For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

DLN: 93493059007892

OMB No. 1545-0047

2020

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 for instructions and the latest information.

Open to Public Inspection

		enue Service									
			alendar year, or tax year begin	ning 07-01-2020 , and endi	ing 06-30	-2021	- ·		*		
☐ Ad	dress	pplicable: change	C Name of organization OAK HILL SCHOOL				D Employe 93-1135		ication number		
□ Na □ Ini		-	Doing business as								
		n/terminated d return	Number and street (or P.O. box if m	ail is not delivered to street address)	Room/suit	te	E Telephone	E Telephone number			
□ Ар	plicati	on pending	86397 ELDON SCHAFER DRIVE City or town, state or province, cour	stry, and ZID or foreign nostal code			(541) 744-0954				
			EUGENE, OR 97405	itry, and 21F or foreign postal code			G Gross rec	eipts \$ 3,	,905,717		
			F Name and address of principa	l officer:		H(a) Is this	a group retu	urn for			
			JOHN O'BRIEN 86397 ELDON SCHAFER DRIVE				dinates?		□Yes ☑No		
			EUGENE, OR 97405			H(b) Are al includ		:S	☐ Yes ☐No		
I Ta	x-exer	mpt status:	☑ 501(c)(3) ☐ 501(c)() ◄ (insert no.)	J 527			st. (see	instructions)		
J W	ebsit	te:▶ WW	/W.OAKHILLSCHOOL.COM			H(c) Group	exemption r	number	>		
K Forr	n of o	rganization	: 🗹 Corporation 🗌 Trust 🔲 Asso	ciation Other		L Year of forma	tion: 1993	M State	of legal domicile: OR		
Pa	art I	Sum	mary								
e)	-		scribe the organization's mission o ION OF OAK HILL SCHOOL IS TO I S.		ATION, CR	EATING CARI	NG AND RES	PONSIB	SLE CRITICAL		
Activities & Governance	-		INERO.								
E	-										
Ă O S			this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets.								
ઝ ×ઇ	1		of voting members of the governin					3	7		
Se S	ı		of independent voting members of					5	7		
ž	l	 Total number of individuals employed in calendar year 2020 (Part V, line 2a) Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 							95		
Act	l								0		
	ı			* **				7a	0		
	b	Net unrel	lated business taxable income fron	n Form 990-1, line 39			V	7b	0		
		Contribut	tions and grants (Bort VIII, line 1h)			Pri	or Year	27	Current Year 976,029		
Ē	l		cions and grants (Part VIII, line 1h) service revenue (Part VIII, line 2g)				3,908,0		2,929,287		
Rəvenue	l	_	ent income (Part VIII, column (A), I				1,60		-5,476		
æ	l		/enue (Part VIII, column (A), lines	, , ,	•		381,2	_	34		
	l		enue—add lines 8 through 11 (mu		ne 12)		5,835,80		3,899,874		
	_		nd similar amounts paid (Part IX, c		•		664,696		591,240		
	l		paid to or for members (Part IX, co	* **			·	0	0		
ç	l		other compensation, employee be	* **	s 5–10)		2,351,39	95	1,951,94		
Expenses	1 6a	Profession	onal fundraising fees (Part IX, colur	mn (A), line 11e)				0	0		
Ð	ь	Total fundr	raising expenses (Part IX, column (D),	ine 25) ▶45,366							
Щ	17	Other exp	penses (Part IX, column (A), lines	11a-11d, 11f-24e)			1,070,0	71	786,203		
	18	8 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 4,086							3,329,384		
	19	Revenue	less expenses. Subtract line 18 fro	om line 12			1,749,6	14	570,490		
Net Assets or Fund Balances						Beginning	of Current Ye	ar	End of Year		
SS 9	20	Total ass	ets (Part X, line 16)				8,043,6	44	8,302,595		
절절	21	Total liab	ilities (Part X, line 26)				1,832,7	56	1,521,217		
zű	22	Net asset	ts or fund balances. Subtract line 2	21 from line 20	•		6,210,88	88	6,781,378		
	rt II		ature Block					1.	11 1 6		
	ledge	and belie	erjury, I declare that I have exam f, it is true, correct, and complete								
any K	nowie	euge.									
		*****	*				2-02-18				
Sign		Signati	ure of officer			Date	•				
Here	•		O'BRIEN HEAD OF SCHOOL or print name and title								
		17	·	I Duana was a si amahi wa	I n.	1	I na	TINI			
Da:-	1		rint/Type preparer's name	Preparer's signature			ck 🗀 if P(TIN 0193125:	1		
Paid		م ₋	irm's name	SCHMIDT PC			employed n's EIN > 93-0	743240			
Pre _l Use											
Jot	JII	יי y ^F	Firm's address ► 3 CENTERPOINTE DRIV			Pho	ne no. (503) 2	20-5900			
			LAKE OSWEGO, OR 97	70358663							
May t	he IR	S discuss	this return with the preparer show	vn above? (see instructions) .				- √ y	′es □No		

Cat. No. 11282Y

Form 990 (2020)

rm	990 (2020)						Page
Pa	t III Statement	of Program Servic	e Accomplis	hments			
	Check if Sched	dule O contains a respo	nse or note to	any line in this Part III .			
	Briefly describe the o	rganization's mission:					
<u> </u>	MISSION OF OAK HILL	SCHOOL IS TO PROVI	DE THE BEST K	-12 EDUCATION, CREATII	NG CARING AND RESPONSIBLE CR	ITICAL THINKERS	5.
	Did the organization	undertake any significa	nt program ser	vices during the year whi	ch were not listed on		
	-	r 990-EZ?				☐ Yes 🗹 N	No
	•	se new services on Sch					
	Did the organization		_				
	services?					🗌 Yes 🔽	No
	If "Yes," describe the	se changes on Schedul	e O.				
	Section $501(c)(3)$ and		ns are required	I to report the amount of	rgest program services, as measu grants and allocations to others, th		
	(Code: See Additional Data) (Expenses \$	2,427,582	including grants of \$	591,240) (Revenue \$	2,929,287)	
	(Code:) (Expenses \$		including grants of \$) (Revenue \$)	
	(Code:) (Expenses \$		including grants of \$) (Revenue \$)	
	Other program service (Expenses \$	ces (Describe in Schedu incl	ıle O.) uding grants of	\$) (Revenue \$)	
	Total program serv	ice expenses >	2 427 5	582			

Form	990 (2020)			Page 3
Par	tiV Checklist of Required Schedules			
_			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part 3	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 2	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 💆	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
4	B111	ı	i	1

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

18

19

20b No No Form **990** (2020)

Nο

Nο

Nο

Nο

17

18

19

20a

orm	990 (2020)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
8	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Par				_
	Check if Schedule O contains a response or note to any line in this Part V	. ;		므
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 5			
D	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0	1		i .

1c

	Statements Berneling Other IDC Filings and Tay Compliance (continued)			Page 5
	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No ——
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No ———
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
	Organizations that may receive deductible contributions under section 170(c).	_		N.
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			No ——
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	.		NI.
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

Part \	990 (2020)			Page
	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to i	lines ✓
Sect	tion A. Governing Body and Management			
			Yes	No
1a E	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
b	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b E	Enter the number of voting members included in line 1a, above, who are independent 1b 7			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3 D	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	$\vdash \vdash \vdash$		No
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 D	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 D	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	Yes	
b E	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	⊋.)	
			Yes	No
10 a [Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the			
	form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12 a [Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13 [Did the organization have a written whistleblower policy?	13	Yes	
14 [Did the organization have a written document retention and destruction policy?	14	Yes	
15 D	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
p	The organization's CEO, Executive Director, or top management official	15a	Yes	
a T	The organization's CEO, Executive Director, or top management official	15a 15b	Yes Yes	
а Т b С		\vdash		
a T b C I 16a D	Other officers or key employees of the organization	\vdash		No
a T b C I 16a E t b I ii	Other officers or key employees of the organization	15b		No
a T b C I 16a E t b I iii	Other officers or key employees of the organization	15b		No
a T b C I 16a C t b I iii s	Other officers or key employees of the organization	15b		No
a T b C I 16a C t b I iii s	Other officers or key employees of the organization	15b		No
a T b C I 16a C t b I iii s Sect 17 L	Other officers or key employees of the organization	15b		No
a T b C I 16a C t b I iii s Sect 17 L	Other officers or key employees of the organization	15b		No
P	Other officers or key employees of the organization	15b		No

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
 List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000
- of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) (B) (C) (D) (E) (F) Name and title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the for related (W-2/1099-(W-2/1099organization and Highest compensate employee Individual to or director Officer organizations MISC) MISC) related Institutional below dotted organizations employee line) trustee Trustee 1.00 (1) LEIA PITCHER Х CHAIR 1.00 (2) NATHAN MATTOX 0 1.00 (3) CYNTHIA MORRIS Χ 0 Х VICE-CHAIR 1.00 (4) RANDI BOWERS-PAYNE 0 0 0 TRUSTEE 1.00 (5) ELLIOT BERKMAN 0 0 Χ O TRUSTEE 1.00 (6) DAVID NAIDU 0 0 TRUSTEE 1.00 (7) KARLI FRENCH 0 0 X TRUSTEE 1.00 (8) BORIS AUST 0 Х 0 TREASURER 40.00 (9) JOHN O'BRIEN Χ 200,000 0 8.180 HEAD OF SCHOOL

												Page 8
tors, Trustees	s, Key	Emp'	loye	es,	, and	High	nest Com	pensate	ed Employees	(conti	inued)	
(B) Average hours per week (list any hours for related	than o	one bo both a	lo not oox, u an off tor/t	ot che unles fficer trust	ess pers er and a tee)	son a	Report comper from organi	rtable nsation n the ization	table Reportable Esti sation compensation amoun the from related comp zation organizations fro			ated of other sation the
organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	, ,		MISC)		relat organiza	ed
					\perp							
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		<u> </u>			<u> </u>							
<u> </u>					* * *	<u>Ш</u> —				0		8,180
		e liste	ed a	bove	e) who	rece	eived more	e than \$1	00,000		٠,,,	
		:ee, k •	ey e	:mpl	oyee,	or hi	ghest com	pensated	l employee on	3	res	No No
									m the	4	Yes	
								ion or indi	ividual for	5		No
tors	ad inder	rende	nt co	ontr	ectors	that	received r	more than	= ¢100 000 of cor	nnens	estion	
ensation for the c									n's tax year.	Препа		
	ess								cription of services		(C Comper	nsation
								CONSTRUCT	TION			196,885
		—	—	—			C	CONSTRUC	TION			181,804
								CONSTRUCT	TION			157,423
							C	CONSTRUC	TION			142,351
							C	CONSTRUCT	TION			130,029
···· (inalization b.)		-:			listad		\		than \$100.00	\0 af		
o con in the	(B) Average hours per week (list any hours for related organizations below dotted line) Part VII, Section g but not limited organization below and the corporation of the section of the section of the section for the corporation of the corp	Average hours per week (list any hours for related organizations below dotted line) Part VII, Section A g but not limited to those organization > 1 officer, director or trust J for such individual s the sum of reportable on graff "Yes," complete Schotors mest compensated independent of the calendar (A) and business address	(B) Average hours per week (list any hours for related organizations below dotted line) Part VII, Section A g but not limited to those lister organization ▶ 1 officer, director or trustee, kr J for such individual s the sum of reportable compens greater than \$150,000? If ive or accrue compensation fine in the sum of the calendar year (A) and business address	(B) Average hours per week (lists any hours for related organizations below dotted line) Part VII, Section A g but not limited to those listed a corganization ▶ 1 officer, director or trustee, key e J for such individual st the sum of reportable compensates greater than \$150,000? If "Yes," complete Schedule J for the calendar year end (A) and business address	(B) Average hours per week (list any hours for related organizations below dotted line) Part VII, Section A g but not limited to those listed above organization > 1 officer, director or trustee, key empl J for such individual s the sum of reportable compensation as greater than \$150,000? If "Yes," complete Schedule J for such individual organization from any notif "Yes," complete Schedule J for such individual organization from any notif "Yes," complete Schedule J for such individual organization from any notif "Yes," complete Schedule J for such individual organization from any notif "Yes," complete Schedule J for such individual organization from any notif "Yes," complete Schedule J for such individual organization from any notif "Yes," complete Schedule J for such individual organization from any notif "Yes," complete Schedule J for such individual organization from any notif "Yes," complete Schedule J for such individual organization from any notification from any no	(B) Average hours per week (list any hours for related organizations below dotted line) Position (do not check methan one box, unless pers is both an officer and a director/trustee) Individual trustee Position (do not check methan one box, unless pers is both an officer and a director/trustee) Individual trustee Position (do not check methan one box, unless pers is both an officer and a director/trustee) Individual trustee Position (do not check methan one box, unless pers is both an officer and a director/trustee) Individual trustee Position (do not check methan of box, unless pers is both an officer and a director/trustee) Individual trustee Position (do not check methan one box, unless pers is both an officer and a director/trustee) Individual trustee Individual trustee Position (do not check methan of box, unless pers is both an officer and a director/trustee) Individual trustee Individual tru	(B) Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless persons is both an officer and a director/trustee) Individual trustee Promptovee on pensation from any unrelated any If "Yes," complete Schedule J for such person than \$150,000? If "Yes," complete Schedule J for such person these tensation for the calendar year ending with or with the sum of reportable compensation from any unrelated and If "Yes," complete Schedule J for such person these tensation for the calendar year ending with or with the sum of reportable compensation from any unrelated and If "Yes," complete Schedule J for such person these tensation for the calendar year ending with or with the sum of reportable compensation from any unrelated and the sum of the calendar year ending with or with the sum of the calendar year ending with or with the sum of the calendar year ending with or with the sum of the calendar year ending with or with the sum of the calendar year ending with or with the sum of the calendar year ending with or with the sum of the calendar year ending with or with the sum of the calendar year ending with or with the sum of the calendar year ending with or with the sum of the calendar year ending with or with the sum of the calendar year ending with or with the sum of the calendar year ending with or with the sum of the calendar year ending with or with the sum of	(B) Average hours per week (list any hours for related organizations below dotted line) Part VII, Section A g but not limited to those listed above) who received more organization > 1 officer, director or trustee, key employee, or highest compens greater than \$150,000? If "Yes," complete Schedule J for such person step or accrue compensation from any unrelated organization for the calendar year ending with or within the organic person.	(B) Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) organizations below dotted line) Part VII, Section A Part VII, Section A Position (do not check more than one box, unless person is both an officer and a director/trustee) organization (W-2/1099-MISC) Position (do not check more than officer and a director/trustee) organization (W-2/1099-MISC) Position (do not check more than officer and a director/trustee) organization below dotted line) organization A Part VII, Section A Position (do not check more than officer and a director/trustee) organization (W-2/1099-MISC) position (do not check more than officer and a director/trustee) organization (W-2/1099-MISC) position (do not check more than officer and a director/trustee) organization (W-2/1099-MISC) position (do not check more than officer and a director/trustee) organization (W-2/1099-MISC) position (do not check more than officer and a director/trustee) organization (W-2/1099-MISC) position (do not check more than director/trustee) organization (W-2/1099-MISC) position (do not check more than officer and a director/trustee) organization (W-2/1099-MISC) position (do not check more than director/trustee) organization (W-2/1099-MISC) position the organization (w-2/1099-MISC) position than organization (w-2/1099-MISC) position the organization (w-2/1099-MISC) posi	(B) Average hours per week (list any hours for related organizations below dotted line) Position (do not check more hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person organizations organizations below dotted line) Position (do not check more than organization organizations) Position (do not check more than organization organizations) Position (do not check more than organization organizations) Position (do not check more than organization) Position (do not check more than organizations) Position (do not check more than organization) Position (do not check more than organization) Position (do not check more than organization) Position (W-2/1099-MISC) MISC) Position (W-2/1099-MISC) MISC) Position (W-2/1099-MISC) MISC) Position (W-2/1099-MISC) Position (W-2/1099-MISC) MISC) Position (W-2/1099-MISC) MISC) Position (W-2/1099-MISC) MISC) Position (W-2/1099-MISC) MISC) MISC) Position (W-2/1099-MISC) MISC)	Average hours per week (list any hours for related organizations below dotted line) Position (do not check more hours per week (list any hours for related organizations organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Position (do not check more than one box, unless person is below dotted line) Position (do not check more than one box, unless person organization (more than state) Position (do not check more than officer and a director) Position (do not check more than officer) Position (do	Average hours per week (list any hours for related organizations) is both an officer and a director/trustee) organization (W-2/1099-MISC) The period of the

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 7

		(2020)	of F	Pavaniia						Page 9
Part	VIII				respo	nse or note to anv	line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
10 £	1a	Federated campaig	gns	1	.a			Tevenue		312 311
Gifts, Grants ilar Amounts	ь	Membership dues		<u> </u>	.b					
A G	c	Fundraising events			.c					
Gifts Har	u	Related organization Government grants (c			.d .e	511,600				
Contributions, Gifts and Other Similar		All other contributions	s, gift	ts, grants,	.e 	311,000				
Contributions, and Other Sim		and similar amounts r above		<u> </u>	Lf	464,429				
	g	Noncash contributions lines 1a - 1f:\$	s incl		.g					
Con and	h	Total. Add lines 1a	a-1f			>	976,029			
						Business Code				
a.	2a	TUITION AND FEES				611600	2,929,287	2,929,287		
nue	Ь									
Program Service Revenue	ן ו									
.vice	c									
æ	d									
gran	e									
ě										
		All other program								
	⊢	Total. Add lines 2 Investment income				2,929,287 nterest and other		T		_
	s	imilar amounts) .	•		•	•	367	,		367
		Income from invest Royalties		it of tax-exen	npt bo	ond proceeds				+
				(i) Real		(ii) Personal				
	6a	Gross rents	6a		34					
	b	Less: rental	6 h				1			
	c	expenses Rental income	6b		0		+			
		or (loss)	6c		34]] 34			
	d Net rental income or (loss) (i) Secur			· ·	(ii) Other	34			34	
	7a	Gross amount	7a	()			1			
		from sales of assets other than inventory	/ a							
	b	Less: cost or	7b			E 0.42				
		other basis and sales expenses				5,843	3			
	С	Gain or (loss)	7c			-5,843	3			
		Net gain or (loss)					-5,843			-5,843
n e	8a			of						
Ve		contributions reported See Part IV, line 18			8a					
Other Revenue	b	Less: direct expen	ses		8b					
the	C	Net income or (los	s) fr	om fundraisii	ng eve	ents 🕨	1			
0	9a	Gross income from	gami	ing activities.						
		See Part IV, line 19			9a 9b		4			
		Less: direct expen Net income or (los				es	J			
						-				
	10a	Gross sales of inve returns and allowa	ntor	ry, less s	10a					
	b	Less: cost of good	s sol	ld	10b]			
	С	Net income or (los			nvent					<u> </u>
	11	Miscellaneo	us K	evenue		Business Code	+	1		
	b									
	C									
	ا	All other revenue								
		Total. Add lines 1				>				+
	12	Total revenue. Se	ee ir	nstructions .						
							3,899,874	2,929,287	Ï	0 -5,442

Pá	Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns.	All other organization	ns must complete colu	mn (A).
	Check if Schedule O contains a response or note to ar		=		. `.´ . 🗆
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	591,240	591,240		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	207,828		197,437	10,391
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	1,364,601	962,223	378,990	23,388
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9	Other employee benefits	218,736	139,335	74,956	4,445
10	Payroll taxes	160,776	98,878	58,468	3,430
11	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting				
	Professional fundraising services. See Part IV, line 17				
	- · · · · · · · · · · · · · · · · · · ·			<u> </u>	
	Investment management fees	20.620		20.620	
_	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	29,628		29,628	
12	Advertising and promotion	4,179		4,179	
13	Office expenses	57,840	43,380	14,460	
14	Information technology				
15	Royalties				
16	Occupancy	93,239	88,577	3,730	932
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings				
20	Interest	25,833	24,541	1,033	259
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	166,081	157,777	6,643	1,661
23	Insurance	38,940	36,993	1,558	389
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a AUXILIARY EXPENSES	204,093	204,093		
	b ACADEMIC PROGRAM EXPENS	79,226	79,226		
	C .				
	d				
	e All other expenses	87,144	1,319	85,354	471
25	Total functional expenses. Add lines 1 through 24e	3,329,384	2,427,582	856,436	45,366
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2020)

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27

28

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32

33

Fund Balances

٥ 29

Assets 30 703.390

71,312

17,104

6,126,486

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6

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10c

11

24 25

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27

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29

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33

1.832.756

4,702,910

1,507,978

6,210,888

8,043,644

Page 11

620

51,336

22,275

6,745,237

1.521.217

6.620,224

6,781,378

8,302,595

Form 990 (2020)

161,154

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

Pledges and grants receivable, net .

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

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

Investments—publicly traded securities .

basis. Complete Part VI of Schedule D

Inventories for sale or use .

Less: accumulated depreciation

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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

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

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

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

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

Retained earnings, endowment, accumulated income, or other funds

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions

complete lines 29 through 33.

Total net assets or fund balances

10a

10b

Accounts receivable, net

		(A) Beginning of year		End of year
1	Cash-non-interest-bearing	491,722	1	177,644
2	Savings and temporary cash investments	633,630	2	1,305,483

8.924.601

2,179,364

ets	
Assets	

	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	8,043,644	16	8,302,595
	17	Accounts payable and accrued expenses	577,242	17	150,546
	18	Grants payable		18	
	19	Deferred revenue	296,936	19	445,942
	20	Tax-exempt bond liabilities		20	
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
iabilities	22	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		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties	446,978		435,963
			<i>'</i>		<u>'</u>
	24	Unsecured notes and loans payable to unrelated third parties	511,600	24	488,766

3h

Form 990 (2020)

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

Additional Data

Software ID:

Software Version:

EIN: 93-1135796

Name: OAK HILL SCHOOL

Form 990 (2020)

Form 990, Part III, Line 4a: OAK HILL SCHOOL OPERATES A PRIVATE NON-DENOMINATIONAL SCHOOL FOR GRADES K-12, EMPHASIZING ACADEMICS AND COLLEGE PREPARATION WHILE

MAINTAINING A LOW STUDENT/TEACHER RATIO.

efile GRAPHIC print - DO NO			nt - DO NOT PROCESS	As Filed Data -		DLN: 934930590078				
SCI	HED	ULE A	- Dublic 4	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047		
	m 99			rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) empt charitable	organization or trust.		2020		
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection		
Nam		ne Service ne organiza	tion				Employer identific			
		HOOL					93-1135796			
	rt I		for Public Charity State				See instructions.			
1 1	rganiz		a private foundation because onvention of churches, or as	•			(A)(:)			
		•	,			, ,, ,	. , . ,			
2	✓		scribed in section 170(b)(`	, ,				
3		·	or a cooperative hospital serv	_			-			
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's		
5		-	ation operated for the benefi (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170		
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	()(v).			
7			ation that normally receives ('O(b)(1)(A)(vi). (Complete		s support from a	governmental u	init or from the genera	al public described in		
8		A communi	ty trust described in sectior	170(b)(1)(A)(vi).	(Complete Part I	I.)				
9			ural research organization de rant college of agriculture. S					ege or university or a		
10		from activit investment	ation that normally receives: lies related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to ceres taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	ipport from gross		
11		An organiza	ation organized and operated	l exclusively to test fo	r public safety. S	See section 509	(a)(4).			
12		more public	ation organized and operated ly supported organizations of through 12d that describes	described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a			
a		Type I. A so	supporting organization oper n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by			
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A	ervised or controlled i ation vested in the sar						
С		Type III f	unctionally integrated. A sorganization(s) (see instruction)	supporting organizatio				ted with, its		
d		Type III n functionally	on-functionally integrated integrated integrated. The organization in You must complete Par	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar			
e		Check this	box if the organization receiver Type III non-functionally	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally		
f	Enter	the number	of supported organizations				<u> </u>			
g			ing information about the su	· · · · · · · · · · · · · · · · · · ·	т'		<u> </u>			
	(i) N	organization organization in your governing document? m		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)					
					Yes	No				
Tota			tion Act Notice, see the Ir		Cat. No. 11285		 Schedule A (Form 9			

Sch	nedule A (Form 990 or 990-EZ) 2020						Page 2
P	Part II Support Schedule for	Organizations	Described in S	ections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	Section A. Public Support Calendar vear		I		I		
	(or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) Public support. Subtract line 5 from						
	line 4.						
S	Section B. Total Support	T	ı			1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7							
8							
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9							
_	activities, whether or not the						
	business is regularly carried on				1		
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						_
11							
12	10 Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for t						zation check
	this box and stop here	=			•		zation, check
	Section C. Computation of Publi				<u> </u>		
	Public support percentage for 2020 (li			column (f))		14	
	Public support percentage for 2019 Sc					15	
	a 33 1/3% support test—2020. If the						hox
100	and stop here. The organization qual						
b	33 1/3% support test—2019. If th	ne organization did	not check a box of	n line 13 or 16a,	and line 15 is 33 i		k this
_	box and stop here. The organization						
17 a	a 10%-facts-and-circumstances tes	t—2020. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization	n meets the "facts	-and-circumstanc	es" test, check thi	s box and stop h e	e re. Explain	
	in Part VI how the organization meets			-			. 🗆
_	organization						▶□
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organis						
	Explain in Part VI how the organization						
	supported organization						▶□
18		on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	17b, check this box	k and see	
	instructions						▶□
					Schodu	le A (Form 990 o	r 990-F7\ 2020

P	Support Schedule for									
	(Complete only if you c						er Part II. If			
	the organization fails to	qualify under	the tests listed	oelow, please co	omplete Part II.)				
Se	Section A. Public Support									
	Calendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
	(or fiscal year beginning in) ► Gifts, grants, contributions, and		` '	``		, ,				
1	membership fees received. (Do not									
	include any "unusual grants.") .									
2	Gross receipts from admissions,									
	merchandise sold or services									
	performed, or facilities furnished in									
	any activity that is related to the									
_	organization's tax-exempt purpose									
3	Gross receipts from activities that are not an unrelated trade or business									
	under section 513									
4	Tax revenues levied for the									
	organization's benefit and either paid									
	to or expended on its behalf									
5	The value of services or facilities									
	furnished by a governmental unit to									
_	the organization without charge									
6	Total. Add lines 1 through 5									
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons									
h	Amounts included on lines 2 and 3									
	received from other than disqualified									
	persons that exceed the greater of									
	\$5,000 or 1% of the amount on line									
	13 for the year.									
	Add lines 7a and 7b.									
8	Public support. (Subtract line 7c									
	from line 6.)									
36	ection B. Total Support		1	1	1	T	Τ			
	Calendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
9	(or fiscal year beginning in) ► Amounts from line 6									
	Gross income from interest,									
L0a	dividends, payments received on									
	securities loans, rents, royalties and									
	income from similar sources									
b	Unrelated business taxable income									
	(less section 511 taxes) from									
	businesses acquired after June 30, 1975.									
_	Add lines 10a and 10b.									
с 11	Net income from unrelated business									
11	activities not included in line 10b,									
	whether or not the business is									
	regularly carried on.									
12	Other income. Do not include gain or									
	loss from the sale of capital assets									
	(Explain in Part VI.)									
13	Total support. (Add lines 9, 10c, 11, and 12.).									
14	First 5 years. If the Form 990 is for the	ne organization's	first, second, third	l, fourth, or fifth t	ax vear as a secti	on 501(c)(3) orga	nization.			
	check this box and stop here	-			•	() ()	· —			
-				<u> </u>			· · · · • · · ·			
	ection C. Computation of Public S Public support percentage for 2020 (lin			column (f))		1 4 = 1				
15						15				
16	Public support percentage from 2019 S					16				
Se	ection D. Computation of Invest									
17	Investment income percentage for 202	-		-		17				
18	Investment income percentage from 2	019 Schedule A,	Part III, line 17 .			18	<u> </u>			
	331/3% support tests—2020. If the	organization did r	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lin	e 17 is not			
	more than 33 1/3%, check this box and									
	33 1/3% support tests—2019. If the									
U	not more than 33 1/3%, check this box	-			·					
20	· · · · · · · · · · · · · · · · · · ·	-	-							
20	Private foundation. If the organization	on did not check a	a box on line 14, 1	.9a, or 19b, check	this box and see	instructions	. ▶ ⊔			

Page 4

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

amendment to the organizing document).

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

the organization had excess business holdings).

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

organization's organizing document?

provide detail in Part VI.

answer line 10b below.

6

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,				
	describe the designation. If historic and continuing relationship, explain.	1			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).				
	III Section 303(a)(1) of (2).				
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and				
	3c below.				
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the				
	determination.	3b			
c	Did the organization ensure that all support to such organizations was used exclusively for section $170(c)(2)(B)$ purposes?				

	m section ses (a)(1) or (2).	2					
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and						
	3c below.	3a					
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the						
	determination.						
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?						
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you						
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.						

	the public support tests under section 509(a)(2)? If res, describe in Part VI when and now the organization made the					
	determination.	3b				
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.					
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support					
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.					
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported					

С	organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.					
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	checked box 12a or 12b in Part I, answer lines 4b and 4c below.					
b	d the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.					
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support					
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.					
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b					

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

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

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

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

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

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

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

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

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

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

Pā	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?	11a		
h	A family member of a person described in 11a above?	11a		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
	VI.			
5	ection B. Type I Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	163	140
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
_	ection C. Type II Supporting Organizations			
	ection c. Type 11 Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
_	documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant	2		
,	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the			
	organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .	3a		
	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.</i> the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2020 Page 6 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. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 3 Add lines 1 through 3 4 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
		1		

5 Income tax imposed in prior year 5 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive ($provide$ $details$ in $Part VI$). See instructions	8	
		1	I

7 Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to what details in Part VI). See instructions	8			
9 Distributable amount for 2020 from Section C, line 6	9			
10 Line 8 amount divided by Line 9 amount	10			
Section E - Distribution Allocations (see instructions)	Underdistribi		ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2020				

8 Distributions to attentive supported organizations to wh details in Part VI). See instructions	8			
9 Distributable amount for 2020 from Section C, line 6			9	
10 Line 8 amount divided by Line 9 amount			10	
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2020	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6				
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.				
3 Excess distributions carryover, if any, to 2020:				
a From 2015				
b From 2016				
c From 2017				
d From 2018				
e From 2019				
f Total of lines 3a through e				
g Applied to underdistributions of prior years				
h Applied to 2020 distributable amount				

2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.		
3 Excess distributions carryover, if any, to 2020:		
a From 2015		
b From 2016		
c From 2017		
d From 2018		
e From 2019		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2020 distributable amount		
 Carryover from 2015 not applied (see instructions) 		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
\$		
Applied to underdistributions of prior years		
b Applied to 2020 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI .		

g Applied to underdistributions of prior years	
h Applied to 2020 distributable amount	
i Carryover from 2015 not applied (see instructions)	
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	
4 Distributions for 2020 from Section D, line 7:	
\$	
Applied to underdistributions of prior years	
b Applied to 2020 distributable amount	
c Remainder. Subtract lines 4a and 4b from line 4.	
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.	
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater	

b Applied to 2020 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.		
7 Excess distributions carryover to 2021. Add lines 3j and 4c.		
8 Breakdown of line 7:		
a Excess from 2016		
b Excess from 2017		
c Excess from 2018		

d Excess from 2019.

e Excess from 2020.

Schedule A (Form 990 or 990-EZ) 2020 Page 8							
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							

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OMB No. 1545-0047

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

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

Inspection Name of the organization **Employer identification number** OAK HILL SCHOOL 93-1135796 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 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 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 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 ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 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 2b Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year > Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ Yes 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB 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. If the organization elected, as permitted under FASB 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: 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 FASB ASC 958 relating to these items:

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2020

Par	t II	П	Organizations Maintaining Col	lections o	of Art, H	Iistori	cal T	reasu	ires, o	r Other	· Similar As	sets (con	tinued)	
3			the organization's acquisition, accession (check all that apply):	n, and other	records,	check a	any of	the fo	llowing t	that are	a significant u	ise of its co	llection	
а			Public exhibition			d		Loan	or exch	ange pro	grams			
b			Scholarly research			е		Othe	r					
С			Preservation for future generations											
4		rovic art X	de a description of the organization's col (III.	lections and	l explain l	how the	ey furtl	ner the	e organiz	zation's e	exempt purpo	se in		
5			g the year, did the organization solicit o s to be sold to raise funds rather than to									☐ Yes	□ N	0
Pa	rt I	V	Escrow and Custodial Arrange	ments.										
			Complete if the organization answ X, line 21.	vered "Yes	" on For	m 990	, Part	IV, li	ne 9, o	r report	ed an amou	ınt on Forr	n 990,	Part ———
1a			organization an agent, trustee, custodi led on Form 990, Part X?									☐ Yes	□ N	o
														_
b			s," explain the arrangement in Part XIII	•		_					Α	mount		_
С		-	ning balance							1c				_
d	A	dditi	ons during the year \dots . \dots .							1d				_
е	D	istril	butions during the year						•	1e				_
f	Eı	ndin	g balance							1f				_
2a	D	id th	ne organization include an amount on Fo	rm 990, Pai	rt X, line i	21, for	escrow	or cu	stodial a	account l	iability?	☐ Yes	□ N	0
b	If	"Ye	s," explain the arrangement in Part XIII	. Check here	e if the ex	kplanati	ion has	been	provide	d in Part	XIII			
Pa	irt '		Endowment Funds.			'								
			Complete if the organization ansv	vered "Yes	" on For									
	_			(a) Currer	nt year	(b) P	rior yea	ir i	(c) Two y	ears back	(d) Three year	ars back (e)	Four yea	rs back
			ing of year balance											
			outions											
С	Net	t inv	estment earnings, gains, and losses											
d	Gra	ants	or scholarships											
е			expenditures for facilities ograms											
f	Adı	mini	strative expenses											
g	End	d of	year balance											
2	Pr	rovic	de the estimated percentage of the curre	ent year end	d balance	(line 1	g, colu	mn (a))) held a	ıs:				
а	В	oard	designated or quasi-endowment ►											
b	Pe	erma	anent endowment ►											
С	Те	erm	endowment ►											
	TI	he p	ercentages on lines 2a, 2b, and 2c shou	ld equal 100	0%.									
3а			nere endowment funds not in the posses ization by:	sion of the	organizat	ion that	t are h	eld an	d admin	istered f	or the		Yes	No
	(i) Ur	nrelated organizations									3a(i)		
	•	-	elated organizations									3a(ii))	
b			s" on 3a(ii), are the related organization					? .				3b		
4		_	ibe in Part XIII the intended uses of the		n's endov	vment f	funds.							
Pa	rt \	/Ι	Land, Buildings, and Equipmen		" on Fa-	m 000	Dort	T\/ !:	no 11-	S00 F	rm 000 D-	rt V lina 4		
	De	scri	Complete if the organization answ ption of property (a) Cost or other property		(b) Cost						depreciation		Book valu	e
			(investme		(=, 5550		((-)		p	(-).		
1-	1 ===	- d					E-	15,369						515,369
	Lar							78,446			1,755,585			5,222,861
			gs				1,3.	, 0,740			1,733,303			,,222,601
			old improvements											
a	⊏qı	aipm	nent		Ì				l					

430,786

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

7,007

6,745,237

423,779

Part VII	Complete if the organization answered "Yes" on Form 990,	Part IV	ine 11h	See Form 990 I	Part X line	12
	(a) Description of security or category (including name of security)	(b) Book value			d of valuatio	n:
	al derivatives					
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
(I)						
Total. (Colum	nn (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, l	ine 110	. See Form 990,	Part X, line	13.
	(a) Description of investment	· · · · · · · · · · · · · · · · · · ·		(b) Book value	(c) Meth	od of valuation: d-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (Colum Part IX	on (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.		•		<u> </u>	
	Complete if the organization answered 'Yes' on Form 990, I	Part IV, li	ne 11d	. See Form 990, Par		b) Book value
(1)	(-)					- ,
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (Colu					•	
	Complete if the organization answered 'Yes' on Form 990, I		ne 11e	or 11f.See Form	990, Part >	(, line 25.
1. (1) Federal	income taxes	.y				(b) Book value
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	on (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the footno	te to the o	rganizal	tion's financial state	ments that r	eports the
	or uncertain tax positions. In Part XIII, provide the text of the footno 's liability for uncertain tax positions under FIN 48 (ASC 740). Check		_	the footnote has be	en provided	

Schedule D (Form 990) 2020

Page 4

-	rotal revenue, gams, and other s	upport per addited imancial statements .			+	
2	Amounts included on line 1 but no	ot on Form 990, Part VIII, line 12:				_
а	Net unrealized gains (losses) on i	nvestments	2a			
b	Donated services and use of facili	ties	2b			
C	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII.) .		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line $\bf 2e$ from line $\bf 1$.				3	
4	Amounts included on Form 990, F	Part VIII, line 12, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.) .		4b			
c	Add lines 4a and 4b				4c	
5		c. (This must equal Form 990, Part I, line 12.			5	
Par		penses per Audited Financial Staten ization answered 'Yes' on Form 990, Par			Return	1.
1	Total expenses and losses per au	dited financial statements			1	
2	Amounts included on line 1 but no	ot on Form 990, Part IX, line 25:				
а	Donated services and use of facili	ties	2a			
b	Prior year adjustments		2b			
c	Other losses		2c			
d	Other (Describe in Part XIII.) .		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990, F	Part IX, line 25, but not on line 1:				
а	Investment expenses not include	d on Form 990, Part VIII, line 7b 🔒 .	4a			
b	Other (Describe in Part XIII.) .		4b			
c	Add lines 4a and 4b				4c	
5	Total expenses. Add lines 3 and 4	1c. (This must equal Form 990, Part I, line 18	.) .		5	
Pai	rt XIIII Supplemental Info	ormation				
		art II, lines 3, 5, and 9; Part III, lines 1a and 22d and 4b. Also complete this part to provid			rt V, line	4; Part X, line 2; Part
	Return Reference		Ex	planation		
See A	Additional Data Table					

chedule D (Form 990) 2020	Page 5
Part XIII Supplemental Inform	nation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2020

Additional Data

EIN: 93-1135796

Name: OAK HILL SCHOOL

Supplemental Information Return Reference

Software ID: Software Version:

Explanation

MANAGEMENT DOES NOT BELIEVE THE SCHOOL HAS ANY UNCERTAIN TAX POSITIONS.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE E** (Form 990 or 990-

EZ)

Department of the Treasury

Schools

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

▶ Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990EZ for the latest information. OMB No. 1545-0047

DLN: 93493059007892

Open to Public Inspection

	l & the constant t	Employer identificat	ion nu	ımber	
AK H	ILL SCHOOL	93-1135796			
Pai	tI				
				YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its character governing instrument, or in a resolution of its governing body?		1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in a brochures, catalogues, and other written communications with the public dealing with student admiss				
	programs, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible I all times during its taxable year in a manner reasonably expected to be noticed by visitors to the hom newspaper or broadcast media during the period of solicitation for students, or during the registration solicitation program, in a way that makes the policy known to all parts of the general community it see describe. If "No," please explain. If you need more space use Part II.	epage, or through period if it has no rves? If "Yes," please	3	Yes	
				103	
			-		
4	Does the organization maintain the following?		1		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondisbasis?	•	4b	Yes	
c	Cópies of all catalogues, brochures, announcements, and other written communications to the public				
	with student admissions, programs, and scholarships?		4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.		4d	Yes	
	11 you allswelled No to any of the above, please explain. If you need more space, use rait if.				
5	Does the organization discriminate by race in any way with respect to:		-		
а	Students' rights or privileges?		5a		No
b	Admissions policies?		5b		No
С	Employment of faculty or administrative staff?		5с		No
d	Scholarships or other financial assistance?		5d		No
е	Educational policies?		5e		No
f	Use of facilities?		5f		No
g	Athletic programs?		5g		No
h	Other extracurricular activities?		5h		No
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.				
			1		
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?		6a		No
D	If you answered "Yes" to either line 6a or line 6b, explain on Part II.		6b		No
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 th	rough 4.05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.		7	Yes	

Schedule E (Form 990 or 990EZ) (2020) Page 2						
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	THE NON-DISCRIMINATORY POLICY WAS PUBLISHED IN A SECTION OF THE NEWSPAPER LIKELY TO BE READ BY PROSPECTIVE STUDENTS AND THEIR FAMILIES. THE POLICY IS ALSO POSTED ON THE SCHOOL'S WEBSITE.					
Schedule E (Form 990 or 990-EZ) (2020)						

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |

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

Schedule I | Capture | Captu

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

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

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

OMB No. 1545-0047

DLN: 93493059007892

2020

Open to Public Inspection

nternal Revenue Service		P GO to <u>ww</u>	101	the latest illiorillativ	o		
ame of the organization						Employer identific	ation number
AK HILL SCHOOL						93-1135796	
Part I General Inform	ation on Grants	and Assistance					
 Does the organization mai the selection criteria used Describe in Part IV the org 	to award the grants	or assistance?			for the grants or assistand	ce, and	☑ Yes ☐ No
Part II Grants and Other that received more			ind Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	" on Form 990, Part IV, line	21, for any recipient
(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)							
Enter total number of sect Enter total number of othe						·	

(Form 990)

Department of the

Part III can be duplicated if additional space is needed.

Schedule I (Form 990) 2020

Part III

(f) Description of noncash assistance

Page **2**

(1) FINANCIAL AID		66		553,240	FMV	TUITION REDUCTION IN THE FORM OF NEED BASED FINANCIAL ASSISTANCE.		
(2) SCHOLARSHIP		2		38,000	FMV	MERIT BASED TUITION REDUCTION IN THE FORM OF SCHOLARSHIP		
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
Part IV Supplemental	I Informati	on. Provide the in	nformation required in	Part I, line 2; Part III,	column (b); and any other	additional information.		
Return Reference	Explanati	on						
FINANCIAL AID IS AVAILABLE AT THE SCHOOL IN ORDER TO PROVIDE FOR SOCIO-ECONOMIC DIVERSITY IN ITS STUDENT BODY. THE PROGRAM IS OPEN TO ALL QUALIFIED CANDIDATES REGARDLESS OF RACE, CREED, NATIONAL ORIGIN, SEXUAL ORIENTATION, RELIGION, OR ETHNIC ORIGIN. THE PROGRAM DERIVES ITS FUNDS FROM CURRENT OPERATIONS. APPLICANT'S ASSETS AND LIABILITIES ARE SUBMITTED TO AN INDEPENDENT THIRD PARTY FINANCIAL AID ASSESSMENT SERVICE. THIS SERVICES USES A CONSISTENT, OBJECTIVE FORMULA TO ESTIMATE EACH APPLICANT'S FINANCIAL NEED. THE RESULTS ARE PROVIDED BY THIS SERVICE TO THE SCHOOL'S ADMISSIONS DIRECTOR AND DIRECTOR OF FINANCE AND OPERATIONS, AND ARE ADJUSTED IN ACCORDANCE WITH THE SCHOOL'S FINANCIAL AID POLICY AND CONSIDERATION OF BUDGET LIMITATIONS. THE SCHOOL OFFERS MERIT SCHOLARSHIPS TO SUCCESSFUL APPLICANTS. SCHOLARSHIPS ARE AWARDED TO STUDENTS WHO HAVE COMPLETED A SCHOLARSHIP APPLICATION AND HAVE BEEN SELECTED FOR AN AWARD BY THE SCHOLARSHIP COMMITTEE. THE PROGRAM IS OPEN TO ALL QUALIFIED CANDIDATES REGARDLESS OF RACE, CREED, NATIONAL ORIGIN, SEXUAL ORIENTATION, RELIGION, OR ETHNIC ORIGIN. THE PROGRAM DERIVES ITS FUNDS FROM CURRENT OPERATIONS.								
						Schedule I (Form 990) 2020		

(d) Amount of

noncash assistance

(e) Method of valuation (book,

FMV, appraisal, other)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(c) Amount of

ćash grant

(b) Number of

recipients

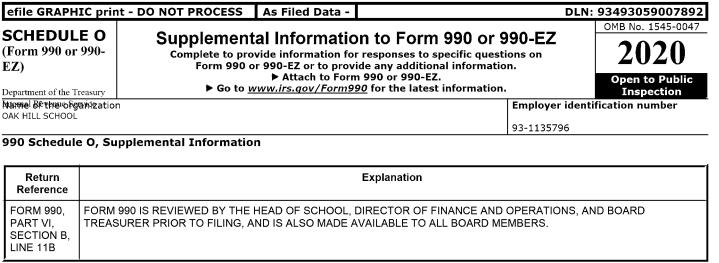
efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Data	a - DLI	N: 934930!	59007	892		
Schedule J		C	OMB No.	OMB No. 1545-0					
(Fori	n 990)	For certain Offic	20	2020					
•	tment of the Treasury	► Go to <u>www.irs.go</u>		to Form 990. instructions and the latest information.	Open	to Pul ectio			
Nar	al Revenue Service ne of the organiza	lation		Employer ider					
OAk	HILL SCHOOL			93-1135796					
Pa	rt I Questi	ons Regarding Compensa	ition	75 1155/50					
						Yes	No		
1a				the following to or for a person listed on Form y relevant information regarding these items.					
	First-class	s or charter travel		Housing allowance or residence for personal use					
	_	companions	님	Payments for business use of personal residence					
		nification and gross-up payment	ts 📙	Health or social club dues or initiation fees					
	□ Discretion	nary spending account		Personal services (e.g., maid, chauffeur, chef)					
b				follow a written policy regarding payment or ve? If "No," complete Part III to explain	1b				
2				or allowing expenses incurred by all c, regarding the items checked on Line 1a?	2				
	directors, truste	es, officers, including the CEO/	executive Director	, regarding the items checked on time 14:					
3				d to establish the compensation of the					
				ot check any boxes for methods CEO/Executive Director, but explain in Part III.					
			· •	Marithan annulas maranta arabus at					
		ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study					
		of other organizations	<u> </u>	Approval by the board or compensation committee					
4		, did any person listed on Form	990, Part VII, Sed	ttion A, line 1a, with respect to the filing organization	n or a				
а	_	ance payment or change-of-cor	strol navment?		4a		No		
b				fied retirement plan?	. 4b		No		
c	•		•	sation arrangement?	4c		No		
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	licable amounts for each item in Part III.					
_	, ,,,), 501(c)(4), and 501(c)(29	, ,	•					
5	compensation c	ontingent on the revenues of:	on A, line 1a, did t	he organization pay or accrue any					
а	The organization	n?			5a		No		
b	-				5b		No		
	If "Yes," on line	5a or 5b, describe in Part III.							
6		ed on Form 990, Part VII, Section ontingent on the net earnings o		he organization pay or accrue any					
а	The organization	n?			6a		No		
b					6b		No		
	•	6a or 6b, describe in Part III.							
7				he organization provide any nonfixed t III	7		No		
8	subject to the ir	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," describe	8		No.		
9	If "Yes" on line	8, did the organization also follo	ow the rebuttable	presumption procedure described in Regulations sect			No		
For F	Panerwork Redu	iction Act Notice, see the Ins	structions for Fo	rm 990. Cat. No. 50053T Sche		1 9901	2020		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990. Part VII

instructions, on row (ii). Note. The sum of colum	Do no ns (B	ot list any individuals that)(i)-(iii) for each listed ind	are not listed on Form 9 dividual must equal the to	90, Part VII. Stal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D)	and (E) amounts for tha	t individual.
(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B) reported
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denefits	(B)(i)-(D)	as deferred on prior Form 990
1 JOHN O'BRIEN HEAD OF SCHOOL	(i)	200,000	0	0	0	8,180	208,180	0
	(ii)	0	0	0	0	0	0	0
			l				Schedule	J (Form 990) 2020





Explanation Return Reference

FORM 990. THE CONFLICT OF INTEREST POLICY IS REVIEWED ANNUALLY WITH THE BOARD OF DIRECTORS. PART VI.

SECTION B.

990 Schedule O, Supplemental Information

LINE 12C

Return Explanation
Reference

990 Schedule O, Supplemental Information

FORM 990, HEAD OF SCHOOL COMPENSATION IS DETERMINED BY THE BOARD OF DIRECTORS. THE BOARD REVIEWS COM PARABLE DATA FROM OTHER SCHOOLS AS A GUIDELINE. OTHER MANAGEMENT COMPENSATION IS DETERMINE SECTION B, D BY REFERENCE TO THE ANNUAL BUDGET, WHICH IS REVIEWED AND APPROVED BY THE BOARD OF DIRECT ORS.

Return Explanation

990 Schedule O, Supplemental Information

Reference

FORM 990,	GOVERNING DOCUMENTS, FINANCIAL STATEMENTS, AND THE CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE
PART VI,	UPON REQUEST.
SECTION C,	
LINE 19	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No. 1545-0047 2020

DLN: 93493059007892

Open to Public Inspection

Name of the organization OAK HILL SCHOOL							-	l <mark>oyer identif</mark> 135796	fication nui	mber		
Part I Identification of Disregarded Entities. Complete if	the organ	ization answ	ered "Yes	s" on Form	990, Part	IV, line 3						
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary act	civity	(c Legal domi or foreign	c) icile (state country)	(d) Total inco	ome	(e) End-of-year a	ssets	(f Direct cor enti	ntrolling	
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	is. Comple	ete if the orga	anization	answered	"Yes" on I	orm 990,	Part I	V, line 34 b	ecause it h	ad one or	more	
(a) Name, address, and EIN of related organization	Prima	(b) Primary activity		(c) Legal domicile (state or foreign country)		e section	(e) Public charity status (if section 501(c)(3))				Section (13) co ent	ı 512(b
(1)OAK HILL FOUNDATION 86397 ELDON SCHAFER DRIVE	PROVIDE S OAK HILL S	SUPPORT TO SCHOOL	OR		501(C)(3)	LINE 10			OAK HILL SCHOOL		Yes	No
EUGENE, OR 97405 93-1184634											 	
											+-	
For Paperwork Reduction Act Notice, see the Instructions for Form 9	90.		Ca	t. No. 5013	5Y				Schedul	e R (Form	990) 20	020

		1	1		1	1	1			1			
(a) Name, address, and EIN related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from tax under sections 512- 514)		(g) Share of end-of-year assets	(I Disprop alloca		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partr	al or Pe ging ov	(k) ercenta wnersl	
					314)			Yes	No		Yes	No	
Identification of Related Orga because it had one or more relate						l ization ans	L wered "Ye:	l s" on F	orm 9	I 990, Part IV	, line	34	
(a) Name, address, and EIN of related organization	(a) (b) lame, address, and EIN of Primary activity related organization		(c) _egal omicile or foreign		entity (C c	(e) pe of entity orp, S corp, or trust)	entity Share of total Scorp, income		(g) e of end- year assets	of-Perce	ntage	Section (13)	(i) on 5 cont entity
		со	untry)									Yes	s
													+
													+
													+
													\downarrow
		1											

Page **3**

sactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.	
---	--

			V	N.
	ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
	ng the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
	eceipt of (i) interest, (ii)annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		No
	ift, grant, or capital contribution to related organization(s)	1 b		No
	ift, grant, or capital contribution from related organization(s)	1c		No
	oans or loan guarantees to or for related organization(s)	1 d		No
e Lo	oans or loan guarantees by related organization(s)	1e		No
f Di	vidends from related organization(s)	1f		No
g S	ale of assets to related organization(s)	1 g		No
	urchase of assets from related organization(s)	1h		No
	change of assets with related organization(s)	1 i		No
	ease of facilities, equipment, or other assets to related organization(s)	1j		No
k Le	ease of facilities, equipment, or other assets from related organization(s)	1k		No
I Pe	erformance of services or membership or fundraising solicitations for related organization(s)	11		No
m Pe	erformance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sh	naring of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o S	haring of paid employees with related organization(s)	10		No
p R	eimbursement paid to related organization(s) for expenses	1 p		No
q R	eimbursement paid by related organization(s) for expenses	1 q		No
r Ot	ther transfer of cash or property to related organization(s)	1r		No
s 0	ther transfer of cash or property from related organization(s)	1s		No
2 If	the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

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

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

was not a related organization. See instructions regarding exclusion	n for certain inv	estment p	artnerships.										
(a) Name, address, and EIN of entity	(b) Primary activity	domicile	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)		(e) re all partners section 501(c)(3) rganizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?	te	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	or g ?	(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
													_
													_
													_
	•									Schedul	e R (Form	990)) 2020

chedule R (For	m 990) 2020	Page 5	5							
Part VII	Supplemental Info	nation								
Provide additional information for responses to questions on Schedule R. (see instructions).										
Return Reference		Explanation								