DLN: 93493318087510

OMB No. 1545-0047

2019

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

Form **990**

Department of the

Return of Organization Exempt From Income Tax

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

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

Open to Public Inspection

		nue Service							
			alendar year, or tax year begind C Name of organization	nning 07-01-2019 , and ending 06-	30-2020	- 1 .			e
		pplicable: change	St Johnsbury Academy			- 1') Employ	er identii	fication number
	me ch	-					03-018	1215	
	tial ret	-	Doing business as						
		n/terminated					E Telephor	ne number	·
		f return on pending	Number and street (or P.O. box if r 1000 Main Street	nail is not delivered to street address) Room/	suite		·		
ш Ар	Jiicatio	on pending	City or town state or province cou	intry, and ZIP or foreign postal code			(802) /	48-8171	
			St Johnsbury, VT 05819	intry, and ZIF or foreign postal code		- 1.	c Gross ro	cointe ¢ 3	8,415,551
			F Name and address of princip	al officer:	117-3				6,415,551
			Dr Sharon Howell	ar officer.			group re	turn for	□Yes ☑No
			1000 Main Street St Johnsbury, VT 05819			subordin Are all sı	ates <i>?</i> ubordinat	tes	
r Tax	(-exen	npt status:	, ·		→ ` ´ '	included [*]	?		☐ Yes ☐No
			№ 501(c)(3)	(insert no.) 4947(a)(1) or 527				•	instructions)
) W	ebsit	e:▶ ww	w.stjohnsburyacademy.org		"(כ)	Group ex	kemption	number	
<i>1</i>			Corporation Trust Ass		L Year of	f formatio	 n: 1 842	M State	of legal domicile: VT
∖ Forn	n or or	ganization:	Corporation L Trust L Ass	ociation 🗀 Other 🕨					J
Pa	ırt I	Sum	mary		I				
			scribe the organization's mission o						
a,			, , , ,	s a comprehensive independent private I civic responsibility in its students.	high schoo	l widely	recognize	ed as an	institution that
ဋ	_	030013 0110	aracter, academic executence, and	Tervie responsibility in its students.					
Ē	-								
Activities & Governance	_		🗆						
<u>5</u>				scontinued its operations or disposed of ng body (Part VI, line 1a)			its net a	ssets.	20
ජ ග				f the governing body (Part VI, line 1b)				4	20
i ei			, •	alendar year 2019 (Part V, line 2a)				5	491
5			• •	cessary)				6	231
AC			·	t VIII, column (C), line 12				7a	4,246
				m Form 990-T, line 39				7b	7,270
	-	Net uniei	ated business taxable income no			Prior	Voor	1,0	Current Year
	Q	Contribut	ions and grants (Part VIII, line 1h)		FIIOI	994,6	678	997,708
Ē			- ,)			30,371,		30,485,710
Rəvenue		_	· · · · · · · · · · · · · · · · · · ·	lines 3, 4, and 7d)			2,174,8		1,635,93
æ			renue (Part VIII, column (A), lines	• • •			341,		333,33
				ust equal Part VIII, column (A), line 12)			33,882,		33,452,680
			<u>_</u>	column (A), lines 1–3)			2,250,		2,606,77
			paid to or for members (Part IX, c	* **				0	
co.			· ·	enefits (Part IX, column (A), lines 5–10)			18,825,	201	19,272,29
Expenses		•		mn (A), line 11e)				0	
9			raising expenses (Part IX, column (D),					+	
ភ្ន				11a-11d, 11f-24e)			11,756,8	818	10,988,939
		·	enses. Add lines 13–17 (must eq	•			32,832,		32,868,004
		•	less expenses. Subtract line 18 fi	, , , , , ,			1,049,		584,68
× 00					Begi	nning of	Current Y		End of Year
Net Assets or Fund Balances									
Bac	20	Total ass	ets (Part X, line 16)				67,399,	294	67,714,79
₹ 2	21	Total liab	ilities (Part X, line 26)				14,808,0	046	15,898,70
zű	22	Net asset	s or fund balances. Subtract line	21 from line 20			52,591,	248	51,816,094
	rt II		ature Block						
				nined this return, including accompanyir e. Declaration of preparer (other than of					
	nowle								
		*****	*			2020-1	1 12		
cian		B	ure of officer			Date	1-12		
Sign Here		Dr.Cha	ron Howell Headmarter						
			ron Howell Headmaster r print name and title						
		'	rint/Type preparer's name	Preparer's signature	Date		$\neg \neg$	PTIN	
Paid	1		•• • •		2020-11-12	2 Check self-em	☐ if [1	P0021945	7
	are	sr	irm's name	Parker LLC			EIN > 01-	-0523282	
	On	ь. <u>⊢</u>	innala addinasa 🏲 DO Day 4400			 	/a ·	775 0	
J J G	J 11	- ا و.	irm's address ► PO Box 1100			Phone	no. (207)	//5-2387	
			Portland, ME 041041	100					<u>_</u>
Mav t	he IR	S discuss	this return with the preparer sho	wn above? (see instructions)				✓ v	Yes 🗌 No

Form	990 (2019)					Page 2
Pa	statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	edule O contains a resp	onse or note to	any line in this Part III .		🗹
1	Briefly describe the	organization's mission:				
deep comp intell	optimism regarding y passion, respect, respo	roung people, and our consibility, and integrity. To encourage each indiv	commitment to a To foster a love	cademic excellence: to for learning by challen	nt educational community ground teach good character by modelin ging individuals to pursue knowle nips, rights, and responsibilities w	g and fostering dge, creativity, and
	Did the organization	undertake any signific	ant program ser	vices during the year w	hich were not listed on	
-	the prior Form 990 o	, 3		vices during the year w	men were not iisted on	☐ Yes ☑ No
		ese new services on Sc				Lifes Life
3	•			changes in how it condu	ucts, any program	
	services?					☐ Yes 🗹 No
	If "Yes," describe the	ese changes on Schedu	le O.			
4	Section $501(c)(3)$ ar		ons are required	to report the amount o	largest program services, as mea of grants and allocations to others	
4a	(Code: See Additional Data) (Expenses \$	27,913,924	including grants of \$	2,606,774) (Revenue \$	29,710,252)
4b	(Code: See Additional Data) (Expenses \$	558,343	including grants of \$) (Revenue \$	775,458)
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program servi	ices (Describe in Sched	ule O.)			
	(Expenses \$	inc	luding grants of	\$) (Revenue \$)
4e	Total program ser	vice expenses ►	28,472,2	67		

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Checklist of Required Schedules			
Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete	1	Yes	No
Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	Yes	No
for public office? If "Yes," complete Schedule C, Part I 2	3		
	4	Yes	
assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 🛸 .	5		No
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? <i>If "Yes," complete Schedule D,</i> Part 2	6		No
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 2	7		No
Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III 2	8		No
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		No
Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥞	11b		No
total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🥞	11c		No
in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d		No
Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	12a	Yes	
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		No
Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	Yes	
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		No
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		No
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		No
Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18		No
complete Schedule G, Part III	19		No
	20a		No
If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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		No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. Schedule B. Schedule of Contributors (see instructions)? Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? Is 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 II "Science For Complete Schedule C, Part III "Science For Part II "Science For Complete Schedule C, Part III "Science For Part II "Science For Part	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 3. Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 3 2 Did the organization engage in direct or indirect oplitical rampaign activities on behalf of or in opposition to cancidates for public office? If "Yes," complete Schedule C, Part I 3. 3 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 3. 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or diminar amounts as defined in Revenue Procedure 90-192 If "Yes," complete Schedule C, Part III 3. 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 III 3. Did the organization receive or holid a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures If Yes," complete Schedule D, Part III 3. Did the organization receive an amount in Part X, line 21 for escrow or custod all account liability; serve as a custodian for amounts not itself in Part X, per provide credit crustelling, decide management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VII, VII, VII, VII, VII, VII, VII, VII	Is the organization described in section 50;(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

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Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
4	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	Yes	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Par		,		
	Check if Schedule O contains a response or note to any line in this Part V			
	E		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 48			
D	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0	1		

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	4a		No ——
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
_	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		No
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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
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			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "Nanagement of the companies of the comp	o" resp	onse to	lines V
Se	ection 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 2i			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
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?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revent	ie Cod	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
		16b	Yes	
	ection C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: Carol Lyon 1000 Main Street St Johnsbury, VT 05819 (802) 748-7703			

 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. Isist 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 organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line) (C) Name and title (D) Reportable compensation from the organization and any officer and a director/trustee) (D) Reportable compensation from the organization of the organization of the organization from th	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ 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 organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
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■ 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. ■ List all of the organization which to list the persons above. □ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization organization organization organization organizations organi	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
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Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it st		(B) (C) (D) (E) Average Position (do not check more hours per than one box, unless person week (list is both an officer and a any hours director/trustee) (D) (E) Reportal compensation compensation from the from relation organization organization organization				Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n				
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	relate	ated	
	See Additional Data Table												
													—
													—

Par	t VII Section A. Officers, Direct	tors, Trustees	s, Key	Emp	loyε	es,	, and	High	nest Co	mpensate	ed Employees	(cont	inued)	
	(A) Name and title	(B) Average hours per week (list any hours for related	than o	one bo	ox, u an off tor/t	ot che unles fficer trust	, 	son a	Rep comp fro orga	(D) ortable ensation m the nization 2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	,	Estima amount o compens from to	ited f other sation the
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	,	ISC)	MISC)		relati organiza	ed
See /	Additional Data Table			\perp	<u> </u>	\vdash	<u> </u>							
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1b S	Sub-Total		<u> </u>	<u> </u>	Щ.	<u></u>	<u> </u> ▶	Ш	<u> </u>			\top		
c T	otal from continuation sheets to Pa	•					•							
d T 	Total (add lines 1b and 1c) Total number of individuals (including						رع) whe			082,434		0		335,548
_	of reportable compensation from the			E IISK	Su a	DOV	e) wile) 600	elveu mo	ης uiaii φ±	00,000			
												_	Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule 3</i>			ee, k	ey e	mple •	oyee, d	or hi	ghest co	mpensated	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual										n the	4	Yes	
5	Did any person listed on line 1a receiv services rendered to the organization									ition or ind	ividual for	5	163	No
	ction B. Independent Contract													
1	Complete this table for your five high from the organization. Report comper											npen:	sation 	
	Name a	(A) and business addre	ess							Desc	(B) ription of services		(C Compen	
16567	in Food Management Services LLC Collections Center Drive 10, IL 60693									Food Servic	e Management		2,	.076,541
	Universal Technology Services									Security and System	d Access Controls			211,566
	Sojourn Drive Suite 220 Iton, TX 75006													
	DU International Educational Consult									Educational	Consultant		<u> </u>	162,540
Shang	156 No 450 CaoYand Rd Ihai													
CH Edu Travel Inc Travel Consultant/Tours									133,210					
42 Sousa Mendes Street Toronto, Ontario CA														
	om Development Company Inc									Educational	Consultant			111,048
St Joh	lgewood Drive Insbury, VT 05819													
	otal number of independent contractor ompensation from the organization b		: not lim	ited t	:o th	ose	listed	abov	/e) who r	received m	ore than \$100,00	00 of		
	,												Form 99 6	(2019)

orm 9 Part		Statement	Of F	Revenue						Page 9
raiti	VII				a respo	onse or note to any	line in this Part VIII	<u></u>	<u></u>	<u></u> . \square
					, -		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
0 X	1	.a Federated camp	aigns	5	1 a			revenue		312 314
ant		b Membership due	s.		1 b					
Š, G		c Fundraising ever			1c					
Siffs Iar,		d Related organizae Government grants			1d					
ıs, (imi		f All other contribution			1e					
ıtior er S		and similar amount	ts not	included	1 f	997,708				
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contribution lines 1a - 1f:\$	ons in	ncluded in	1g	187,376				
		h Total. Add lines	1a-1	.f	•	>	997,708			
						Business Code				
	2	a Day School Tuition				611600	18,723,100	18,723,100		
Program Service Revenue	ŀ	b Res School Tuition				611600	9,243,735	9,243,735		
e Be	c	Other Educ. Prog.				611600	1,680,890	1,680,890		
Servi	c	d Field House & recrea	ition A	Activity		611600	459,446	459,446		
granı	e	e Miscellaneous Incom	ie			611600	378,539	378,539		
Ě	f	f All other program	serv	/ice revenue						
	g	J Total. Add lines	2a-2	2f	. ▶	30,485,710		I		
	3	Investment income similar amounts)		cluding divid		nterest, and other		9	4,246	758,423
		Income from inves				•	` 			,
	5	Royalties			•	•	333,333	3		333,333
				(i) Re	al	(ii) Personal				
	6	a Gross rents	6a							
	b	Less: rental expenses	6b	ı						
	С	Rental income								
		or (loss) d Net rental income	6c				_			
		- Het Ferral meen		(i) Secur		(ii) Other				
	7a Gross amount from sales of assets other than inventory			. 10,30	00					
	b		7b	4,	871,682	91,18	13			
	c	Gain or (loss)	7c		954,149	-80,88	3			
		d Net gain or (loss					873,266	5		873,266
Other Revenue	88	a Gross income from from from from from from from the contributions reported See Part IV, line 18	ed on	of						
Rev		b Less: direct exper			8a 8b		_			
her		c Net income or (lo			ing ev	ents 🕨				
	9a	Gross income from								
		See Part IV, line 19			9a 9b					
		b Less: direct experc Net income or (los				ies				
	10	aGross sales of inv returns and allow	ento ance:	ry, less s	10a					
	ı	b Less: cost of good	ds so	ld	10b					
-	•	c Net income or (lo			invent		_			
-	1:	Miscellaned 1 a	ous R	Revenue		Business Code	-			
		b								
	,	с								
		d All other revenue								
		e Total. Add lines 1				•				
	12	2 Total revenue. S	See ir	nstructions			33,452,686	30,485,710	4,246	1,965,022
							22,132,300	33,733,710	1,240	Form 000 (2010)

Part IX Statement of Functional Expenses				Page IC
Section 501(c)(3) and 501(c)(4) organizations mus	st complete all columns.	All other organizatio	ns must complete colu	ımn (A).
Check if Schedule O contains a response or note to	any line in this Part IX	<u></u>	<u> </u>	<u> 🗆</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,606,774	2,606,774		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	n			
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	580,150		580,150	
6 Compensation not included above, to disqualified persons (a defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	13,846,774	12,496,923	1,036,292	313,559
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	573,494	502,063	57,916	13,515
9 Other employee benefits	3,239,097	2,899,532	266,046	73,519
10 Payroll taxes	1,032,776	869,639	143,527	19,610
11 Fees for services (non-employees):		·		
a Management				
b Legal	43,221	90	43,131	
c Accounting	46,273		46,273	
d Lobbying	80,100		80,100	
e Professional fundraising services. See Part IV, line 17	33,100		00,100	
	92,073		92,073	
f Investment management fees		222 772		24.457
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	956,854	233,772	698,625	24,457
12 Advertising and promotion	177,232	53,302	122,295	1,635
13 Office expenses	284,835	115,053	134,228	35,554
14 Information technology				
15 Royalties				
16 Occupancy	2,482,802	2,431,192	50,111	1,499
17 Travel	457,235	231,412	181,962	43,861
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings				
20 Interest	365,887	365,887		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,201,122	2,201,122		
23 Insurance	395,267	395,267		
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.)				
a Food Services	1,978,284	1,977,921		363
b Student Activities and	937,325	923,791	56	13,478
c Miscellaneous	379,150	155,461	213,708	9,981
d Professional Developmen	111,279	13,066	98,213	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	32,868,004	28,472,267	3,844,706	551,031
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

Assets

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25

26

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32

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Liabilities 22

Fund Balances

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Assets 30 7

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33

32.815

250,131

35,060,478

22,045,555

2,616,039

90,948

731,663

3,658,501

8.550.696

64,391

1,802,795

14.808.046

40.857.429

11,733,819

52,591,248

67,399,294

67,399,294

Page 11

300.000

17.415

406,338

33,621,734

18,409,858

2.295.945

86,596

537,276

2,082,111

8.289.976

3,004,391

1,984,951

15.898.705

40.528,240

11,287,854

51,816,094

67,714,799

Form 990 (2019)

67,714,799

Check if Schedule	O contains a	response o	r note to	any line in	this Part IX	

Notes and loans receivable, net

Inventories for sale or use Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Organizations that follow FASB ASC 958, check here <a> \square and

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets .

Grants payable .

	Beginning or year		End of year
Cash-non-interest-bearing	744,565	1	271,548
Savings and temporary cash investments	5,266,003	2	11,955,011

59.454,772

25,833,038

2	Savings and temporary cash investments	5,266,003	2	11,955,011
3	Pledges and grants receivable, net	269,769	3	114,066
4	Accounts receivable, net	1,022,991	4	236,288
5	Loans and other payables to any current or former officer, director, trustee,			

3	B Pledges and grants receivable, net	269,769	3	
4	4 Accounts receivable, net	1,022,991	4	
	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
•			6	

10a

10b

3a

3h

Nο

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 03-0181215

Name: St Johnsbury Academy

Form 990 (2019)

Form 990, Part III, Line 4a: St. Johnsbury Academy offers a comprehensive high school program serving students in grades 9-12 and a postgraduate year. St. Johnsbury Academy offers a rigorous. wide-ranging, standards-based curriculum designed to meet the needs and interests of a wide range of abilities, career goals, and interests. St. Johnsbury Academy served 1,000 students (including boarders) in the day school program which includes standard high school curriculum, special education, fine arts, technical education and athletic programs. The school day consists of a five block daily schedule with 70 minute courses. Scholarships are provided to students from around the world including throughout the United States and North America, Central America and the Caribbean, Russia and the Newly Independent States, East Asia, Europe, and South America, St. Johnsbury Academy offers a boarding program on our campus to 236 students from across the country and the world, creating a global community. The Academy has fourteen dormitories on the campus, six for boys and eight for girls. Different in size and personality, each dorm houses faculty advisors, their families, and students. The Academy

has a comprehensive resident life curriculum that complements our day school programs. Students are able to take advantage of weekend campus activities as well as travel opportunities throughout the semester. Our boarding program also includes an English as a second language program for students who require additional instruction as well as learning support programs for resident students. Expenses presented on this schedule do not reflect an inclusion of general and administrative expenses that are necessary for the school's day to day operations.

St. Johnsbury Academy offers a summer advanced placement institute for secondary teachers. The course covers the AP exam including test development reading, new directions within the AP curriculum, developing successful AP assignments and collaborative teaching approaches as well as workshops for experienced AP teachers. St. Johnsbury Academy served over 500 teachers during the past year. St. Johnsbury Academy offers a summer program for students for whom English is their second

Form 990, Part III, Line 4b:

language. The six-week residential program offers three levels of instruction emphasizing the four core components of language development, reading, writing, conversation, and listening comprehension. In addition, the FSL support program offers introductory and refresher courses in algebra to aid students in their English language.

and listening comprehension. In addition, the ESL summer program offers introductory and refresher courses in algebra to aid students in their English language development while studying mathematics. The program also includes social activities in the afternoon and on weekends. Expenses presented on this schedule do not reflect

an inclusion of general and administrative expenses that are necessary for the school's day to day operations.

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) organizations any hours organization from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any nours	anu	a uii	ecto) / LI	ustee,)	Organization	organizations	irom the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations
Jay O Wright	5.00	Х		x				0	0	0
President		,						J	,	
Robert M Fairbanks Esq	2.00	X		x				n	0	0
Vice President		,						, and the second	,	
Peter Crosby Treasurer	2.00	Х		х				0	0	0

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Robert M Fairbanks Esq	2.00	v	×		٥	
Vice President		^	^			
Peter Crosby Treasurer	2.00	X	x		0	
Nancy Usher Goodrich Secretary	2.00	X	x		0	

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1.00

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and Independent Contractors

Bruce E Buxton

Martha Cavanaugh

Susan O'Neil Grayson

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

John S Hall

Peter Hammer

Lee P Hackett

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
James Impey Trustee	1.00	Х						0	0	0
Cathy Judd-Stein Trustee	1.00	Х						0	0	0
Alex P M Ko Trustee	1.00	Х						0	0	0

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Trustee
Alex P M Ko
Trustee
Jesse Laflamme
Trustee

Erin Mayo

Garth Moulton

Jamie Murphy

Kimberly A Silloway

Edward R Zuccaro Esq

Trustee

Trustee

Trustee

Trustee

Trustee

Trustee

Paul Simpson

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

and a director/trustee)

organization

121,692

116,838

101,882

organizations

from the

10,453

28,648

44,648

0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any nours	and	a dir	ecto		ustee,)	organization	organizations	rom the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
Thomas W Lovett Headmaster	80.00			х				312,489	0	86,985
Carol Lyon AH Business Services	70.00			х				129,972	0	50,704
John Cummings Associate Headmaster	70.00					х		165,642	0	64,330
Beth Choiniere	70.00					×		133,919	0	49,780

Χ

John Cummings	70.00			x	165,642	
Associate Headmaster				^	103,012	
Beth Choiniere	70.00			~	133,919	
AH Campus Life				^	133,919	
James Mazzenna	70.00					

70.00

70.00

James Mazzonna Chief Information Officer

Tammi Cady

James T Rvan

AH Admissions & Advancement

Director of Resident Life

and Independent Contractors

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SCI		ULE A	- Dublic (Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
	m 99			rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2019
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	nue Service h e organiza Academy	tion				Employer identific	
30 301	risbui y	Academy					03-0181215	
	rt I		for Public Charity State				See instructions.	
1 1	rganiz		a private foundation because	•	•		(A)(:)	
		•	onvention of churches, or as					
2	✓		scribed in section 170(b)(,			
3		·	or a cooperative hospital serv	_			-	
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		_	ation operated for the benefit (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).	
7			ation that normally receives a (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	init or from the genera	al public described in
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization de rant college of agriculture. So					ege or university or a
10		from activit investment	ation that normally receives: ties related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to ceres taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross
11		An organiza	ation organized and operated	d exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and operated cly supported organizations on through 12d that describes	described in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
а		Type I. A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i ation vested in the sar				
С		Type III f	unctionally integrated. A sorganization(s) (see instructi	supporting organizatio				ted with, its
d		Type III n	on-functionally integrated integrated integrated. The organization in You must complete Par	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e		Check this	box if the organization received Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter				-		<u> </u>	
g	Provi	de the follow	ing information about the su	pported organization(r '	anization listed		1
	(i) Name of supported organization			(iii) Type of organization (described on lines 1- 10 above (see instructions))	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
					Yes	No		
Tota			tion Act Notice, see the Ir		Cat. No. 11285			 90 or 990-EZ) 2019

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	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.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on 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. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					▶ [
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	33 1/3% support test—2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	33 1/3% support test—2018. If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
17 a	10%-facts-and-circumstances tes	t— 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	-and-circumstanci cumstances" test.	es test, check thi The organization	s box and stop n e qualifies as a publ	e re. Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— 2018. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and sto	p here.	
	Explain in Part VI how the organization			-		• •	. \Box
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 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						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖

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

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3с

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 Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or

4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5с Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 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

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as

defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI. 9a

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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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 Part VI.
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Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

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

ciie	ddie A (Form 990 of 990-22) 2019			age :
Pai	Tt IV Supporting Organizations (continued)			
			Yes	No
	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		
b	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		
	ection B. Type I Supporting Organizations			
	solon Britype Leapporting enganizations		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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
	Did the supprised as such a bound of any supprised supprised the standard supprised supprised as	1		
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		
S	ection C. Type II Supporting Organizations			
	second Type 11 supporting organizations		Yes	No
L	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
L	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 organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
,	Division of the valationahin described in (2) did the conscination/a conscitated conscitations have a significant value in the	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions):		
ā	The organization satisfied the Activities Test. Complete line 2 below.			
ŀ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
â	a 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		
ŀ	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 reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	20		
	a 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? <i>Provide details in Part VI</i> .	3a		
i	Did the organizations? Provide details in Part VI. 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.	3h		

	ule A (Form 990 or 990-EZ) 2019			Pag
ar	Type III Non-Functionally Integrated 509(a)(3) Supporting O)rgani:	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	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):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	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		
5	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
3	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-functionally-in instructions)	ntegrate	ed Type III supporting o	rganization (see

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	

5	Qualified set-aside amounts (prior IRS approval require			
6	Other distributions (describe in Part VI). See instruction			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whe details in Part VI). See instructions	sive (provide		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable

115				
7 Total annual distributions. Add lines 1 through 6.				
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions				
9 Distributable amount for 2019 from Section C, line 6				
10 Line 8 amount divided by Line 9 amount				
(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
	Underdistributions	Distributable		

Schedule A (Form 990 or 990-EZ) (2019)

3 Excess distributions carryover, if any, to 2019:

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a From 2014. **b** From 2015. c From 2016. **d** From 2017. e From 2018. f Total of lines 3a through e

instructions)

See instructions.

3j and 4c. 8 Breakdown of line 7:

\$

Additional Data

Software ID: Software Version:

EIN: 03-0181215

Name: St Johnsbury Academy

Schedule A (Form 990 or 990-EZ) 2019

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).

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).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

DLN: 93493318087510 OMB No. 1545-0047

Employer identification number

☐ Yes

☐ Yes

□ No

☐ No

03-0181215

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

St Johnsbury Academy

Part I-A

2 3

1

3

3

5

(Proxy Tax) (see separate instructions), then

"political campaign activities")

If "Yes," describe in Part IV.

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

EZ)

SCHEDULE C (Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

Political campaign activity expenditures (see instructions)

Enter the amount of any excise tax incurred by the organization under section 4955

Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

Was a correction made?

Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year?

Complete if the organization is exempt under section 501(c), except section 501(c)(3).

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

Complete if the organization is exempt under section 501(c)(3).

Volunteer hours for political campaign activities (see instructions)

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of

- If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 527 organizations: Complete Part I-A only.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

Part II-B, Line 1:

Sche	dule C (Form 990 or 990-EZ) 2019				P	age 3
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fi Form 5768 (election under section 501(h)).	led				
For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(;	a)		(b)	
activ		Yes	No	4	lmour	nt
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?		No			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	1		
С	Media advertisements?		No	1		
d	Mailings to members, legislators, or the public?		No			
е	Publications, or published or broadcast statements?		No			
f	Grants to other organizations for lobbying purposes?		No			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			
i	Other activities?	Yes			8	30,100
j	Total. Add lines 1c through 1i				8	30,100
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No			
b	If "Yes," enter the amount of any tax incurred under section 4912			7		
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).)(5), o	r sect	ion		
_					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes."				601(c	(6)
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a b	Current year	2a 2b				
C	Total	2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4				
5	Taxable amount of lobbying and political expenditures (see instructions)	5				
Р	art IV Supplemental Information		'			
	vide the descriptions required for Part l-A, line 1; Part l-B, line 4; Part l-C, line 5; Part II-A (affiliated group list); tructions), and Part ll-B, line 1. Also, complete this part for any additional information.	Part II-	·A, lines	s 1 an	d 2 (se	ee
	Paturn Peference Evolunation					

Hired a professional lobbying firm to monitor on behalf of the Academy legislative activities related to education funding and not for profit business regulations in Vermont.

DLN: 93493318087510

OMB No. 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990,

2019

Department of the Treasury

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Na	nme of the organization Johnsbury Academy		Employer identification number
50.5			03-0181215
Pa	ort I Organizations Maintaining Donor Advis		r Accounts.
	Complete if the organization answered "Ye	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bottor davised fattas	(b) rands and other decounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor	rs in writing that the assets held in donor adv	vised funds are the
•	organization's property, subject to the organization's ex-		
6	Did the organization inform all grantees, donors, and do		
	charitable purposes and not for the benefit of the donor private benefit?		
Dэ	rt III Conservation Easements.		☐ Yes ☐ No
-6	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organ	·	
	Preservation of land for public use (e.g., recreation		historically important land area
	Protection of natural habitat	, L	ertified historic structure
	Preservation of open space		France mistoric structure
_	, ,		
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation contribution in the forf	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic	c structure included in (a)	2c
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferred tax year	d, released, extinguished, or terminated by t	he organization during the
4	Number of states where property subject to conservatio	n easement is located 🕨	
5	Does the organization have a written policy regarding th		of violations,
	and enforcement of the conservation easements it holds	3?	☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, ▶ \$	handling of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d)	above satisfy the requirements of section 17	'0(h)(4)(B)(i)
	and section $170(h)(4)(B)(ii)$?		☐ Yes ☐ No
9	In Part XIII, describe how the organization reports cons- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization's financial states	
Par	rt III Organizations Maintaining Collections		er Similar Assets.
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education, or research in fu	
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items:		
((i) Revenue included on Form 990, Part VIII, line 1		> \$
(ii) Assets included in Form 990, Part X \dots		> \$
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1	l16 (ASC 958) relating to these items:	-
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assots included in Form 990, Part V		► ¢

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2019

 ${f c}$ Leasehold improvements

 \boldsymbol{d} Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

e Other . .

	Overni		intoinine Call		11:-4	! T		Oth	Cincile a A	/	·· · ·
				ections of Art,							
3	Using the organ items (check all		ilisition, accession	, and other record		any of t		-	-	use of its co	llection
а	☐ Public exh	nibition			d		Loan or	exchange prog	ırams		
b	Scholarly	research			е		Other				
С	Preservat	ion for future	generations								
4	Provide a descri Part XIII.	ption of the o	organization's coll	ections and explair	n how the	y furth	er the o	rganization's ex	kempt purpo	se in	
5				receive donations be maintained as						☐ Yes	□ No
Par		te if the org	odial Arrangei Janization answ	ments. ered "Yes" on Fo	orm 990	, Part	IV, line	9, or reporte	ed an amou	unt on For	m 990, Part
1a				an or other interme						☐ Yes	□ No
b	If "Yes." explain	the arrange	ment in Part XIII	and complete the	followina	table:			Α	mount	
c	· ·	-			_			1c			
d	3 3							1d			
e	_							1e			
f								45			
2a	-			rm 990, Part X, line					ability?	□ Ves	 □ No
				Check here if the						_	□ 110
		ment Fund		Check here if the	ехріапас	OII IIas	been pi	Ovided iii Fait /	<u> </u>		
ΓŒ				ered "Yes" on Fo	orm 990	, Part	IV. line	10.			
			,	(a) Current year		rior year		Two years back	(d) Three ye	ars back (e)	Four years back
1 a	Beginning of year	r balance .		6,126,139)	6,074	372	5,746,230	4,	702,730	5,026,483
b	Contributions .			72,306	5	116	.555	361,517		899,053	73,326
c	Net investment e	arnings, gain	s, and losses	19,760		158	076	258,786		292,811	-120,327
d	Grants or scholar	ships		302,000)	222	864	292,161		148,364	276,752
	Other expenditure and programs .		es								
f	Administrative ex	penses .									<u>.</u>
g	End of year balan	nce		5,916,205	5	6,126	139	6,074,372	5,	746,230	4,702,730
2 a	Provide the esting Board designate		-	nt year end balanc	e (line 1	g, colur	nn (a)) l	held as:			
b	Permanent endo	owment >	88.780 %								
c	Temporarily res	*******		20 %							
٠			2b, and 2c shoul	*****************							
3a		vment funds	•	sion of the organiza	ation tha	t are he	ld and a	administered fo	r the		Yes No
	(i) unrelated or	ganizations								3a(i)	+
	(ii) related orga	anizations .								3a(ii)) No
b	If "Yes" on 3a(ii), are the rel	ated organization	s listed as required	l on Sche	dule R	٠			3b	
4	Describe in Part	XIII the inte	nded uses of the	organization's end	owment f	unds.					
Par			and Equipmen			Devi	T) / 11:	11. 0 5-	000 5		10
	Comple Description of pr		ganization answ (a) Cost or oth (investme		orm 990 st or other			c) Accumulated o			10. Book value
	1 1					4.55	1 254				4 664 351
	Land						1,251		21 272 207		1,661,251
D	Buildings					50,59	0,935		21,273,297		29,317,638

298,971

280,334

6,623,281

2,362,511

280,334

298,971

4,260,770

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990,	Part IV li	ine 11h	.See Form 990	Part X	. line 12
	(a) Description of security or category (including name of security)	(b) Book	110	(c) Method Cost or end-of-	d of va	aluation:
/4) Fin		value			, '	-
	l derivatives					
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related.	<u> </u>				
Pait VIII	Complete if the organization answered 'Yes' on Form 990,	Part IV, li	ine 11c			
	(a) Description of investment			(b) Book value) Method of valuation: t or end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colum Part IX	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.		•			
	Complete if the organization answered 'Yes' on Form 990, I	Part IV, lir	ne 11d.	See Form 990, Par	t X, lir	ne 15. (b) Book value
(1)						, ,
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	mn (b) must equal Form 990, Part X, col.(B) line 15.)				-	
Part X	Other Liabilities.					Post V. line 25
1.	Complete if the organization answered 'Yes' on Form 990, I (a) Description of liability	art IV, lir	ie 11e	or 111.5ee Form	990,	Part X, line 25. (b) Book value
(1) Federal (5)	income taxes					
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col.(B) line 25.)					1,984,951
	or uncertain tax positions. In Part XIII, provide the text of the footno 's liability for uncertain tax positions under FIN 48 (ASC 740). Check					

Part XI

2

е

3

4

b

C

Part XII

5

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Schedule D (Form 990) 2019

Page 4

-1,310,012

30,753,839

2,698,847

33,452,686

30,218,981

49,824

30,169,157

2,698,847

32.868.004

Schedule D (Form 990) 2019

D	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	

Donated services and use of facilities . .

Prior year adjustments

Other losses

Subtract line 2e from line 1 .

Add lines 2a through 2d .

Return Reference

Other (Describe in Part XIII.) . .

Add lines 2a through 2d .

Add lines 4a and 4b .

Net unrealized gains (losses) on investments . . .

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total expenses and losses per audited financial statements

2b

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

2c Amounts included on Form 990, Part VIII, line 12, but not on line 1:

2d 4a 4b

2a

2a

2b

2c

2d

4a

4b

Explanation

88,944 2e 3 92,073 2,606,774

-1,448,780

49.824

49,824

92,073 2.606.774

2e

3

4c

5

t line Ze from line I				3	
s included on Form 990, Part VIII, line 12, but not on line 1:					
nent expenses not included on Form 990, Part VIII, line 7b	4a		92,073		
Describe in Part XIII.)	4b		2,606,774		
es 4a and 4b				4c	
venue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	
Reconciliation of Expenses per Audited Financial Statem			enses per R	leturi	1.
Complete if the organization answered 'Yes' on Form 990, Part	: IV, li	ne 12a.			
penses and losses per audited financial statements				1	

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID:

Software Version:

EIN: 03-0181215

Name: St Johnsbury Academy

Explanation

Supplemental Information

Return Reference

	<u>'</u>	
Part V, Line 4:	The Academy manages its endowment funds, including donor restricted and board designated e ndowments, in accordance with the laws of the state of Vermont, specifically the Uniform P rudent Management of Institutional Funds Act. Accordingly, the Academy has adopted investment and spending policies for endowment assets that are reviewed annually and attempt to p rovide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. The Academy has a policy of ap propriating for distribution each year an annual draw from its endowment fund. Each year the investment committee reviews the present circumstances and future plans for the Academy, and recommends a drawing figure based on both near and longer term considerations. The spending rate calculation weights inflation at 70% and current endowment value at 30%. The policy will allow the spending rate to rise following periods of low returns and fall foll owing periods of high returns, but maintain close to a 4.5% spending rate over time. This is consistent with the Academy's objective of maintaining the purchasing power of the endowment assets held in perpetuity or for a specified term, as well as providing additional r	
	eal growth through new gifts and investment return. The spending is to be used first in ac cordance with donor restrictions, if any, and then for operations, support of capital expe nditures investments, scholarships to students, or other board-designated purposes.	

Supplemental Information	
Return Reference	Explanation
Part X, Line 2:	The Academy accounts for the effect of any uncertain tax positions based on a "more likely than not" threshold to the recognition of the tax positions being sustained based on the technical merits of the position under scrutiny by the applicable taxing authority. If a t ax position or positions are deemed to result in uncertainties of those positions, the unrecognized tax benefit is estimated based on a "cumulative probability assessment" that agg regates the estimated tax liability for all uncertain tax positions. The Academy has ident ified its tax status as a tax-exempt entity and its determination of which activities are related and unrelated as its only significant tax positions; however, the Academy has determined that such tax positions do not result in an uncertainty requiring recognition. The Academy is not currently under examination by any taxing jurisdictions. The Academy's fede ral and state tax returns are generally open for examination for three years following the date filed.

upplemental Information		
Return Reference	Explanation	
Part XI, Line 2d - Other Adjustments:	Change in Split Interest Agreement 88,944.	

S

Supplemental Information							
Return Reference	Explanation						
Part XI, Line 4b - Other Adjustments:	Financial Aid 2,606,774.						

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Supplemental Information							
Return Reference	Explanation						
Part XII, Line 4b - Other Adjustments:	Financial Aid 2,606,774.						

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493318087510 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ 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. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** St Johnsbury Academy 03-0181215 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes 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? Yes 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," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h Νo If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

hedule E (Form 990 or 990EZ) (2019)							
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.							
Return Reference	Explanation						
Schedule E, Part I, Line 3	Nondiscriminatory policy is communicated in all relevant media.						
, ,	St. Johnsbury Academy participates in the state of Vermont child nutrition program and received a fixed reimbursement for free and reduced breakfast and lunch eligible students as well as commodities to supplement the foodservice program.						

Schedule F (Form 990 or 990-F7) (2019)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493318087510 OMB No. 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2019 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** St Johnsbury Academy 03-0181215 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States. Activites per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (such as, program service, describe for and investments and independent fundraising, program specific type of in the region region contractors in the services, investments, grants service(s) in the region region to recipients located in the region) Central America and the Foreign financial 1,242,168 Caribbean investment - hedge fund 1,242,168 3a Sub-total . **b** Total from continuation sheets to Part I . . . 1,242,168 c Totals (add lines 3a and 3b)

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

Cat. No. 50082W

Schedule F (Form 990) 2019

	uplicated if addit	(c) Number of		(a) Mannay of as -1-	(f) Amount of	(a) Decembring	(h) Math
ype of grant or assistance	(b) Region	recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other

Sche	dule F (Form 990) 2019		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	□Yes	✓ No
		□ 162	E 140
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	✓ Yes	Пио
		IVI TES	LI NO
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	(see Instructions for Form 6005)	☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the		
	organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	Yes	☑ No

Schedule F	(Form 990) 2019	Page 5
Part V 990 Sche	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part II, line 1 (account of investments vs. expenditures per region); Part II, line 1 (account of method); and Part III, column (c) (estimated number of recipients), as apany additional information. See instructions. dule F, Supplemental Information	unting method); Part III (accounting
	Return Reference	Explanation
Part III Ac	counting Method:	

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

DLN: 93493318087510

Open to Public Inspection

					Employer identific	ation number
					03-0181215	
					ce, and	☑ Yes ☐ No
•	_	-				
Assistance to Dom than \$5,000. Part II	nestic Organizations a I can be duplicated if ad	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	" on Form 990, Part IV, line	: 21, for any recipient
(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
tion 501(c)(3) and g	overnment organization	s listed in the line 1 table			>	
er organizations liste	ed in the line 1 table .				• 🔀	
	ntain records to sub to award the grants ganization's procedu Assistance to Don than \$5,000. Part I: (b) EIN	to award the grants or assistance? ganization's procedures for monitoring the u Assistance to Domestic Organizations at than \$5,000. Part II can be duplicated if ad (b) EIN (c) IRC section (if applicable)	ntain records to substantiate the amount of the grants or assistance, to award the grants or assistance?	ntain records to substantiate the amount of the grants or assistance, the grantees' eligibility to award the grants or assistance?	ntain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistant to award the grants or assistance?	ntain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and to award the grants or assistance?

(Form 990)

Department of the

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.									
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount cash gran			(e) Method of valuation (book, FMV, appraisal, other)		(f) Description of noncash assistance		
(1) Scholarships to students - details available upon request	118	2,606,774							
(2)									
(3)									
(4)									
(5)									

Page **2**

Schedule I (Form 990) 2019

(6)

Schedule I (Form 990) 2019

(7) Part IV

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Explanation

Return Reference

Part I, Line 2: All assistance to individuals is in the form of financial aid, grants, scholarships and tuition discounts awarded to students. Assistance is applied directly to the student's

account balance.

efil	le GRAPHIC pr	int - DO NOT PROCESS As	Filed Dat	a - DLN	: 9349331	18087	510		
Sch	nedule J	Com	pensati	ion Information	OMB No.	1545-	0047		
(Fori	m 990)	For certain Officers, ▶ Complete if the organi	20	19	•				
_			▶ Attach	to Form 990.		Open to Public			
-	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/r</u>	<u>·огтээо</u> тог	instructions and the latest information.		ectio			
	me of the organiza	ation		Employer ident	ification nu	ımber			
SUJ	ohnsbury Academy			03-0181215					
Pa	rt I Questi	ons Regarding Compensation	n						
						Yes	No		
1a	Check the appropiate 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	s or charter travel	lacksquare	Housing allowance or residence for personal use					
		companions		Payments for business use of personal residence					
		nification and gross-up payments	V	Health or social club dues or initiation fees					
	☐ Discretion	ary spending account		Personal services (e.g., maid, chauffeur, chef)					
b				follow a written policy regarding payment or ve? If "No," complete Part III to explain	1b	Yes			
2		ation require substantiation prior to			2	Yes			
	directors, truste	es, officers, including the CEO/Exec	utive Directo	r, regarding the items checked on Line 1a?					
3	organization's C	EO/Executive Director. Check all tha	at apply. Do r	ed to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain in Part III.					
	✓ Compens	ation committee	✓	Written employment contract					
		ent compensation consultant	<u></u>	Compensation survey or study					
		of other organizations	\checkmark	Approval by the board or compensation committee					
4	During the year related organiza		, Part VII, Se	ction A, line 1a, with respect to the filing organization	or a				
а	Receive a sever	ance payment or change-of-control	payment? .		4a		No		
b		r receive payment from, a suppleme			4b	Yes			
c	Participate in, o	r receive payment from, an equity-b	pased comper	nsation arrangement?	4c		No		
	If "Yes" to any o	of lines 4a-c, list the persons and pro	ovide the app	olicable amounts for each item in Part III.					
	0 504()(0	\ F04(\(\(\(\) \)							
5), 501(c)(4), and 501(c)(29) or g ed on Form 990, Part VII, Section A,	_	•					
5		ontingent on the revenues of:		the organization pay or accrue any					
а	The organization	1?			5a		No		
b					5b		No		
	If "Yes," on line	5a or 5b, describe in Part III.							
6		ed on Form 990, Part VII, Section A, ontingent on the net earnings of:	, line 1a, did	the organization pay or accrue any					
а	The organization	1?			6a		No		
b	,				6 b		No		
	· ·	6a or 6b, describe in Part III.							
7	For persons liste payments not de	sted on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed classifier describe in Part III							
8	subject to the ir	nitial contract exception described in	Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," describe · · · · · · · · · · · · · · · · · · ·	8		No		
9	If "Yes" on line	8, did the organization also follow th	ne rebuttable	presumption procedure described in Regulations secti			110		
For F	Panerwork Redu	iction Act Notice, see the Instru	ctions for Fo	orm 990. Cat. No. 50053T Sched	ule J (Forn	1 990)	2019		

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

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

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (F) Compensation in (D) Nontaxable (E) Total of columns other deferred benefits (B)(i)-(D) column (B) reported (i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 Thomas W Lovett 232,274 (i) 55,000 25,215 31,150 55,835 399,474 0 Headmaster 0 0 0 0 0 0 0 (ii) 2 Carol Lyon 127,025 (i) 2,000 947 6,538 44,166 180,676 0 AH Business Services 0 0 0 0 0 0 0 (ii) 3 John Cummings 141 110 2 522 7 220 24 000 220 072

3 John Cummings Associate Headmaster			3,532	7,220	57,110	229,972	0	
	(ii)	0	0	0	0	0	0	0
4 Beth Choiniere AH Campus Life	(i)	128,392	5,000	527	5,705	44,075	183,699	0
·	(ii)	0	0	0	0	0	0	0
	-							
							Schedule	J (Form 990) 2019

Schedule J (Form 990) 2019							
Part III Supplemental Inform	nation						
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.							
Return Reference	Explanation						
Part I, Line 1a	As a condition of employment, the headmaster, associate headmaster, and assistant headmaster reside on campus.						
Part I, Line 4b	Thomas Lovett - 457 plan						
Part I, Line 7	Thomas Lovett received a bonus based on benchmarking documents including custom NAIS compensation surveys. John Cummings, Beth Choiniere, Carol Lyon, James Mazzonna and Tammi Cady received bonuses at the discretion of the Headmaster for additional project work during the year.						
	Schedule 1 (Form 990) 2019						

DLN: 93493318087510 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Open to Public ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** St Johnsbury Academy 03-0181215 Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (f) Description of purpose (i) Pool (a) Issuer name (d) Date issued (e) Issue price (g) Defeased (h) On behalf of financing issuer Yes No Yes No Yes No Vermont Education and Health 23-7154467 12-12-2018 8,881,000 To refinance previous bond Χ Χ Χ **Buildings Financing Agency Proceeds** Part ${f I}$ В C D Α 591,024 2 3 8,881,000 5 6 7 175,635 8 9 10 11 8,705,365 12 13 2018 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ Has the final allocation of proceeds been made? Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ Part 🏻 **Private Business Use** Α R C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Are there any lease arrangements that may result in private business use of bond-financed Cat. No. 50193E Schedule K (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Arbitrage

Part IV

а

b

С

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Penalty in Lieu of Arbitrage Rebate? . . . If "No" to line 1, did the following apply? Rebate not due yet?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Term of hedge Was the hedge superintegrated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Schedule K (Form 990) 2019

Page **2**

D

Schedule K (Form 990) 2019

No

Yes

									•
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?		Х						_
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other 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				•				
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								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		Х						

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.				
6	Total of lines 4 and 5				
7	Does the bond issue meet the private security or payment test?	Х			
8a	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?.	Х			

Νo

Χ

Χ

Χ

Χ

Χ

Χ

Α

Yes

Х

Yes

В

No

C

No

Yes

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

Schedule K (Form 990) 2019

period?

Arbitrage (Continued)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Term of GIC

the GIC satisfied?

requirements of section 148? . . .

	Yes	No	Y
s proceeds invested in a guaranteed investment contract		V	

Were gross (GIC)?

Yes

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

No

No

Yes

Yes

No

No

Yes

Nο

No

D

Yes

Page 3

No

D

Yes

DLN: 93493318087510 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶ 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. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** St Johnsbury Academy 03-0181215 **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining noncash contribution amounts applicable items contributed amounts reported on Form 990, Part VIII, line 1g 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests 4 Books and publications Χ 115 Fair Market Value Clothing and household goods Cars and other vehicles . Boats and planes . . Intellectual property . . 19,021 Fair Market Value Securities—Publicly traded . Χ Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests . . . 12 Securities-Miscellaneous . . 13 Qualified conservation contribution—Historic structures 14 Oualified conservation contribution-Other . . 15 Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy 22 Historical artifacts . . . 23 Scientific specimens . . 24 Archeological artifacts . . 157,983 Fair Market Value Personal Protective Other ► (Equipment 10,257 Fair Market Value Miscellaneous Noncash Other ▶ (Contributions) Other ▶ (_____ 27 28 29 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J Schedule M (Form 990) (2019)

Schedule M (Form 990) (2019)									
Part II 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.									
Return Reference	Explanation								
	Schedule M (Form 990) (2019)								

efile GRAPH	IIC print -	DO NOT PROCESS	As Filed Data -			DLN: 93493318087510			
SCHEDUL (Form 990 or EZ)	OMB No. 1545-0047 2019 Open to Public Inspection								
Namel & the တန် St Johnsbury Acad 990 Schedul	Jemy	03-0181215	dentification number						
Return Reference				Explanation					
Form 990, Part VI, Section A, line 2 Mr. Lee P. Hackett, Mr. Jay O. Wright, Mr. Garth Moulton, Mr. Thomas W. Lovett, and Mr. Jo hn Cummings are each stockholders in Kingdom Development Company, Inc., an online educatio n and economic development company. See also Schedule R for additional disclosures. Mr. Ja mie Murphy and Mrs. Martha Cavanaugh's husband are each 33,33% partners in a partnership.									

Return Explanation
Reference

line 11b

Form 990,
Part VI,
Section B,
Once the 990 was prepared, copies were sent to members of the full board who then had 10 d
ays to review the document and present any questions to the audit committee, CFO, or headm
aster. No objections were presented and the return was filed.

990 Schedule O, Supplemental Information

Return Explanation

Reference

Form 990,	The board of trustees reviews and signs a new conflict of interest agreement each October. Any conflicts are disclosed at that
Part VI,	time.
Section B,	
line 12c	

990 Schedule O, Supplemental Information

E. and the state of Vermont.

Return

Explanation Reference The compensation committee of the board of trustees reviews the compensation of the headma

Form 990. Part VI. ster annually using performance measures, achievement of defined goals and a customized re-Section B. port purchased from NAIS that provides comparative data from other independent schools, th line 15 e state of Vermont as well as national statistics. Other key employees have an annual perf ormance appraisal by the headmaster and are compensated using survey data from NAIS. ISANN

Return
Reference

Form 990, Upon request or through guidestar.org

Form 990, Upon request or through guidestar.org
Part VI,
Section C,
Inne 19

Return Reference	Explanation
Part X, Line	St. Johnsbury Academy 1000 Main Street St. Johnsbury, VT 05819 EIN: 03-0181215 Section 1.2 63(a)-3(n) Election: St. Johnsbury Academy is electing to capitalize repair and maintenanc e costs under Regulation Section 1.263(a)-3(n).

Return Explanation Reference

Form 990, Change in split interest actuarial agreement 88,944.

Part XI, line

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493318087510 OMB No. 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** 2019 (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** St Johnsbury Academy 03-0181215 Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (b) (e) Legal domicile (state Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income End-of-year assets or foreign country) entity Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (g) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Public charity status Direct controlling Section 512(b) Primary activity or foreign country) (if section 501(c)(3)) (13) controlled entity? Yes No For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Schedule R (Form 990) 2019

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direc control entit	t Predomi ling income(re	inant elated, ted, from der 512-	(f) Share of total income		Disprop alloca	h) irtionate tions?	(i) Code V-UBI amount in box 20 of Schedule K- (Form 1065	Gene man part	ij) eral or aging tner?	(k) Percen owner	tage		
(1) New Depot Square Commercial Properties LLC		Real Estate	VT	N/A					Yes	No		Yes	No				
23 Ridgewood Drive St Johnsbury, VT 05819 33-1612255																	
Part IV Identification of Related Organiz because it had one or more related or							ization an	swered "Ye	es" on	Form	990, Part	IV, liı	ne 34				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign			(d) Direct controlling entity	trolling Type of entity		(f) Share of total income	Shar	(g) e of end year assets		(h) rcentage /nership		Section (13) con entit	trolle y?		
(1)Kingdom Development Company Inc	Online education and		VT		vT		St Johnsbury C			407,233	3	366,44	442 76.1	150 %		Yes Yes	No
23 Ridgewood Drive St Johnsbury, VT 05819 80-0547309	economic development				cademy												
(2)Prescott W Stearns FBO St Johnsbury Academy Trust 328 H Sparta Avenue Sparta, NJ 07871 46-6515924	Beneficial Interest in Trust		NJ		St Johnsbury Academy			47,090		0 1,870,07		9 100.000 %		Yes			
(3)Dussault Family Legacy Trust 252 Library Road	Beneficial Interest in Trust		VT		St Johnsbury Academy	Т				385,	.791 100	.000 %	ó	Yes			
Danville, VT 05873																	
						+			_		_						

Sched	dule R (Form 990) 2019		Pa	age 3
Pai	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 Du	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Yes	
b	Gift, grant, or capital contribution to related organization(s)	1 b		No
С	Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d	Loans or loan guarantees to or for related organization(s)	1d	Yes	
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f	Yes	
	Sale of assets to related organization(s)	1 g		No
	Purchase of assets from related organization(s)	1h		No
	Exchange of assets with related organization(s)	1 i		No
	Lease of facilities, equipment, or other assets to related organization(s)	1j		No

e Loans or loan guarantees by related organization(s)	 1e	No
f Dividends from related organization(s)	 1f Ye	es
g Sale of assets to related organization(s)	 1 g	No
h Purchase of assets from related organization(s)	 1h	No
i Exchange of assets with related organization(s)	 1i	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)	 1 j	No
${f k}$ Lease of facilities, equipment, or other assets from related organization(s)	 1k	No
I Performance of services or membership or fundraising solicitations for related organization(s) . $$.	 11	No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)	 1m	No
f n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	 1n	No
o Sharing of paid employees with related organization(s)	 10	No
p Reimbursement paid to related organization(s) for expenses	 1p	No

f	Dividends from related organization(s)	1f	Yes	
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1 i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q		No
r	Other transfer of cash or property to related organization(s)	1r	Yes	
s	Other transfer of cash or property from related organization(s)	1s	Yes	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) (b) (c) (d) Name of related organization Transaction Amount involved type (a-s)	ount i	nvolve	d

k Lease of facilities, equipment, or other assets from related organization(s)				1k	+	No		
l Performance of services or membership or fundraising solicitations for related organization(s)				11		No		
f m Performance of services or membership or fundraising solicitations by related organization(s)				1m		No		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No		
o Sharing of paid employees with related organization(s)				10		No		
p Reimbursement paid to related organization(s) for expenses				1 p	+	No		
q Reimbursement paid by related organization(s) for expenses				1 q		No		
r Other transfer of cash or property to related organization(s)				1r \	res			
f s Other transfer of cash or property from related organization(s)				1s '	/es			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this li	ne, including covered r	relationships and tra	ansaction thresholds.	•				
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ar	mount inv	olved			
(1)Kingdom Development Company Inc	D	300,000	FMV of secured bond					
(2)Prescott W Stearns FBO St Johnsbury Academy Trust	A	2,097	Cash paid					
(3)Kingdom Development Company Inc	R	166,667	Transfer of Cash					

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) (c) Legal domicile (state or foreign country) excluded from tax under sections 512-514)		(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing		(k) Percentage ownership		
			514)	Yes	No			Yes	No		Yes	No	
	1		1							Schedul	e R (Forn	199	0) 2019

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Part VII	Supplemental Info	mental Information	
	Provide additional information for responses to questions on Schedule R. (see instructions).		
Return Reference		Explanation	