

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
SUMMIT ACADEMY OIC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
935 OLSON MEMORIAL HIGHWAY

City or town, state or province, country, and ZIP or foreign postal code  
MINNEAPOLIS, MN 55405

**D** Employer identification number  
41-0908458

**E** Telephone number  
(612) 377-0150

**G** Gross receipts \$ 11,280,015

**F** Name and address of principal officer:  
LOUIS J KING II  
935 OLSON MEMORIAL HIGHWAY  
MINNEAPOLIS, MN 55405

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.SAOIC.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1966 **M** State of legal domicile: MN

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
HELP INDIVIDUALS DEVELOP THEIR EARNING POTENTIAL AND BECOME CONTRIBUTING CITIZENS IN THE COMMUNITY.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

|  |    |     |
|--|----|-----|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | 3  | 19  |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | 4  | 19  |
| <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)  | 5  | 181 |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | 6  | 225 |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | 7a | 0   |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 39                | 7b | 0   |

|   | Prior Year                | Current Year |
|---|---------------------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                      | 6,390,606                 | 6,949,454    |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                       | 3,284,338                 | 4,182,026    |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | 7,690                     | 15,415       |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | -106,001                  | -98,166      |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 9,576,633                 | 11,048,729   |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)                  | 1,670,116                 | 2,324,072    |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     | 0                         | 0            |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 5,051,419                 | 5,499,491    |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    | 0                         | 0            |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 515,966                |                           |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                      | 2,650,958                 | 2,476,339    |
| <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)         | 9,372,493                 | 10,299,902   |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | 204,140                   | 748,827      |
|   | Beginning of Current Year | End of Year  |
| <b>20</b> Total assets (Part X, line 16)  | 8,821,627                 | 11,065,441   |
| <b>21</b> Total liabilities (Part X, line 26)   | 1,918,134                 | 3,359,138    |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20                        | 6,903,493                 | 7,706,303    |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: \*\*\*\*\* Date: 2020-10-23

MARC L CARRIER CFO  
Type or print name and title

**Paid Preparer Use Only**

|  |                      |            |   |                          |
|--|----------------------|------------|---|--------------------------|
| Print/Type preparer's name   | Preparer's signature | Date       | Check <input type="checkbox"/> if self-employed | PTIN                     |
| Firm's name ▶ CLIFTONLARSONALLEN LLP                                 |                      | 2020-10-23 |   | P01314654                |
| Firm's address ▶ 220 S 6TH STREET SUITE 300<br>MINNEAPOLIS, MN 55402 |                      |            | Firm's EIN ▶ 41-0746749                         | Phone no. (612) 376-4500 |

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

TO ASSIST INDIVIDUALS IN DEVELOPING THEIR ABILITY TO EARN AND BECOME CONTRIBUTING CITIZENS IN THEIR COMMUNITY. WE SUPPORT THE DEVELOPMENT OF SELF SUFFICIENCY IN EVERY PERSON REGARDLESS OF BACKGROUND, ECONOMIC STATUS, OR LEVEL OF ABILITY. WE STRENGTHEN THE COMMUNITY BY PREPARING INDIVIDUALS TO ASSUME THEIR ROLES AS WORKERS, CITIZENS, AND PARENTS.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 8,438,607 including grants of \$ 2,324,072 ) (Revenue \$ 4,182,026 )  
See Additional Data

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 8,438,607

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 12. Each row has a corresponding '1' through '21' in the first column of the table grid.

**Part IV Checklist of Required Schedules (continued)**

|            |  | Yes | No  |
|------------|--|-----|-----|
| <b>22</b>  | 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? <i>If "Yes," complete Schedule I, Parts I and III</i>   | 22  | Yes |
| <b>23</b>  | 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 |
| <b>24a</b> | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>  | 24a | No  |
| <b>b</b>   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b |     |
| <b>c</b>   | 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 |     |
| <b>d</b>   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d |     |
| <b>25a</b> | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>   | 25a | No  |
| <b>b</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  |
| <b>26</b>  | 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? <i>If "Yes," complete Schedule L, Part II</i>   | 26  | No  |
| <b>27</b>  | 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, Part III</i> | 27  | No  |
| <b>28</b>  | 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):  |     |     |
| <b>a</b>   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>  | 28a | No  |
| <b>b</b>   | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>   | 28b | No  |
| <b>c</b>   | 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  |
| <b>29</b>  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>  | 29  | Yes |
| <b>30</b>  | 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  |
| <b>31</b>  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>  | 31  | No  |
| <b>32</b>  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>  | 32  | No  |
| <b>33</b>  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>  | 33  | No  |
| <b>34</b>  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>  | 34  | No  |
| <b>35a</b> | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a | No  |
| <b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>   | 35b |     |
| <b>36</b>  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>   | 36  | No  |
| <b>37</b>  | 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? <i>If "Yes," complete Schedule R, Part VI</i>   | 37  | No  |
| <b>38</b>  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.   | 38  | Yes |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   | 1a  | 13 |
| <b>b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  | 1b  | 0  |
| <b>c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c  |    |

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

Table with 16 main rows (2a-16) and sub-rows (a-d). Columns include question text, a box for '2a' (with value 181), and columns for 'Yes/No' and '2b-2f'.

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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management control, and governance decisions.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: MN
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.
19 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: MARC L CARRIER 935 OLSON MEMORIAL HIGHWAY MINNEAPOLIS, MN 55405 (612) 278-5282





**Part VIII Statement of Revenue**

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

|  |   |                | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |  |
|--|---|----------------|----------------------|--|---|--|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>  | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>      | 241,632              |  |   |  |  |
|  | <b>b</b> Membership dues . . . . .  | <b>1b</b>      |                      |  |   |  |  |
|  | <b>c</b> Fundraising events . . . . .   | <b>1c</b>      | 581,720              |  |   |  |  |
|  | <b>d</b> Related organizations . . . . .  | <b>1d</b>      |                      |  |   |  |  |
|  | <b>e</b> Government grants (contributions)  | <b>1e</b>      | 2,466,081            |  |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above         | <b>1f</b>      | 3,660,021            |  |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a - 1f:\$                                     | <b>1g</b>      | 63,120               |  |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f . . . . .   |                |                      | 6,949,454  |   |  |  |
| <b>Program Service Revenue</b>   | <b>2a</b> TUITION   | Business Code  |                      |  |   |  |  |
|  |   | 611600         | 4,055,711            | 4,055,711  |   |  |  |
|  | <b>b</b> OTHER PROGRAM REVENUE  | 900099         | 47,800               | 47,800   |   |  |  |
|  | <b>c</b> DINING REVENUE   | 722210         | 41,383               | 41,383   |   |  |  |
|  | <b>d</b> SOLAR ACTIVITY REVENUE   | 900099         | 31,442               | 31,442   |   |  |  |
|  | <b>e</b> TRANSPORTATION REVENUE   | 480000         | 5,690                | 5,690  |   |  |  |
|  | <b>f</b> All other program service revenue.   |                |                      |  |   |  |  |
| <b>g Total.</b> Add lines 2a-2f. . . . .   |   | 4,182,026      |                      |  |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . |                | 15,415               |  |   | 15,415   |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .                           |                |                      |  |   |  |  |
|  | <b>5</b> Royalties . . . . .  |                |                      |  |   |  |  |
|  | <b>6a</b> Gross rents   | (i) Real       |                      |  |   |  |  |
|  |   | (ii) Personal  |                      |  |   |  |  |
|  |   | <b>6a</b>      | 118,000              |  |   |  |  |
|  | <b>b</b> Less: rental expenses  | <b>6b</b>      | 178,536              |  |   |  |  |
|  | <b>c</b> Rental income or (loss)  | <b>6c</b>      | -60,536              |  |   |  |  |
|  | <b>d</b> Net rental income or (loss) . . . . .  |                |                      | -60,536  |   | -60,536  |  |
|  | <b>7a</b> Gross amount from sales of assets other than inventory                                | (i) Securities |                      |  |   |  |  |
|  |   | (ii) Other     |                      |  |   |  |  |
|  |   | <b>7a</b>      |                      |  |   |  |  |
|  | <b>b</b> Less: cost or other basis and sales expenses   | <b>7b</b>      |                      |  |   |  |  |
|  | <b>c</b> Gain or (loss)   | <b>7c</b>      |                      |  |   |  |  |
|  | <b>d</b> Net gain or (loss) . . . . .   |                |                      |  |   |  |  |
| <b>8a</b> Gross income from fundraising events (not including \$ 581,720 of contributions reported on line 1c). See Part IV, line 18 . . . . . |   |                |                      |  |   |  |  |
|  | <b>8a</b>   | 15,120         |                      |  |   |  |  |
|  | <b>b</b> Less: direct expenses . . . . .  | <b>8b</b>      | 52,750               |  |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events . . . . .  |   |                | -37,630              |  | -37,630                                 |  |  |
| <b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .  |   |                |                      |  |   |  |  |
|  | <b>9a</b>   |                |                      |  |   |  |  |
|  | <b>b</b> Less: direct expenses . . . . .  | <b>9b</b>      |                      |  |   |  |  |
| <b>c</b> Net income or (loss) from gaming activities . . . . .   |   |                |                      |  |   |  |  |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . .   |   |                |                      |  |   |  |  |
|  | <b>10a</b>  |                |                      |  |   |  |  |
|  | <b>b</b> Less: cost of goods sold . . . . .   | <b>10b</b>     |                      |  |   |  |  |
| <b>c</b> Net income or (loss) from sales of inventory . . . . .  |   |                |                      |  |   |  |  |
| Miscellaneous Revenue  | Business Code   |                |                      |  |   |  |  |
| <b>11a</b>   |   |                |                      |  |   |  |  |
| <b>b</b>   |   |                |                      |  |   |  |  |
| <b>c</b>   |   |                |                      |  |   |  |  |
| <b>d</b> All other revenue . . . . .   |   |                |                      |  |   |  |  |
| <b>e Total.</b> Add lines 11a-11d . . . . .  |   |                |                      |  |   |  |  |
| <b>12 Total revenue.</b> See instructions . . . . .  |   |                | 11,048,729           | 4,182,026  | 0                                       | -82,751  |  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   |                              |  |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  | 2,324,072                    | 2,324,072                              |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .  |                              |  |   |                                    |
| <b>4</b> Benefits paid to or for members . . . . .  |                              |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   | 560,085                      | 125,673                                | 271,622                                       | 162,790                            |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  |                              |  |   |                                    |
| <b>7</b> Other salaries and wages . . . . .   | 4,098,277                    | 3,368,971                              | 562,111                                       | 167,195                            |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .  | 51,744                       | 51,744                                 |   |                                    |
| <b>9</b> Other employee benefits . . . . .  | 488,823                      | 429,089                                | 47,458  | 12,276                             |
| <b>10</b> Payroll taxes . . . . .   | 300,562                      | 242,180                                | 41,589  | 16,793                             |
| <b>11</b> Fees for services (non-employees):  |                              |  |   |                                    |
| <b>a</b> Management . . . . .   |                              |  |   |                                    |
| <b>b</b> Legal . . . . .  | 21,752                       |  | 21,752  |                                    |
| <b>c</b> Accounting . . . . .   | 30,785                       |  | 30,785  |                                    |
| <b>d</b> Lobbying . . . . .   | 50,000                       |  | 50,000  |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                              |  |   |                                    |
| <b>f</b> Investment management fees . . . . .   |                              |  |   |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 634,348                      | 531,007                                | 86,870  | 16,471                             |
| <b>12</b> Advertising and promotion . . . . .   | 374,779                      | 337,744                                | 25,000  | 12,035                             |
| <b>13</b> Office expenses . . . . .   | 372,139                      | 284,600                                | 75,113  | 12,426                             |
| <b>14</b> Information technology . . . . .  |                              |  |   |                                    |
| <b>15</b> Royalties . . . . .   |                              |  |   |                                    |
| <b>16</b> Occupancy . . . . .   | 251,622                      | 218,867                                | 24,713  | 8,042                              |
| <b>17</b> Travel . . . . .  | 56,606                       | 39,041                                 | 12,646  | 4,919                              |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                              |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .  |                              |  |   |                                    |
| <b>20</b> Interest . . . . .  |                              |  |   |                                    |
| <b>21</b> Payments to affiliates . . . . .  |                              |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   | 391,111                      | 333,297                                | 44,205  | 13,609                             |
| <b>23</b> Insurance . . . . .   |                              |  |   |                                    |
| <b>24</b> 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.)   |                              |  |   |                                    |
| <b>a</b> DUES/SUBSCRIPTIONS   | 66,664                       | 38,880                                 | 15,138  | 12,646                             |
| <b>b</b>  |                              |  |   |                                    |
| <b>c</b>  |                              |  |   |                                    |
| <b>d</b>  |                              |  |   |                                    |
| <b>e</b> All other expenses   | 226,533                      | 113,442                                | 36,327  | 76,764                             |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e   | 10,299,902                   | 8,438,607                              | 1,345,329                                     | 515,966                            |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.<br>Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                              |  |   |                                    |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|--|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 1,478,232                | <b>1</b>   | 2,129,341          |
|   | <b>2</b> Savings and temporary cash investments . . . . .  |                          | <b>2</b>   |                    |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 1,727,480                | <b>3</b>   | 1,200,744          |
|   | <b>4</b> Accounts receivable, net . . . . .  | 575,897                  | <b>4</b>   | 846,026            |
|   | <b>5</b> 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 . . . . .  |                          | <b>5</b>   |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   |                          | <b>6</b>   |                    |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                          | <b>7</b>   |                    |
|   | <b>8</b> Inventories for sale or use . . . . .   |                          | <b>8</b>   |                    |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 188,846                  | <b>9</b>   | 190,114            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 10,162,386               |            |                    |
|   | <b>b</b> Less: accumulated depreciation  | 4,531,014                |            |                    |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 0                        | <b>11</b>  | 1,040,528          |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   |                          | <b>12</b>  |                    |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  |                          | <b>13</b>  |                    |
|   | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b>  |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 26,759                   | <b>15</b>  | 27,316             |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 8,821,627  | <b>16</b>                | 11,065,441 |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 716,742                  | <b>17</b>  | 900,488            |
|   | <b>18</b> Grants payable . . . . .   |                          | <b>18</b>  |                    |
|   | <b>19</b> Deferred revenue . . . . .   |                          | <b>19</b>  |                    |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b>  |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  |                          | <b>21</b>  |                    |
|   | <b>22</b> 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 . . . . . |                          | <b>22</b>  |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 921,363                  | <b>23</b>  | 1,666,248          |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | <b>24</b>  |                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D  | 280,029                  | <b>25</b>  | 792,402            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 1,918,134                | <b>26</b>  | 3,359,138          |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |            |                    |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 4,812,807                | <b>27</b>  | 5,918,153          |
|   | <b>28</b> Net assets with donor restrictions . . . . .   | 2,090,686                | <b>28</b>  | 1,788,150          |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |            |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>  |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                          | <b>30</b>  |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>31</b>  |                    |
| <b>32</b> Total net assets or fund balances . . . . .                         | 6,903,493  | <b>32</b>                | 7,706,303  |                    |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            | 8,821,627  | <b>33</b>                | 11,065,441 |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 11,048,729 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 10,299,902 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 748,827    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 6,903,493  |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | 53,983     |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0          |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 7,706,303  |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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.

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | No |
| <b>2b</b> | Yes |    |
| <b>2c</b> | Yes |    |
| <b>3a</b> | Yes |    |
| <b>3b</b> | Yes |    |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 41-0908458

**Name:** SUMMIT ACADEMY OIC

Form 990 (2019)

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### **Form 990, Part III, Line 4a:**

SUMMIT ACADEMY OIC IS A NON-PROFIT VOCATIONAL TRAINING AND EDUCATIONAL CENTER BASED IN NORTH MINNEAPOLIS WITH 50 YEARS EXPERIENCE HELPING TWIN CITIES RESIDENTS IN ECONOMICALLY DEPRESSED NEIGHBORHOODS ACQUIRE THE TOOLS THEY NEED TO BECOME EDUCATED, EMPLOYED, AND SELF-SUPPORTING. SUMMIT ACADEMY IS THE ONLY COMMUNITY-BASED VOCATIONAL TRAINING AND JOB-PLACEMENT PROGRAM IN NORTH MINNEAPOLIS ACCREDITED BY THE NORTH CENTRAL ASSOCIATION COMMISSION ON SCHOOLS AND REGISTERED WITH THE MINNESOTA HIGHER EDUCATION SERVICES OFFICE. AT SUMMIT ACADEMY OIC, WE BELIEVE THE BEST SOCIAL SERVICE PROGRAM IN THE WORLD IS A JOB. GRADUATES FROM OUR ADULT EDUCATION PROGRAMS ARE GIVEN THE OPPORTUNITY TO LIFT THEMSELVES UP FROM A LIFE OF POVERTY AND HOPELESSNESS ONTO A PATH THAT WILL LEAD TO A BETTER LIFE FOR THEMSELVES AND THEIR FAMILIES. WHERE BEFORE, THESE MEN AND WOMEN WERE LIMITED BY CHRONIC UNEMPLOYMENT, A COMPLETE LACK OF RESOURCES, AND IN MANY CASES, A LACK OF FAITH IN THEMSELVES, THEY NOW HAVE THE CHANCE TO FUNDAMENTALLY CHANGE THEIR CIRCUMSTANCES BY INCREASING THEIR INCOME AND THEIR QUALITY OF LIFE. WHEN ADULTS WORK FULL-TIME LIVING-WAGE JOBS, THEY BECOME ROLE MODELS TO YOUNG ADULTS AND CHILDREN, FAMILIES BECOME MORE STABLE, AND THE CYCLE THAT HAS KEPT THEIR COMMUNITIES POOR AND CRIME-RIDDEN IS BROKEN. THESE POSITIVE CHANGES CONTINUE TO RIPPLE OUT EVEN FURTHER INTO THE LARGER COMMUNITY AS FEWER SOCIAL SERVICES AND INCARCERATION COSTS ARE INCURRED AND GRADUATES BEGIN TO PAY TAXES. AFTER RECEIVING TRAINING IN COMMUNITY HEALTHCARE, ENERGY EFFICIENCY AND GREEN CONSTRUCTION, THESE GRADUATES HAVE GONE ON TO WORK IN JOBS THAT DIRECTLY IMPROVE MINNESOTA'S INFRASTRUCTURE. SUMMIT ACADEMY OFFERS ADULT EDUCATION AND SUPPORT SERVICES THAT ARE TAILORED TO THE SPECIFIC NEEDS OF THE COMMUNITIES WE SERVE. OUR CAREER AND TECHNOLOGY CENTER PROVIDES PRE-APPRENTICE TRAINING IN CONSTRUCTION (HUNDRED HARD HATS PROGRAM), WITH SPECIFIC TRACKS IN CARPENTRY AND ELECTRICAL WORK. THE CTC ALSO OFFERS PROGRAMS IN COMMUNITY HEALTHCARE WITH COMMUNITY HEALTH WORKER (CHW), CERTIFIED NURSING ASSISTANT (CNA) TRAINING, MEDICAL ADMINISTRATIVE ASSISTANT. FISCAL 2020 SAW THE EXPANSION OF INFORMATION TECHNOLOGY TRAINING SPECIALTY AREAS OF HELP DESK SUPPORT AND NETWORK OPERATIONS CENTER TECH. IN ADDITION TO THE POST SECONDARY OFFERINGS, SUMMIT OFFERS A CONTEXTUALIZED GED PROGRAM THAT PROVIDES INDIVIDUALS WITHOUT A HIGH SCHOOL DIPLOMA THE OPPORTUNITY TO EARN A GED IN CONJUNCTION WITH ATTAINING AN ADVANCED CERTIFICATE IN THE AFOREMENTIONED CARRERS. CAREER TRACKS ARE ALL SUPPORTED WITH SERVICES THAT DEVELOP STUDENTS LIFE SKILLS AND ASSIST IN JOB SEEKING, PLACEMENT, AND RETENTION. IN THIS FISCAL YEAR (JULY 1, 2019- JUNE 30, 2020), SUMMIT'S CAREER AND TECHNOLOGY CENTER SERVED 781 ADULT STUDENTS, AND 529 OBTAINED THEIR GED OR GRADUATED WITH A VOCATIONAL TRAINING CERTIFICATE OF COMPLETION. OVER THAT TIME SUMMIT PLACED 287 ADULTS IN EMPLOYMENT. JOB EARNINGS FOR ALL PROGRAMS ARE AT AN AVERAGE OF \$17.32 PER HOUR.

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                                    | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| LOUIS J KING II<br>.....<br>CEO                          | 40.00<br>.....   |   |                       | X       |              |                              |        | 294,596   | 0  | 23,227  |
| MARC L CARRIER<br>.....<br>CFO                           | 40.00<br>.....   |   |                       | X       |              |                              |        | 179,801   | 0  | 17,485  |
| LEROY WEST<br>.....<br>CHIEF ADMINISTRATIVE OFFIC        | 40.00<br>.....   |   |                       | X       |              |                              |        | 163,161   | 0  | 14,477  |
| ANNA-MARIE KUIPER<br>.....<br>DIRECTOR OF STRATEGIC PLAN | 40.00<br>.....   |   |                       |         |              | X                            |        | 114,875   | 0  | 11,661  |
| RAVI NORMAN<br>.....<br>CHAIRMAN OF BOARD                | 1.00<br>.....  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| STEVE KAIRIES<br>.....<br>VICE CHAIR                     | 1.00<br>.....  | X   |                       | X       |              |                              |        | 0   | 0  | 0   |
| GEORGE BLACKWELL<br>.....<br>DIRECTOR (LEFT IN 10/19)    | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JEAN FOUNTAIN<br>.....<br>DIRECTOR (LEFT IN 10/19)       | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| KARL HURSTON<br>.....<br>DIRECTOR                        | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DAVID JURAN<br>.....<br>DIRECTOR                         | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                            | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| PATRINA LEVY<br>.....<br>DIRECTOR (LEFT IN 7/19) | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MIQUEL MCMOORE<br>.....<br>DIRECTOR              | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| MARK MOREHOUSE<br>.....<br>DIRECTOR              | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| PAUL NIELSEN<br>.....<br>DIRECTOR                | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| RAVI NORMAN<br>.....<br>DIRECTOR                 | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JACKIE OTTOSON<br>.....<br>DIRECTOR              | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BONNIE PADILLA<br>.....<br>DIRECTOR              | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BILL PARKER<br>.....<br>DIRECTOR                 | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| PAUL RAVICH<br>.....<br>DIRECTOR                 | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| PAM SAFAR<br>.....<br>DIRECTOR                   | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                 | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---------------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|                                       |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| MATT STURGIS<br>.....<br>DIRECTOR     | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| JIM TORBORG<br>.....<br>DIRECTOR      | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| BILL WILLIAMS<br>.....<br>DIRECTOR    | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| OURAPHONE WILLIS<br>.....<br>DIRECTOR | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DAVID WOHL<br>.....<br>DIRECTOR       | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| KRISTIN YOUNG<br>.....<br>DIRECTOR    | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| TOM ZIRBS<br>.....<br>DIRECTOR        | 1.00<br>.....  | X   |                       |         |              |                              |        | 0   | 0  | 0   |

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

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
SUMMIT ACADEMY OIC

**Employer identification number**  
41-0908458

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|--|---|----|---|---|
|                                    |          |  | Yes   | No |   |   |
|                                    |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   |   |

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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..  |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3   |          |          |          |          |          |           |
| <b>5</b> 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). . . |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019  | (f) Total |
|---|----------|----------|----------|----------|-----------|-----------|
| <b>7</b> Amounts from line 4. . .   |          |          |          |          |           |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .  |          |          |          |          |           |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . .  |          |          |          |          |           |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .  |          |          |          |          |           |           |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |           |           |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .   |          |          |          |          | <b>12</b> |           |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/> |          |          |          |          |           |           |

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

|   |           |  |
|---|-----------|--|
| <b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .  | <b>14</b> |  |
| <b>15</b> Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .   | <b>15</b> |  |
| <b>16a 33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>   |           |  |
| <b>b 33 1/3% support test—2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>  |           |  |
| <b>17a 10%-facts-and-circumstances test—2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>    |           |  |
| <b>b 10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/> |           |  |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>   |           |  |

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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ► |  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b>   | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .   |          |          |          |          |          |           |
| <b>2</b>   | 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 |          |          |          |          |          |           |
| <b>3</b>   | Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| <b>4</b>   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .   |          |          |          |          |          |           |
| <b>5</b>   | The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6</b>   | <b>Total.</b> Add lines 1 through 5  |          |          |          |          |          |           |
| <b>7a</b>  | Amounts included on lines 1, 2, and 3 received from disqualified persons   |          |          |          |          |          |           |
| <b>b</b>   | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.          |          |          |          |          |          |           |
| <b>c</b>   | Add lines 7a and 7b. . . . .   |          |          |          |          |          |           |
| <b>8</b>   | <b>Public support.</b> (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ► |   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b>   | Amounts from line 6. . . . .  |          |          |          |          |          |           |
| <b>10a</b>                                       | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . |          |          |          |          |          |           |
| <b>b</b>   | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.                            |          |          |          |          |          |           |
| <b>c</b>   | Add lines 10a and 10b.  |          |          |          |          |          |           |
| <b>11</b>  | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.        |          |          |          |          |          |           |
| <b>12</b>  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .                           |          |          |          |          |          |           |
| <b>13</b>  | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .   |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . . . .

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

|           |  |           |  |
|-----------|--|-----------|--|
| <b>15</b> | Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> |  |
| <b>16</b> | Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> |  |

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

|           |  |           |  |
|-----------|--|-----------|--|
| <b>17</b> | Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> |  |
| <b>18</b> | Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> |  |

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1</b>   | Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>   |     |    |
|            | <b>1</b>   |     |    |
| <b>2</b>   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>  |     |    |
|            | <b>2</b>   |     |    |
| <b>3a</b>  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>   |     |    |
|            | <b>3a</b>  |     |    |
| <b>b</b>   | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>  |     |    |
|            | <b>3b</b>  |     |    |
| <b>c</b>   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>   |     |    |
|            | <b>3c</b>  |     |    |
| <b>4a</b>  | Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>   |     |    |
|            | <b>4a</b>  |     |    |
| <b>b</b>   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>   |     |    |
|            | <b>4b</b>  |     |    |
| <b>c</b>   | 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)? <i>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.</i>  |     |    |
|            | <b>4c</b>  |     |    |
| <b>5a</b>  | Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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 amendment to the organizing document).</i> |     |    |
|            | <b>5a</b>  |     |    |
| <b>b</b>   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
|            | <b>5b</b>  |     |    |
| <b>c</b>   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
|            | <b>5c</b>  |     |    |
| <b>6</b>   | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
|            | <b>6</b>   |     |    |
| <b>7</b>   | 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>   |     |    |
|            | <b>7</b>   |     |    |
| <b>8</b>   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>   |     |    |
|            | <b>8</b>   |     |    |
| <b>9a</b>  | 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))? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
|            | <b>9a</b>  |     |    |
| <b>b</b>   | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
|            | <b>9b</b>  |     |    |
| <b>c</b>   | 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
|            | <b>9c</b>  |     |    |
| <b>10a</b> | 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)? <i>If "Yes," answer line 10b below.</i>   |     |    |
|            | <b>10a</b>   |     |    |
| <b>b</b>   | Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>  |     |    |
|            | <b>10b</b>   |     |    |

**Part IV Supporting Organizations** (continued)

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>11</b> | Has the organization accepted a gift or contribution from any of the following persons?   |     |    |
| <b>a</b>  | 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? |     |    |
| <b>b</b>  | A family member of a person described in (a) above?   |     |    |
| <b>c</b>  | A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  |     |    |

**Section B. Type I Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | 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? <i>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.</i> |     |    |
| <b>2</b> | 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? <i>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.</i>  |     |    |

**Section C. Type II Supporting Organizations**

|          |   | Yes | No |
|----------|---|-----|----|
| <b>1</b> | 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)? <i>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).</i> |     |    |

**Section D. All Type III Supporting Organizations**

|          |  | Yes | No |
|----------|--|-----|----|
| <b>1</b> | 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? |     |    |
| <b>2</b> | 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>  |     |    |
| <b>3</b> | 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |

**Section E. Type III Functionally-Integrated Supporting Organizations**

|          |  |     |    |
|----------|--|-----|----|
| <b>1</b> | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):   |     |    |
| <b>a</b> | <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |     |    |
| <b>b</b> | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.  |     |    |
| <b>c</b> | <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)   |     |    |
| <b>2</b> | Activities Test. <b>Answer (a) and (b) below.</b>  |     |    |
| <b>a</b> | 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? <i>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.</i> | Yes | No |
| <b>b</b> | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>  |     |    |
| <b>3</b> | Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>  |     |    |
| <b>a</b> | 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>  |     |    |
| <b>b</b> | Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>  |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year<br>(optional) |
|---|--|----------------|--------------------------------|
| <b>1</b>                                | Net short-term capital gain  | <b>1</b>       |                                |
| <b>2</b>                                | Recoveries of prior-year distributions   | <b>2</b>       |                                |
| <b>3</b>                                | Other gross income (see instructions)  | <b>3</b>       |                                |
| <b>4</b>                                | Add lines 1 through 3  | <b>4</b>       |                                |
| <b>5</b>                                | Depreciation and depletion   | <b>5</b>       |                                |
| <b>6</b>                                | 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) | <b>6</b>       |                                |
| <b>7</b>                                | Other expenses (see instructions)  | <b>7</b>       |                                |
| <b>8</b>                                | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                                |
| <b>Section B - Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year<br>(optional) |
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  | <b>1</b>       |                                |
| <b>a</b>                                | Average monthly value of securities  | <b>1a</b>      |                                |
| <b>b</b>                                | Average monthly cash balances  | <b>1b</b>      |                                |
| <b>c</b>                                | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                                |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                                |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):  |                |                                |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                                |
| <b>3</b>                                | Subtract line 2 from line 1d   | <b>3</b>       |                                |
| <b>4</b>                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | <b>4</b>       |                                |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                                |
| <b>6</b>                                | Multiply line 5 by .035  | <b>6</b>       |                                |
| <b>7</b>                                | Recoveries of prior-year distributions   | <b>7</b>       |                                |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                                |
| <b>Section C - Distributable Amount</b> |  |                | Current Year                   |
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>       |                                |
| <b>2</b>                                | Enter 85% of line 1  | <b>2</b>       |                                |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>       |                                |
| <b>4</b>                                | Enter greater of line 2 or line 3  | <b>4</b>       |                                |
| <b>5</b>                                | Income tax imposed in prior year   | <b>5</b>       |                                |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b>       |                                |
| <b>7</b>                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)                                 |                |                                |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| <b>Section D - Distributions</b>   | <b>Current Year</b> |
|--|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes   |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity             |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations   |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets   |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)   |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.  |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions |                     |
| <b>9</b> Distributable amount for 2019 from Section C, line 6  |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount   |                     |

| <b>Section E - Distribution Allocations</b><br>(see instructions)  | <b>(i)</b><br><b>Excess Distributions</b> | <b>(ii)</b><br><b>Underdistributions</b><br><b>Pre-2019</b> | <b>(iii)</b><br><b>Distributable</b><br><b>Amount for 2019</b> |
|--|---|---|--|
| <b>1</b> Distributable amount for 2019 from Section C, line 6  |   |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.   |   |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2019:  |   |   |  |
| <b>a</b> From 2014. . . . .  |   |   |  |
| <b>b</b> From 2015. . . . .  |   |   |  |
| <b>c</b> From 2016. . . . .  |   |   |  |
| <b>d</b> From 2017. . . . .  |   |   |  |
| <b>e</b> From 2018. . . . .  |   |   |  |
| <b>f Total</b> of lines 3a through e   |   |   |  |
| <b>g</b> Applied to underdistributions of prior years  |   |   |  |
| <b>h</b> Applied to 2019 distributable amount  |   |   |  |
| <b>i</b> Carryover from 2014 not applied (see instructions)  |   |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |   |   |  |
| <b>4</b> Distributions for 2019 from Section D, line 7:  |   |   |  |
| \$   |   |   |  |
| <b>a</b> Applied to underdistributions of prior years  |   |   |  |
| <b>b</b> Applied to 2019 distributable amount  |   |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |   |   |  |
| <b>5</b> 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 <b>Part VI</b> . See instructions. |   |   |  |
| <b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.                        |   |   |  |
| <b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.  |   |   |  |
| <b>8</b> Breakdown of line 7:  |   |   |  |
| <b>a</b> Excess from 2015. . . . .   |   |   |  |
| <b>b</b> Excess from 2016. . . . .   |   |   |  |
| <b>c</b> Excess from 2017. . . . .   |   |   |  |
| <b>d</b> Excess from 2018. . . . .   |   |   |  |
| <b>e</b> Excess from 2019. . . . .   |   |   |  |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 41-0908458

**Name:** SUMMIT ACADEMY OIC

**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).

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
  
**2019**  
**Open to Public Inspection**

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- 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 (Proxy Tax) (see separate instructions), then**

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

|  |  |
|--|--|
| Name of the organization<br>SUMMIT ACADEMY OIC | Employer identification number<br>41-0908458 |
|--|--|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

**2** Political campaign activity expenditures (see instructions) ..... ▶ \$ \_\_\_\_\_ **0**

**3** Volunteer hours for political campaign activities (see instructions) ..... **0**

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

**1** Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ \_\_\_\_\_ **0**

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ \_\_\_\_\_ **0**

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  **Yes**  **No**

**4a** Was a correction made? .....  **Yes**  **No**

**b** If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_

**3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ \_\_\_\_\_

**4** Did the filing organization file **Form 1120-POL** for this year? .....  **Yes**  **No**

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| 1        |             |         |   |  |
| 2        |             |         |   |  |
| 3        |             |         |   |  |
| 4        |             |         |   |  |
| 5        |             |         |   |  |
| 6        |             |         |   |  |



**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|  | (a) |    | (b)    |
|--|-----|----|--------|
|  | Yes | No | Amount |
| <b>1</b> 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: |     |    |        |
| <b>a</b> Volunteers? .....   |     |    |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....  | Yes |    |        |
| <b>c</b> Media advertisements? .....   |     |    |        |
| <b>d</b> Mailings to members, legislators, or the public? .....  |     |    |        |
| <b>e</b> Publications, or published or broadcast statements? .....   |     |    |        |
| <b>f</b> Grants to other organizations for lobbying purposes? .....  |     |    |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....   | Yes |    | 50,000 |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....   |     |    |        |
| <b>i</b> Other activities? .....   |     |    |        |
| <b>j</b> Total. Add lines 1c through 1i .....  |     |    | 50,000 |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....  |     | No |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....   |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....  |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....  |     |    |        |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....                      | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                 | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? ..... | <b>3</b> |    |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

|   |           |  |
|---|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members .....   | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |  |
| <b>a</b> Current year .....   | <b>2a</b> |  |
| <b>b</b> Carryover from last year .....   | <b>2b</b> |  |
| <b>c</b> Total .....  | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  | <b>3</b>  |  |
| <b>4</b> 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? ..... | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....   | <b>5</b>  |  |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference   | Explanation  |
|--------------------|--|
| PART II-B, LINE 1: | THE ACADEMY SECURED SERVICES SECURED SERVICES OF REGISTERED LOBBYISTS TO REPRESENT OUR DIRECT FUNDING EFFORTS FROM THE MN LEGISLATURE AND LOCAL GOVERNMENTAL BODIES. |

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
SUMMIT ACADEMY OIC

**Employer identification number**  
41-0908458

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

|  | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| <b>1</b> Total number at end of year . . . . .             |                         |                              |
| <b>2</b> Aggregate value of contributions to (during year) |                         |                              |
| <b>3</b> Aggregate value of grants from (during year)      |                         |                              |
| <b>4</b> Aggregate value at end of year . . . . .          |                         |                              |

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

**Part II Conservation Easements.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|   | Held at the End of the Year |
|---|-----------------------------|
| <b>a</b> Total number of conservation easements . . . . .   | <b>2a</b>                   |
| <b>b</b> Total acreage restricted by conservation easements . . . . .   | <b>2b</b>                   |
| <b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .   | <b>2c</b>                   |
| <b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . . | <b>2d</b>                   |

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

**a** Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance . . . . .
- d** Additions during the year . . . . .
- e** Distributions during the year . . . . .
- f** Ending balance . . . . .

|           | Amount |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

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

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 1,265,786        | 1,290,118      | 1,300,103          | 868,921              |                     |
| <b>b</b> Contributions . . . . .                                  | 411              | 15,357         |                    | 436,261              |                     |
| <b>c</b> Net investment earnings, gains, and losses               | 62,683           | 5,311          |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        | 7,256            | 45,000         | 9,985              | 5,079                |                     |
| <b>g</b> End of year balance . . . . .                            | 1,321,624        | 1,265,786      | 1,290,118          | 1,300,103            |                     |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 0 %
- b** Permanent endowment ▶ 100.000 %
- c** Temporarily restricted endowment ▶ 0 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** unrelated organizations . . . . .
- (ii)** related organizations . . . . .

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     | No |
| <b>3a(ii)</b> |     | No |
| <b>3b</b>     |     |    |

**b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      | 465,500                         |                              | 465,500        |
| <b>b</b> Buildings . . . . .   |                                      | 7,707,312                       | 3,549,370                    | 4,157,942      |
| <b>c</b> Leasehold improvements  |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .   |                                      | 1,936,318                       | 928,388                      | 1,007,930      |
| <b>e</b> Other . . . . .   |                                      | 53,256                          | 53,256                       | 0              |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 5,631,372      |

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)   | (b)<br>Book<br>value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------------|--|
| (1) Financial derivatives . . . . .                                       |                      |  |
| (2) Closely-held equity interests . . . . .                               |                      |  |
| (3) Other _____   |                      |  |
| (A)   |                      |  |
| (B)   |                      |  |
| (C)   |                      |  |
| (D)   |                      |  |
| (E)   |                      |  |
| (F)   |                      |  |
| (G)   |                      |  |
| (H)   |                      |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) |                      |  |

**Part VIII Investments—Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment  | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market<br>value |
|--|----------------|---|
| (1)  |                |   |
| (2)  |                |   |
| (3)  |                |   |
| (4)  |                |   |
| (5)  |                |   |
| (6)  |                |   |
| (7)  |                |   |
| (8)  |                |   |
| (9)  |                |   |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.) |                |   |

**Part IX Other Assets.**

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

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.) |                |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability  | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 792,402        |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |  |           |           |                     |
|----------|--|-----------|-----------|---------------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>  | 9,151,778           |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |           |                     |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> | 53,983    |                     |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> |           |                     |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |           |                     |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> | 178,536   |                     |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  |           |           | <b>2e</b> 232,519   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |           |           | <b>3</b> 8,919,259  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                     |           |           |                     |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |           |                     |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> | 2,129,470 |                     |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  |           |           | <b>4c</b> 2,129,470 |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |           |           | <b>5</b> 11,048,729 |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

|          |   |           |           |                     |
|----------|---|-----------|-----------|---------------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b>  | 8,348,968           |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |           |                     |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> |           |                     |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |           |                     |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |           |                     |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> | 178,536   |                     |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           |           | <b>2e</b> 178,536   |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           |           | <b>3</b> 8,170,432  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |           |           |                     |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |           |                     |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> | 2,129,470 |                     |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           |           | <b>4c</b> 2,129,470 |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |           |           | <b>5</b> 10,299,902 |

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

| Return Reference          | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

**Part XIII** Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
|                  |             |
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|                  |             |
|                  |             |
|                  |             |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 41-0908458

**Name:** SUMMIT ACADEMY OIC

## Supplemental Information

| Return Reference | Explanation   |
|------------------|---|
| PART V, LINE 4:  | THE TWO PURPOSES STATED FOR THE ENDOWMENTS ARE 1) FUTURE FACILITY IMPROVEMENTS AND 2) STRATEGIC OPPORTUNITIES AS IDENTIFIED AND APPROVED BY THE BOARD OF DIRECTORS. |

## Supplemental Information

| Return Reference | Explanation  |
|------------------|--|
| PART X, LINE 2:  | <p>SUMMIT ACADEMY OIC IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SIMILAR MINNESOTA STATUTES. SUMMIT ACADEMY OIC IS NOT CONSIDERED A PRIVATE FOUNDATION AND CONTRIBUTIONS TO THE ORGANIZATION ARE CONSIDERED TAX DEDUCTIBLE. THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES.</p> |

# Supplemental Information

| Return Reference                         | Explanation             |
|--|-------------------------|
| PART XI, LINE 2D - OTHER<br>ADJUSTMENTS: | RENTAL EXPENSE 178,536. |

# Supplemental Information

| Return Reference                      | Explanation                     |
|---------------------------------------|---------------------------------|
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | SAOIC TUITION GRANTS 2,129,470. |

# Supplemental Information

| Return Reference                       | Explanation             |
|--|-------------------------|
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | RENTAL EXPENSE 178,536. |

# Supplemental Information

| Return Reference                       | Explanation                     |
|--|---------------------------------|
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | SAOIC TUITION GRANTS 2,129,470. |

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

# Schools

OMB No. 1545-0047

## 2019

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for the latest information.**

Department of the Treasury  
Name of the organization  
SUMMIT ACADEMY OIC

**Employer identification number**  
41-0908458

**Part I**

|  | YES | NO |
|--|-----|----|
| <b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .   | Yes |    |
| <b>2</b> 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 |    |
| <b>3</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II. . . . . | Yes |    |
| <b>4</b> Does the organization maintain the following?   |     |    |
| <b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .   | Yes |    |
| <b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .   | Yes |    |
| <b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .   | Yes |    |
| <b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .<br>If you answered "No" to any of the above, please explain. If you need more space, use Part II.  | Yes |    |
| <b>5</b> Does the organization discriminate by race in any way with respect to:  |     |    |
| <b>a</b> Students' rights or privileges? . . . . .   |     | No |
| <b>b</b> Admissions policies? . . . . .  |     | No |
| <b>c</b> Employment of faculty or administrative staff? . . . . .  |     | No |
| <b>d</b> Scholarships or other financial assistance? . . . . .   |     | No |
| <b>e</b> Educational policies? . . . . .   |     | No |
| <b>f</b> Use of facilities? . . . . .  |     | No |
| <b>g</b> Athletic programs? . . . . .  |     | No |
| <b>h</b> Other extracurricular activities? . . . . .<br>If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.  |     | No |
| <b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .  | Yes |    |
| <b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . .<br>If you answered "Yes" to either line 6a or line 6b, explain on Part II.   |     | No |
| <b>7</b> 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. . . . .   | Yes |    |

**Part II 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 | A STATEMENT IS PRINTED IN ALL PUBLIC MATERIAL INCLUDING ADVERTISING, COURSE CATALOGS, AND STUDENT MANUALS. VERBAL STATEMENTS ARE ALSO MADE IN BROADCAST ADVERTISEMENTS.                           |
| SCHEDULE E, PART I, LINE 6 | THE SCHOOL PARTICIPATES IN U.S. DEPARTMENT OF EDUCATION TITLE IV FUNDING, PELL, SEOG, AND WORK STUDY. THE SCHOOL ALSO PARTICIPATES IN THE STATE OF MINNESOTA STATE GRANT AND WORK STUDY PROGRAMS. |



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| Revenue  | (a) Event #1                        | (b) Event #2 | (c) Other events | (d) Total events                |
|--|-------------------------------------|--------------|------------------|---------------------------------|
|  | <b>GOLF CLASSIC</b><br>(event type) | (event type) | (total number)   | (add col. (a) through col. (c)) |
| <b>1</b> Gross receipts . . . . .  | 596,840                             |              |                  | 596,840                         |
| <b>2</b> Less: Contributions . . . . .   | 581,720                             |              |                  | 581,720                         |
| <b>3</b> Gross income (line 1 minus line 2) . . . . .                              | 15,120                              |              |                  | 15,120                          |
| <b>4</b> Cash prizes . . . . .   |                                     |              |                  |                                 |
| <b>5</b> Noncash prizes . . . . .  | 16,750                              |              |                  | 16,750                          |
| <b>6</b> Rent/facility costs . . . . .   | 5,000                               |              |                  | 5,000                           |
| <b>7</b> Food and beverages . . . . .  |                                     |              |                  |                                 |
| <b>8</b> Entertainment . . . . .   | 5,250                               |              |                  | 5,250                           |
| <b>9</b> Other direct expenses . . . . .   | 25,750                              |              |                  | 25,750                          |
| <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶  |                                     |              |                  | 52,750                          |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |                                     |              |                  | -37,630                         |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue   | (a) Bingo   | (b) Pull tabs/Instant bingo/progressive bingo                       | (c) Other gaming  | (d) Total gaming (add col.(a) through col.(c)) |
|---|---|---|---|--|
|   | <b>1</b> Gross revenue . . . . .                                    |   |   |  |
| <b>2</b> Cash prizes . . . . .  |   |   |   |  |
| <b>3</b> Noncash prizes . . . . .   |   |   |   |  |
| <b>4</b> Rent/facility costs . . . . .  |   |   |   |  |
| <b>5</b> Other direct expenses . . . . .  |   |   |   |  |
| <b>6</b> Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
| <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |   |   |   |  |
| <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |   |   |   |  |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

**b** If "No," explain: \_\_\_\_\_

---

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

---

- 11** Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ .....

Address ▶ .....

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.

**c** If "Yes," enter name and address of the third party:

Name ▶ .....

Address ▶ .....

**16** Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer                       Employee                       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the  
Treasury  
Internal Revenue Service  
Name of the organization  
SUMMIT ACADEMY OIC

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Employer identification number  
41-0908458

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| (a) Name and address of organization or government | (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 |
|--|---------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| (1)  |         |                                 |                          |                                   |   |                                       |                                    |
| (2)  |         |                                 |                          |                                   |   |                                       |                                    |
| (3)  |         |                                 |                          |                                   |   |                                       |                                    |
| (4)  |         |                                 |                          |                                   |   |                                       |                                    |
| (5)  |         |                                 |                          |                                   |   |                                       |                                    |
| (6)  |         |                                 |                          |                                   |   |                                       |                                    |
| (7)  |         |                                 |                          |                                   |   |                                       |                                    |
| (8)  |         |                                 |                          |                                   |   |                                       |                                    |
| (9)  |         |                                 |                          |                                   |   |                                       |                                    |
| (10)   |         |                                 |                          |                                   |   |                                       |                                    |
| (11)   |         |                                 |                          |                                   |   |                                       |                                    |
| (12)   |         |                                 |                          |                                   |   |                                       |                                    |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_
- 3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ \_\_\_\_\_

**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 of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) TRANSPORTATION                                   | 397                      | 91,348                   |                                  | N/A   | N/A                                   |
| (2) MEALS AND LIVING EXPENSES                        | 797                      | 85,385                   |                                  | N/A   | N/A                                   |
| (3) SAOIC TUITION GRANTS                             | 797                      | 2,129,470                |                                  | N/A   | N/A                                   |
| (4) DRIVERS LICENSE REACQUISITION, TOOLS, DUES, ETC. | 78                       | 17,869                   |                                  | N/A   | N/A                                   |
| (4)  |                          |                          |                                  |   |                                       |
| (5)  |                          |                          |                                  |   |                                       |
| (6)  |                          |                          |                                  |   |                                       |
| (7)  |                          |                          |                                  |   |                                       |

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

| Return Reference | Explanation   |
|------------------|---|
| PART I, LINE 2:  | SUMMIT'S TUITION COST IS \$6,750 PER STUDENT. SOME STUDENTS MAY NOT QUALIFY FOR ANY AID FROM TITLE IV OR STATE PROGRAMS. STUDENTS REQUESTING ASSISTANCE COMPLETE A FORMAL REQUEST AND SUBMIT IT TO THE SUPPORT SERVICE OFFICE. APPLICATIONS ARE REVIEWED BY THE SUPPORT SERVICES MANAGER, CHIEF ADMINISTRATIVE OFFICER AND THE CHIEF FINANCIAL OFFICER. |

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SUMMIT ACADEMY OIC

Employer identification number  
41-0908458

**Part I Questions Regarding Compensation**

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



**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference | Explanation   |
|------------------|---|
| PART I, LINE 1A  | LOUIS J. KING, II - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES - NOT INCLUDED IN TAXABLE INCOME            |
| PART I, LINE 7   | BASED ON FISCAL YEAR 2020 OPERATING PERFORMANCE - A DISCRETIONARY BONUS WAS AWARDED TO OFFICERS AND DIRECTORS |

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**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](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
SUMMIT ACADEMY OIC

Employer identification number  
41-0908458

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art—Works of art . . . . .   |                            |   |  |   |
| 2 Art—Historical treasures . . . . .                                 |                            |   |  |   |
| 3 Art—Fractional interests . . . . .                                 |                            |   |  |   |
| 4 Books and publications . . . . .                                   |                            |   |  |   |
| 5 Clothing and household goods . . . . .                             |                            |   |  |   |
| 6 Cars and other vehicles . . . . .                                  |                            |   |  |   |
| 7 Boats and planes . . . . .   |                            |   |  |   |
| 8 Intellectual property . . . . .                                    |                            |   |  |   |
| 9 Securities—Publicly traded . . . . .                               |                            |   |  |   |
| 10 Securities—Closely held stock . . . . .                           |                            |   |  |   |
| 11 Securities—Partnership, LLC, or trust interests . . . . .         |                            |   |  |   |
| 12 Securities—Miscellaneous . . . . .                                |                            |   |  |   |
| 13 Qualified conservation contribution—Historic structures . . . . . |                            |   |  |   |
| 14 Qualified conservation contribution—Other . . . . .               |                            |   |  |   |
| 15 Real estate—Residential . . . . .                                 |                            |   |  |   |
| 16 Real estate—Commercial . . . . .                                  |                            |   |  |   |
| 17 Real estate—Other . . . . .                                       |                            |   |  |   |
| 18 Collectibles . . . . .  |                            |   |  |   |
| 19 Food inventory . . . . .  |                            |   |  |   |
| 20 Drugs and medical supplies . . . . .                              |                            |   |  |   |
| 21 Taxidermy . . . . .   |                            |   |  |   |
| 22 Historical artifacts . . . . .                                    |                            |   |  |   |
| 23 Scientific specimens . . . . .                                    |                            |   |  |   |
| 24 Archeological artifacts . . . . .                                 |                            |   |  |   |
| 25 Other ▶ ( TECHNOLOGY EQUIPMENT )                                  | X                          | 1   | 48,000   | FMV   |
| 26 Other ▶ ( AUCTION ITEM )  | X                          | 6   | 15,120   | FMV   |
| 27 Other ▶ ( )   |                            |   |  |   |
| 28 Other ▶ ( )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

|   | 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 purposes for the entire holding period? . . . . . |     | No |
| 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?   |     | No |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .  |     | No |
| b If "Yes," describe in Part II.  |     |    |
| 33 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.   |     |    |

**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                                    |
|---------------------|--|
| PART I, COLUMN (B): | COLUMN (B) REPORTS THE NUMBER OF CONTRIBUTORS. |

**SCHEDULE O**  
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Name of the organization  
SUMMIT ACADEMY OIC

Employer identification number

41-0908458

**990 Schedule O, Supplemental Information**

| Return Reference                     | Explanation  |
|--------------------------------------|--|
| FORM 990, PART VI, SECTION A, LINE 1 | ALL MEMBERS OF EXECUTIVE COMMITTEE ARE MEMBERS OF THE GOVERNING BOARD. EXECUTIVE COMMITTEE MEETS ON MONTHS WHEN REGULARLY SCHEDULED BOARD MEETINGS ARE NOT SCHEDULED AND HAS AUTHORITY TO ACT ON BEHALF OF FULL BOARD. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                | <b>Explanation</b>  |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 11B | THE FORM 990 AND THE YEAR END AUDITED STATEMENTS ARE REVIEWED BY THE FINANCE COMMITTEE AND EXECUTIVE COMMITTEE IN DETAIL PRIOR TO THE PRESENTATION TO THE FULL BOARD OF DIRECTORS WHICH OCCURS AT THE FIRST MEETING IMMEDIATELY FOLLOWING THE COMPLETION OF THE AUDIT AND THE PREPARATION OF THE FORM 990 RESPECTIVELY. PRINCIPALS FROM THE AUDIT FIRM ARE PRESENT TO FIELD QUESTIONS FROM THE BOARD. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                | <b>Explanation</b>  |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 12C | <p>CONFLICT OF INTEREST POLICY IS APPLIED TO ALL BOARD, OFFICERS AND STAFF OF SUMMIT. THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY WITH ALL MEMBERS OF THE BOARD OF DIRECTORS, OFFICERS AND MANAGEMENT OF THE ORGANIZATION. SELF DISCLOSURE IS REQUIRED IF ANY MEMBER SUSPECTS A POSSIBLE CONFLICT OF INTEREST. IF ANY POSSIBLE CONFLICT IS DISCOVERED AFTER THE FACT, THE MATTER IS REVIEWED BY THE EXECUTIVE COMMITTEE AND IF NECESSARY THE FULL BOARD OF DIRECTORS. TRANSACTIONS WITH PARTIES WITH WHOM A CONFLICTING INTEREST EXISTS MAY BE UNDERTAKEN ONLY IF ALL OF THE FOLLOWING ARE OBSERVED: 1. THE CONFLICTING INTEREST IS FULLY DISCLOSED; 2. THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION; 3. A COMPETITIVE BID OR COMPARABLE VALUATION EXISTS; AND 4. THE BOARD (OR A DULY CONSTITUTED COMMITTEE THEREOF) HAS DETERMINED THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION. DISCLOSURE WITHIN THE ORGANIZATION SHOULD BE MADE TO THE CHIEF EXECUTIVE OFFICER (OR IF SHE OR HE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD CHAIR), WHO SHALL BRING THE MATTER TO THE ATTENTION OF THE BOARD (OR A DULY CONSTITUTED COMMITTEE THEREOF). DISCLOSURE INVOLVING DIRECTORS SHOULD BE MADE TO THE BOARD CHAIR, (OR IF SHE OR HE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD VICE-CHAIR) WHO SHALL BRING THESE MATTERS TO THE BOARD (OR A DULY CONSTITUTED COMMITTEE THEREOF). THE BOARD (OR A DULY CONSTITUTED COMMITTEE THEREOF) SHALL DETERMINE WHETHER A CONFLICT EXISTS AND IN THE CASE OF AN EXISTING CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO SUMMIT. THE DECISION OF THE BOARD (OR A DULY CONSTITUTED COMMITTEE THEREOF) ON THESE MATTERS WILL REST IN THEIR SOLE DISCRETION, AND THEIR CONCERN MUST BE THE WELFARE OF SUMMIT AND THE ADVANCEMENT OF ITS PURPOSE. PROCEEDINGS ON CONFLICTS OF INTEREST ARE DOCUMENTED IN THE MEETING MINUTES.</p> |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>               | <b>Explanation</b>  |
|---------------------------------------|---|
| FORM 990, PART VI, SECTION B, LINE 15 | CEO COMPENSATION AS WELL AS CFO AND CAO COMPENSATION IS REVIEWED AND SET BY THE COMPENSATION REVIEW COMMITTEE. BENCHMARKING AND OTHER COMPARABLES ARE PREPARED FOR AND REVIEWED BY THE COMMITTEE. ALL COMPENSATION CHANGES ARE DOCUMENTED IN THE MINUTES OF THE COMMITTEE MEETING. BENCHMARK DATA WAS USED FOR BOTH INDUSTRY LEVEL AND JOB LEVEL REVIEWS. TOOLS AVAILABLE FOR BENCHMARKING INCLUDE REVIEW OF COMPARABLE NON-PROFIT ORGANIZATION FORM 990'S, THE MN COUNCIL OF NON-PROFITS, MINNESOTA METROPOLITAN ARE SALARY SURVEY, ROBERT HALF SALARY GUIDE AND SURVEY. SUMMIT RETAINS THE SERVICES OF PAYSACLE, A SUBSCRIPTION BASED SERVICE THAT PROVIDES STATE OF THE ART TECHNOLOGY IN MARKET COMPARABLES. THE PROCESS WAS CONDUCTED IN 2019 FOR THE CEO, L. KING, CFO M. CARRIER AND L. WEST CAO |

## 990 Schedule O, Supplemental Information

| Return Reference                               | Explanation   |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN THE ANNUAL REPORT, ORGANIZATIONS WEBSITE AND ON THE CHARITIES REVIEW COUNCIL WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. |