment   | ,        |                            |              | <u> </u>   | 25,007.                  |          | 8,362.                  |            | 16,6     |        |
| e      | Other   |          |                            |              |            | 149,183.                 |          | 803,825.                |            | 345,3    |        |
| Total. | Add lines 1a through 1e. (Column (d) i  | must e   | qual Form 9                | 990, Part .  | x, colum   | n (B), l <u>ine 10</u>   | JC)      |                         | 48,2       | 258,4    | ±6Ι.   |

| Part VII       | Investments—Other Securitie Complete if the organization and        |                     | m 990 Part IV   | line 11b. See Form       | 990 Part X line 12.                         |
|----------------|---|---------------------|-----------------|--------------------------|---|
|                | (a) Description of security or categor (including name of security) | ·                   | (b) Book value  | (c) Met                  | thod of valuation                           |
| (1) Financial  |   |                     | -               |                          |   |
|                | neld equity interests   |                     |                 |                          |   |
| (3) Other      | iola oquity intoroota   |                     |                 | -                        |   |
| (A)            |   |                     |                 |                          |   |
| (B)            |   |                     |                 |                          |   |
| (C)            |   |                     |                 |                          |   |
| (D)            |   |                     |                 |                          |   |
| (E)            |   |                     |                 |                          |   |
| (F)            |   |                     |                 |                          |   |
| (G)            |   |                     |                 |                          |   |
| (H)            |   |                     |                 |                          |   |
|                | b) must equal Form 990, Part X, col (B) line 12)                    |                     |                 |                          | <u> </u>                                    |
| Part VIII      | Investments - Program Relate  |                     | 000 5 . 04      |                          | 000 D 1 V 1 10                              |
|                | Complete if the organization an                                     | swered "Yes" on For |                 |                          |   |
|                | (a) Description of investment                                       |                     | (b) Book value  |                          | thod of valuation<br>i-of-year market value |
| (1)            |   |                     |                 |                          |   |
| (2)            |   |                     | <del></del>     |                          |   |
| (3)            |   |                     |                 | -                        |   |
| (4)            |   | <del></del>         | -               |                          |   |
| (5)            |   |                     |                 |                          |   |
| (6)<br>(7)     |   |                     | -               |                          |   |
| (8)            |   |                     |                 |                          |   |
| (9)            |   |                     | <del></del>     |                          |   |
|                | (b) must equal Form 990, Part X, col (B) line 13) 🕨                 | ·                   |                 |                          |   |
| Part IX        | Other Assets.   | <u> </u>            |                 |                          | <u>-</u> -                                  |
|                | Complete if the organization an                                     | swered "Yes" on For | m 990, Part IV, | line 11d. See Form       |   |
|                |   | (a) Description     |                 |                          | (b) Book value                              |
| <u>(1)</u>     |   |                     | ·               |                          |   |
| (2)            | <u></u> -   |                     |                 | <u>-</u>                 | -   |
| _(3)           |   |                     |                 | -                        |   |
| (4)            |   |                     |                 |                          |   |
| (5)            |   | <del></del>         |                 |                          |   |
| (6)            |   |                     | · <del></del>   | <del></del>              |   |
| (7)            |   | <del></del>         |                 |                          |   |
| (8)            | <del></del>   |                     |                 | ·                        |   |
|                | ımn (b) must equal Form 990, Part X,                                | col (B) line 15)    | • •             | •                        |   |
| Part X         | Other Liabilities.  |                     |                 |                          |   |
|                | Complete if the organization an                                     | swered "Yes" on For | m 990, Part IV, | line 11e or 11f. Se      | e Form 990, Part X,                         |
|                | line 25.  |                     |                 |                          |   |
| 1.             | (a) Description of liability  | (b) Book value      |                 | •                        | -   |
| (1) Federal II |   |                     |                 |                          |   |
|                | al lease payable  | 27,1                | 80.             | •                        |   |
| (3)            |   | <del></del>         |                 |                          |   |
| (4)            |   |                     |                 |                          |   |
| (5)            |   |                     |                 |                          |   |
| (7)            |   | <del> </del>        |                 |                          |   |
| (8)            | . <u>.</u>  | <del>-  </del>      | <del></del>     |                          |   |
| (9)            | <del></del>   |                     |                 |                          |   |
|                | (b) must equal Form 990, Part X, col (B) line 25)                   | 27,1                | 80.             | •                        |   |
|                | r uncertain tax positions. In Part XIII, pro                        |                     |                 | ation's financial statem | ents that reports the                       |

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

| Part XI |  |                             | Return.       |
|---------|--|-----------------------------|---------------|
| ·       | Complete if the organization answered "Yes" on Form 990,   |                             | 1.1           |
|         | otal revenue, gains, and other support per audited financial statements                              |                             | 1             |
|         | mounts included on line 1 but not on Form 990, Part VIII, line 12                                    | 1 1                         | <b>}</b>      |
|         | et unrealized gains (losses) on investments  | 2a                          | <b>-</b>      |
|         | onated services and use of facilities  |                             | <b>↓  </b>    |
|         | ecoveries of prior year grants   | r i                         | 4             |
|         | ther (Describe in Part XIII.)  | 2d                          | <del> </del>  |
|         | dd lines 2a through 2d   |                             | 2e            |
|         | ubtract line 2e from line 1  | 1 1                         | 3             |
|         | mounts included on Form 990, Part VIII, line 12, but not on line 1                                   |                             |               |
|         | vestment expenses not included on Form 990. Part VIII, line 7b                                       | 4a                          | 4             |
| _       | ther (Describe in Part XIII.)  |                             | <del>  </del> |
| -       | dd lines <b>4a</b> and <b>4b</b>   |                             | 4c            |
|         | otal revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line                            |                             | 1             |
| art XI  |  |                             | er Return.    |
|         | Complete if the organization answered "Yes" on Form 990,   | Part IV, line 12a.          | <del></del>   |
|         | otal expenses and losses per audited financial statements  |                             | 1             |
|         | mounts included on line 1 but not on Form 990, Part IX, line 25                                      | 1 - 1                       |               |
|         | onated services and use of facilities  | 2a                          | <b>-</b>      |
|         | rior year adjustments  | 2b                          | 4 1           |
|         | ther losses  | 2c                          | 4 1           |
|         | ther (Describe in Part XIII.)  | 2d                          | <del> </del>  |
|         | dd lines 2a through 2d   |                             | 2e            |
|         | ubtract line 2e from line 1  |                             | 3             |
|         | mounts included on Form 990, Part IX, line 25, but not on line 1                                     |                             |               |
|         | vestment expenses not included on Form 990, Part VIII, line 7b                                       |                             | 4             |
|         | ther (Describe in Part XIII.)  | 4b                          | <del>  </del> |
|         |  |                             | 4c            |
| 5 To    | otal expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Supplemental Information. | ne 18.)                     | 5             |
|         | I, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part                           | to provide any additional i | ntormation.   |
|         |  |                             |               |
|         |  |                             |               |
|         |  |                             |               |
|         | ······································   |                             |               |
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|         |  |                             |               |

| Schedule D (For | m 990) 2017                            | Page <b>5</b> |
|-----------------|--|---------------|
|                 | Supplemental Information (continued)   |               |
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#### SCHEDULE E (Form 990 or 990-EZ)

**Schools** 

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Oakcrest School

Part I

Department of the Treasury Internal Revenue Service

Employer identification number 52-1182755

|        |   |          | 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        | ×            |     |
| 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        | ×            |     |
| 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. If you need more space, use Part II | 3        | ×            |     |
|        | Newspaper ad in the Washington Post.  |          |              | 1   |
|        |   | ų.       | -            | 1   |
| 4      | Does the organization maintain the following?   | 4a       | <del>_</del> | —   |
| a<br>b | Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?   | 4a<br>4b | ×            |     |
| С      | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?   | 4c       | ×            |     |
| d      | Copies of all material used by the organization or on its behalf to solicit contributions?  | 4d       | ×            |     |
| e      | If you answered "No" to any of the above, please explain. If you need more space, use Part II.  |          | -            |     |
| 5      | Does the organization discriminate by race in any way with respect to Students' rights or privileges?   | 5a       |              |     |
| а      | Students rights or privileges?  | Ja       |              |     |
| b      | Admissions policies?  | 5b       |              | ×   |
| С      | Employment of faculty or administrative staff?  | 5c       |              | ×   |
| d      | Scholarships or other financial assistance?   | 5d       |              | ×   |
| е      | Educational policies?   | 5e       |              | ×   |
| f      | Use of facilities?  | 5f       |              | ×   |
| 9      | Athletic programs?  | 5g       |              | ×   |
| h      | Other extracurricular activities?   | 5h       |              | ×   |
|        | , , , o a   |          | ٠ *          | '   |
|        |   |          |              |     |
| 6a     | Does the organization receive any financial aid or assistance from a governmental agency?   | 6a       |              | ×   |
| b      | Has the organization's right to such aid ever been revoked or suspended?  | 6b       | <del></del>  | ×   |
| _      | If you answered "Yes" on either line 6a or line 6b, explain on Part II.   |          | -            | - 1 |
| 7      | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.   | 7        | ×            |     |

| Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions. |
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REV 03/08/19 PRO

Schedule E (Form 990 or 990-EZ) 2017

BAA

#### SCHEDULE G (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ▶ Go to www irs.gov/Form990 for the latest instructions.

| Name o     | of the organization   | ·                 |                |                                    |                                   | Employer identific  | cation number   |
|------------|---|-------------------|----------------|------------------------------------|-----------------------------------|---|---|
|            | crest School  |                   |                |                                    |                                   | 52-1182755  |   |
| Par        | Fundraising Activities. Form 990-EZ filers are n                    |                   |                |                                    | vered "Yes" on f                  | Form 990, Part IV,  | line 17.  |
| 1          | Indicate whether the organization                                   | n raised funds t  | through any    | of the follo                       | owing activities. C               | heck all that apply.  |   |
| а          | ☐ Mail solicitations  |                   | e [            | ] Solicitati                       | on of non-govern                  | ment grants   |   |
| b          | ☐ Internet and email solicitation                                   | ns                | f              | Solicitati                         | on of government                  | grants  |   |
| С          | ☐ Phone solicitations   |                   | g [            | ] Special f                        | fundraising events                | i   |   |
| d          | ☐ In person solicitations   | ~                 |                |                                    |                                   |   |   |
| 2a         | Did the organization have a writ<br>or key employees listed in Form |                   |                |                                    |                                   |   |   |
| b          | If "Yes," list the 10 highest paid compensated at least \$5,000 by  | individuals or e  | entities (fund |                                    |                                   | _   |   |
|            | (i) Name and address of individual or entity (fundraiser)           | (ii) Activity     | custody o      | draiser have r control of outlons? | (iv) Gross receipts from activity | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col (i) | (vi) Amount paid to<br>(or retained by)<br>organization |
|            |   |                   | Yes            | No                                 |                                   |   |   |
| 1          |   |                   |                |                                    | -                                 |   |   |
| 2          |   |                   | <u> </u>       |                                    |                                   |   |   |
| 3          |   |                   |                |                                    |                                   |   |   |
| 4          |   |                   |                |                                    |                                   |   |   |
| 5          | -   |                   |                |                                    |                                   |   |   |
| 6          |   |                   |                |                                    |                                   |   |   |
| 7          |   |                   |                |                                    |                                   |   |   |
| 8          | 2000 m.,  |                   |                |                                    |                                   |   |   |
| 9          |   |                   |                |                                    |                                   |   |   |
| 10         |   |                   |                |                                    |                                   |   |   |
|            |   | <u></u>           |                | 1                                  | ,                                 |   |   |
| Total<br>3 | List all states in which the orga                                   | nızatıon ıs regis | stered or lic  | ensed to s                         | solicit contribution              | s or has been notifi  | ed it is exempt from                                    |
|            | registration or licensing.  |                   |                |                                    |                                   |   |   |
|            |   |                   |                |                                    |                                   |   |   |
|            |   |                   |                |                                    |                                   |   |   |
|            |   |                   |                |                                    |                                   | **  |   |
|            |   |                   |                |                                    |                                   |   | ••••  |
|            |   |                   |                |                                    |                                   |   | •   |
|            |   |                   |                |                                    | ••••••                            |   |   |
|            |   |                   |                |                                    |                                   |   |   |
|            |   |                   |                |                                    |                                   |   |   |
|            |   |                   |                |                                    |                                   |   |   |

| ı             |  | (a) Event #1 Gala and Auction | (b) Event #2                                     | (c) Other events          | (d) Total events<br>(add col (a) through       |
|---------------|--|-------------------------------|--|---------------------------|--|
|               |  | (event type)                  | (event type)                                     | (total number)            | col <b>(c)</b> )                               |
| 1             | Gross receipts   | 225,370.                      |  |                           | 225,370.                                       |
| 2 3           | Less Contributions . Gross income (line 1 minus          | 179,010.                      |  |                           | 1/9,010.                                       |
|               | line 2)  | 46.,360                       |  |                           | 46,360.  |
| 4             | Cash prizes  | 0.                            |  |                           | 0.   |
| 5             | Noncash prizes .   | 7,818.                        |  |                           | 7,818.   |
| 6             | Rent/facility costs                                      | 42,429.                       |  |                           | 42,429.  |
| sestied 7     | Food and beverages                                       | 441.                          |  |                           | 441.   |
| 8             | Entertainment  | 0.                            |  |                           | 0.   |
| 9             | Other direct expenses .                                  | 9,559.                        |  |                           | 9,559.   |
| 10            | Direct expense summary. Ad<br>Net income summary. Subtra |                               |  |                           | 60,247.<br>-13,887.                            |
| art II        | Gaming. Complete if the                                  | organization answer           |  | 0, Part IV, line 19, or r |  |
| a local       | than \$15,000 on Form 99                                 | (a) Bingo                     | (b) Pull tabs/instant<br>bingo/progressive bingo | (c) Other gaming          | (d) Total gaming (add col (a) through col (c)) |
| enevenue<br>1 | Gross revenue  |                               |  |                           | ı  |
|               | Cash prizes  |                               |  |                           |  |
| 2 3 3         | Noncash prizes .   |                               |  |                           |  |
| 15 4<br>15 4  | Rent/facility costs .                                    |                               | :  |                           |  |
| <b>-</b> 5    | Other direct expenses .                                  |                               | _  |                           |  |
| 6             | Volunteer labor  | ☐ Yes% ☐ No                   | ☐ Yes% ☐ No                                      | ☐ Yes% ☐ No               | .,,  |
| 7             | Direct expense summary Ad                                | d lines 2 through 5 in c      | olumn (d)  |                           |  |
|               | Net gaming income summary                                | y. Subtract line 7 from li    | ne 1, column (d)                                 |                           |  |
| 8             |  |                               |  |                           |  |

b If "Yes," explain

| Schedu   | ale G (Form 990 or 990-EZ) 2017  |                    | F              | age 3 |
|----------|--|--------------------|----------------|-------|
| 11<br>12 | Does the organization conduct gaming activities with nonmembers?   | /                  | Yes            |       |
| 13       | Indicate the percentage of gaming activity conducted in  |                    |                |       |
| а        | The organization's facility  |                    |                | %     |
| b        | An outside facility  |                    |                | %     |
| 14       | Enter the name and address of the person who prepares the organization's gaming/special events books and records   | J                  |                |       |
|          | Name ▶   |                    |                |       |
|          | Address ►  |                    |                |       |
|          | Does the organization have a contract with a third party from whom the organization receives gaming revenue?   |                    | Yes □          | ] No  |
|          | amount of gaming revenue retained by the third party ▶ \$  |                    |                |       |
| С        | If "Yes," enter name and address of the third party.   |                    |                |       |
| `        | Name ►   |                    |                |       |
|          | Address►   |                    |                |       |
| 16       | Gaming manager information   |                    |                |       |
|          | Name ►   |                    |                |       |
|          | Gaming manager compensation ► \$   |                    |                |       |
|          | Description of services provided ▶   |                    |                |       |
|          | □ Director/officer □ Employee □ Independent contractor   |                    |                |       |
| 17<br>a  | Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?   | _                  | Yes □          | ] No  |
| b        | Enter the amount of distributions required under state law to be distributed to other exempt organizations of spent in the organization's own exempt activities during the tax year > \$                           | r                  |                |       |
| Part     | Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional info See instructions. | and (v<br>ormation | /); and<br>on. |       |
|          |  |                    |                |       |
|          |  |                    |                |       |
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|          |  |                    |                |       |
|          |  |                    |                |       |

# SCHEDULEI (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990

|             | information.   |
|-------------|----------------|
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|             | www.           |
|             | Go to w        |
|             | <b>5</b>       |

Open to Public Inspection 2017

OMB No 1545-0047

% □ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance **Employer identification number** × 52-1182755 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (g) Description of noncash assistance (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? General Information on Grants and Assistance (p) EIN 1 (a) Name and address of organization Oakcrest School or government Department of the Treasury Internal Revenue Service Name of the organization Part I Part II

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**©** 

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

Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

(12)

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REV 03/08/19 PRO

Schedule I (Form 990) (2017)

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| Schedule I (Form 990) (2017)  Schedule I (Form 990) (2017)  Schedule I (Form 990) (2017)  | Jomestic Individua  | Is Complete if the       | organization answ                | ered "Yes" on Form 990                                | Part IV line 22.                      |
|---|---|--------------------------|----------------------------------|---|---------------------------------------|
| _   | nal space is needed   |                          | organization and                 |   |                                       |
| (a) Type of grant or assistance   | (b) Number of recipients  | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
| 1 Tuition assistance  | 100   | 0.                       | 1,189,204.                       | FMV   | Tuition reduction                     |
| 2 Scholarship - VERITAS award   | ٣   | 0.                       | 40,000.                          | FMV   | Scholarship                           |
| 3   |   |                          |                                  |   |                                       |
| 4   |   |                          |                                  |   |                                       |
| S   | `   |                          |                                  |   |                                       |
| 9   |   |                          |                                  |   |                                       |
|   |   |                          |                                  |   |                                       |
| Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | de the information re   | equired in Part I, lin   | te 2; Part III, columi           | ר (b); and any other addi                             | tional information.                   |
|   |   |                          |                                  |   |                                       |
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|   | 1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1<br>1 |                          | 1                                |   |                                       |
|   |   |                          |                                  |   |                                       |
| ВАА   | REV 03/08/19 PRO  | O <sub>c</sub>           |                                  |   | Schedule I (Form 990) (2017)          |
|   |   |                          |                                  |   |                                       |

#### SCHEDULE J (Form 990)

**Compensation Information** 

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

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Oakcrest School

► Attach to Form 990.

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

Employer identification number 52-1182755

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

Page 2

Schedule J (Form 990) 2017

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

0 (F) Compensation in column (B) reported as deferred on prior Form 990 Schedule J (Form 990) 2017 . . 0 Note: The sum of columns (B)()-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. 197,862. 160,400. (E) Total of columns (B)(I)–(D) 5,550. 5,550. (D) Nontaxable benefits 0 0 (C) Retirement and other deferred compensation 0 0 0 0 (B) Breakdown of W-2 and/or 1099-MISC compensation compensation (III) Other reportable instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. 0 0 0 0 (ii) Bonus & incentive compensation REV 03/08/19 PRO 154,850. 192,312. (i) Base compensation 33 ΞΞ **3 3** ΞΞ ΞΞ  $\Xi$ ≘ ≘  $\Xi$ ≘ ≘ EE ΞΞ ΞΞ εΞ  $\in \Xi$ ΞΞ 2 Director of Institutional Advancement Michael Barvick Cecilia Marquez (A) Name and Title 1 Academic Dean က Ŋ 9 œ 6 우 2 13 4 15 9 F

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| Page 3 | 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part   |  |  |  |  |  | - |  |  | Schedule J (Form 990) 2017 |
|--------|--|--|--|--|--|--|---|--|--|----------------------------|
|        | Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |  |  |  |  |  |   |  |  | REV 03/08/19 PRO           |
| ē      | Part III Supplemental Information Provide the information, or for any additional information.  |  |  |  |  |  |   |  |  | ВАА                        |

SCHEDULE K (Form 990) Department of the Treasury
Internal Revenue Service
Name of the organization
Oakcrest School

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

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

e descriptions,

2017

OMB No 1545-0047

Inspection Employer identification number

52-1182755

Open to Public Inspection

(i) Pooled financing Yes No Yes No Yes No × ĝ ş (h) On behalf of × ۵ Yes Yes (g) Defeased × Finance new permanent campus ŝ ş ပ (f) Description of purpose Yes Yes S<sub>0</sub> ŝ ø 0 Yes Yes 12,000,000. (e) Issue price 2018 Ö o. Ö 10,000,000. 0 ö Ö 0 Ö 10,000,000 10,000,000 c 윈× ŝ × × × × ⋖ 12/01/2015 Yes Yes (d) Date issued × Does the organization maintain adequate books and records to support the Are there any lease arrangements that may result in private business use of (c) CUSIP # Was the organization a partner in a partnership, or a member of an LLC, 0 Were the bonds issued as part of an advance refunding issue? Were the bonds issued as part of a current refunding issue? A Fairfax County Economic Development Authority 91-1910090 (b) Issuer EIN which owned property financed by tax-exempt bonds? . Has the final allocation of proceeds been made? Working capital expenditures from proceeds Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Year of substantial completion . Proceeds in refunding escrows Issuance costs from proceeds Private Business Use final allocation of proceeds? bond-financed property? Other unspent proceeds Amount of bonds retired Other spent proceeds. (a) Issuer name Total proceeds of Issue Bond Issues Proceeds Part III Part I Part II က 4 S ဖ œ 6 우 7 4 5 4 5 16 17 N O 8

Schedule K (Form 990) 2017

REV 03/08/19 PRO

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Schedule K (Form 990) 2017

| Part III Private Business Use (Continued)  |                  |          |     |                |     |     |               |                            |
|--|------------------|----------|-----|----------------|-----|-----|---------------|----------------------------|
|  | ۷<br>            | ,        | 8   |                | -   | C   |               |                            |
| 3a Are there any management or service contracts that may result in private  | Yes              | S        | Yes | N <sub>o</sub> | Yes | No  | Yes           | No                         |
| business use of bond-financed property?  |                  | ×        |     |                | -   |     |               |                            |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside<br>counsel to review any management or service contracts relating to the financed property?  |                  |          |     | i              |     |     |               |                            |
| c Are there any research agreements that may result in private business use of bond-financed property?   |                  | ×        |     |                |     |     |               | :                          |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other<br>outside counsel to review any research agreements relating to the financed property?  |                  |          |     |                |     |     |               |                            |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶  | 0                | % 0000.  |     | %              |     | %   |               | %                          |
| <ul> <li>5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government</li> </ul> |                  | 0.000.0  |     | %              |     | %   |               | %                          |
| 6 Total of lines 4 and 5   |                  | 0.0000.0 |     | %              |     | %   |               | %                          |
| meet the priv  |                  |          |     |                |     |     |               |                            |
| <b>Ba</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?   |                  | ×        |     |                |     |     |               |                            |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or<br>disposed of   | 0                | % 0000.  |     | %              |     | %   |               | %                          |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?  |                  |          |     |                | 1   |     |               |                            |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?   |                  | ×        |     |                |     |     |               |                            |
| Part IV Arbitrage  |                  |          |     |                |     |     |               |                            |
|  | •                |          | 8   |                |     | ပ   |               | ۵                          |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?   | Yes              | ≗×       | Yes | No             | Yes | No. | Yes           | S                          |
| 2 If "No" to line 1, did the following apply?  |                  |          |     |                |     |     |               |                            |
| a Rebate not due yet?  |                  | ×        |     |                |     |     |               |                            |
| b Exception to rebate?   |                  | ×        |     |                |     |     |               |                            |
| c No rebate due?   |                  | ×        |     |                |     |     |               |                            |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed  |                  |          |     |                |     |     |               |                            |
| 3 Is the bond issue a variable rate issue?   |                  | ×        |     |                |     |     |               |                            |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?  |                  | ×        |     |                |     |     |               |                            |
| <b>b</b> Name of provider  |                  |          |     |                | 1   |     |               |                            |
| c Term of hedge  |                  |          |     |                |     |     |               |                            |
| d Was the hedge superintegrated?   |                  |          |     |                |     |     |               |                            |
| e Was the hedge terminated?  |                  |          |     |                |     |     |               |                            |
| ВАА  | REV 03/08/19 PRO | PRO      |     |                |     |     | Schedule K (I | Schedule K (Form 990) 2017 |

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Schedule K (Form 990) 2017

|   | Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes to questions on Schedule K. See instructions with the option to receive an additional | No No No No No No No No No No No No No N | Yes C Yes nstructions in addition    |                     | Yes   |                            |
|---|--|--|--------------------------------------|---------------------|---|----------------------------|
| Yes N   | A Yes Clons on Sched Option to   | No No No Ireceive a receive a            | yes  yes  yes  nstructions  n additi |                     | Yes D Yes D Yes                             |                            |
| the he  | lo Yes   | B No No Receive a                        | Yes C C C Naturations in additi      |                     | Ves Ves DO 000,000                          |                            |
| the he he he responses to quest   | No Yes   | B No No receive a                        | Yes range in additi                  |                     | Ves Ves                                     | 92                         |
| the he he responses to quest  | o Yes  | B No No Lecceive a                       | Yes C Yes In additi                  |                     | Ves Ves DO 000, 0000                        | 92                         |
| where the company of | o Yes  | B No No Lecceive a                       | Yes C Yes n additi                   |                     | Yes   |                            |
| wins Yes N A A He He A A A A A A A A A A A A A A A  | o Yes  | No No Lecceive a                         | Yes C Yes n additi                   |                     | Yes D                                       | 9                          |
| wins Yes N A A A A A A A A A A A A A A A A A A  | o Yes  | B No No Lecceive a                       | Yes Structions n additi              |                     | Yes O000, 0000                              |                            |
| nns Yes N<br>he der Yes N   | ves ves ves ves ves ves ves ves ves ves  | B No No Leccive a                        | Yes C Yes nstructions n additi       |                     | Yes D 000,000                               | 92                         |
| ns Yes N He der Yes N Tesponses to quest  | o Yes  | No No Leccive a                          | Yes retructions additi               |                     | Yes   D   O   O   O   O   O   O   O   O   O |                            |
| he der ves ves ves ves ves ves ves ves ves ves  | A Yes  | No No No No No No No No No No No No No N | Yes Structions n additi              |                     | Yes (000,000)                               | 92                         |
| responses to quest  | ions on Sched  | ule K. See II                            | n additi                             | 1 1 1 1 1 1 1 1 1 1 | 0000,0000                                   |                            |
|   | option to  | receive                                  | n additi                             | 1 1 1 1 1 1 1 1 1   | 000,000                                     |                            |
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|   |  |  |                                      |                     |   |                            |
|   |  |  |                                      |                     |   |                            |
|   |  |  |                                      |                     | Schedule K (Forr                            | 990) 2017                  |
| (Tranche 2).  (Tranche 2).  (Tranche 2).  (Tranche 2).  |  |  |                                      |                     |   | Schedule K (Form 990) 2017 |

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Page 4 Schedule K (Form 990) 2017 Schedule K (Form 990) 2017

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions (Continued) REV 03/08/19 PRO ζ BAA

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No 1545-0047

2017

Open to Public Inspection Employer identification number

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 the latest information.

| Oakc | rest School  |                               |  | 52-13   | L8275 <u>5</u> |                                       |     |
|------|--|-------------------------------|--|---|----------------|---------------------------------------|-----|
| Part | Types of Property  |                               |  |   |                |                                       |     |
|      |  | (a)<br>Check if<br>applicable | (b)<br>Number of contributions or<br>items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | noncash con    | (d)<br>of determinin<br>atribution am | ~   |
| 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 .                                      |                               |  |   |                |                                       |     |
| 7    | Boats and planes   |                               | ļ  |   |                |                                       |     |
| 8    | Intellectual property  | <u> </u>                      |  |   |                |                                       |     |
| 9    | Securities—Publicly traded                                     | ×                             | 4  | 170,557   | /. FMV         |                                       |     |
| 10   | Securities - Closely held stock .                              |                               |  |   |                |                                       |     |
| 11   | Securities—Partnership, LLC, or trust interests                |                               | !  |   |                |                                       |     |
| 12   | Securities—Miscellaneous                                       |                               |  |   | +              |                                       |     |
| 13   | Qualified conservation   |                               |  |   | _              |                                       |     |
| 10   | contribution—Historic  |                               |  |   |                |                                       |     |
|      | structures   |                               | !  |   |                |                                       |     |
| 14   | Qualified conservation   |                               |  |   | +              |                                       |     |
|      | contribution-Other   |                               |  |   |                |                                       |     |
| 15   | Real estate - Residential .                                    |                               |  |   | 1              |                                       |     |
| 16   | Real estate—Commercial .                                       |                               |  |   |                |                                       |     |
| 17   | Real estate — Other  |                               |  |   |                |                                       |     |
| 18   | Collectibles   |                               |  |   |                |                                       |     |
| 19   | Food inventory   |                               |  |   |                |                                       |     |
| 20   | Drugs and medical supplies .                                   |                               |  |   |                |                                       |     |
| 21   | Taxıdermy  |                               |  |   |                |                                       |     |
| 22   | Historical artifacts .   |                               |  |   |                |                                       |     |
| 23   | Scientific specimens   |                               |  |   |                |                                       |     |
| 24   | Archeological artifacts  |                               | ļ  |   |                |                                       |     |
| 25   | Other ► (  | <u> </u>                      |  |   |                |                                       |     |
| 26   | Other ( )  | ļ                             |  |   |                |                                       |     |
| 27   | Other ► ()   |                               |  |   |                |                                       |     |
| 28   | Other ► ( )  | - by the or                   |  | for contributions for   |                |                                       |     |
| 29   | Number of Forms 8283 received which the organization completed |                               |  |   | 29             |                                       |     |
|      | willer the organization completed                              | זווווו טבטי                   | 3, Fait IV, Dones Acknowns                             | agement   | 29             | Yes                                   | No  |
| 303  | During the year, did the organiza                              | tion receive                  | e by contribution any prop                             | erty reported in Part I. In   | nee 1 through  | 100                                   | +   |
| Jua  | 28, that it must hold for at least t                           |                               |  |   |                |                                       |     |
|      | to be used for exempt purposes                                 |                               |  |   |                | 30a                                   | ×   |
| b    | If "Yes," describe the arrangemen                              |                               | _  |   |                | ,                                     |     |
| 31   | Does the organization have a                                   |                               |  | es the review of any  | nonstandard    |                                       |     |
| =    |  |                               |  |   |                | 31                                    | ×   |
| 32a  |  |                               |  |   |                |                                       | †   |
|      | contributions?   |                               |  |   |                | 32a                                   | ×   |
| b    |  |                               |  |   |                |                                       |     |
| 33   | If the organization didn't report an                           | ı amount in                   | column (c) for a type of pro                           | perty for which column (  | a) is checked, |                                       | 1 . |
|      | describe in Part II.   |                               |  |   |                | i                                     |     |

Page 2 Schedule M (Form 990) 2017 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

#### SCHEDULE O (Form 990 or 990-EZ)

#### 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 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

| Oakcrest School  | 52-1182 <u>75</u> 5            |
|--|--------------------------------|
| Pt VI, Line 11b: The Form 990 is reviewed by the Board | d of Directors before it       |
| is filed with the IRS.                                 |                                |
|  |                                |
| Pt VI, Line 12c: The Board of Directors reviews the co |                                |
| annually.  |                                |
|  |                                |
| Pt VI, Line 15a: The Board of Directors approves the I | Head of School's compensation  |
| as part of preparing the School's annual budget. The   | Board of Directors reviews     |
| compensation from other organizations that are similar | r in size and mission to       |
| Oakcrest School.                                       |                                |
|  |                                |
| Pt VI, Line 19: Oakcrest School makes its governing do | ocuments, conflict of interest |
| policy and financial statements available to the publi | ic upon written request.       |
|  |                                |
| Pt VI, Line 18: Oakcrest School makes its Form 1023 a  | nd Form 990 available upon     |
| written request.                                       |                                |
|  |                                |
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