For Paperwork Reduction Act Notice, see the separate instructions.

Department of the Treasury

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.

DLN: 93493129006041 OMB No. 1545-0047

> Open to Public Inspection

> > Form **990** (2019)

Cat. No. 11282Y

		nue Service	<u> </u>					
			alendar year, or tax year beging C Name of organization	ning 07-01-2019 , and ending 06	-30-2020	T p. r	:	
		pplicable: change	KISKIMINETAS SPRINGS SCHOOL			D Employe	ar identifi	ication number
□ Na						25-0995	5765	
	tial ret	-	Doing business as					
☐ Fina	al retur	n/terminated				E Telephon	o numbor	
		d return	Number and street (or P.O. box if m 1888 BRETT LANE	nail is not delivered to street address) Room,	suite suite			
⊔ Ар	plication	on pending		TID on foundation and the same		(724) 63	39-3580	
			SALTSBURG, PA 15681	ntry, and ZIP or foreign postal code				
				1.00	_	G Gross red		i,907,664 ———————————————————————————————————
			F Name and address of principal CHRISTOPHER BRUENINGSEN	al officer:		s a group ret	turn for	
			1888 BRETT LANE		subor H(b) Are a	dinates?	.ec	☐Yes ☑No
			SALTSBURG, PA 15681		includ		C 3	☐ Yes ☐No
I la	x-exer	mpt status:	☑ 501(c)(3) □ 501(c)() ◄	(insert no.) \Box 4947(a)(1) or \Box 527			•	instructions)
J W	ebsit	te:► WW	/W.KISKI.ORG		H(c) Group	exemption	number	>
K Forr	n of o	rganization:	Corporation Trust Asso	ociation 🔲 Other 🕨	L Year of form	ation: 1888	M State o	of legal domicile: PA
		C						
Pa	art I		mary scribe the organization's mission o	er most significant activities:				
			RE BOYS FOR COLLEGE AND LIFE	of most significant activities.				
nce	-							
na E	-							
Governance	,	Check thi	s hox • if the organization di	scontinued its operations or disposed of	f more than 25%	of its net a	ccetc	
ဒိ			of voting members of the governi		· · · · ·	or its fiet a.	33613.	24
	4	Number o	of independent voting members o	f the governing body (Part VI, line 1b)			4	23
Activities &	5	Total nun	nber of individuals employed in ca	alendar year 2019 (Part V, line 2a)			5	99
<u> </u>	6	Total nun	nber of volunteers (estimate if ne	cessary)			6	(
AC	7a	Total unr	elated business revenue from Par	t VIII, column (C), line 12			7a	0
			ated business taxable income from	* * * * * * * * * * * * * * * * * * * *			7b	
					Pri	or Year	\dashv	Current Year
	8	Contribut	ions and grants (Part VIII, line 1h)		2,234,3	306	2,810,46
Ravenue	l		service revenue (Part VIII, line 2g			11,678,4	-	11,382,85
ĕΛĕ	l	-	`	lines 3, 4, and 7d)		675,5	-	356,129
œ			renue (Part VIII, column (A), lines	•		595,7	-	1,242,46
				ust equal Part VIII, column (A), line 12)		15,184,0		15,791,90
	_			column (A), lines 1–3)		5,069,5		5,467,17
				olumn (A), line 4)			0	3,407,17
40	l	·	,	enefits (Part IX, column (A), lines 5-10)	,	5,923,2		5,677,710
Expenses	l	-	nal fundraising fees (Part IX, colu		' <u> </u>	22,5		3,077,71
<u>8</u>	Ι.		• • • • •	, ,,			,,,,,	
Ä	l		raising expenses (Part IX, column (D), penses (Part IX, column (A), lines	·		5,732,8	220	4,766,19
		·	enses. Add lines 13–17 (must equ	•			-	
		•				16,748,1	-	15,911,07
<u>, un</u>	19	Revenue	less expenses. Subtract line 18 fr	om line 12	Daniumium	-1,564,1		-119,176
Net Assets or Fund Balances					beginning	of Current Y		End of Year
set	20	Total ass	ets (Part X, line 16)			40,661,5	578	37,875,10
A As	l					12,649,0	-	10,527,69
35	l		s or fund balances. Subtract line	21 from line 20		28,012,5	-	27,347,40
Pa			ature Block					
				nined this return, including accompanyi	ng schedules and	statements	and to	the best of my
knowl any k			f, it is true, correct, and complete	e. Declaration of preparer (other than o	fficer) is based o	n all informa	ation of w	hich preparer has
any K	nowie	euge.						
		*****	k			1-05-04		
Sign		Signati	ure of officer		Dat	е		
Here	:		ORY FORSYTHE BUSINESS MANAGER/	TREASURER				
		Туре о	r print name and title					
_		Р	rint/Type preparer's name	Preparer's signature	Date 2021-05-04 Che		PTIN P00095538	
Paid	t				self	-employed		
Pre		er 📙	irm's name FGROSSMAN YANAK &	FORD LLP	Firr	n's EIN ▶ 25-	1638525	
Use		<u> </u>	irm's address ► THREE GATEWAY CTR	STE 1800	Phr	one no. (412) 3		
		· [(112)		
			PITTSBURGH, PA 152					
May t	he IR	S discuss	this return with the preparer sho	wn above? (see instructions)			✓ Y	es 🗌 No

Form	990 (2019)					Page 2						
Pa	rt III Statement	of Program Servi	ce Accomplis	hments								
	Check if Sche	edule O contains a resp	onse or note to a	any line in this Part III		🗆						
1		organization's mission:		•								
THE	MISSION OF THE KISH	(I SCHOOL IS TO PREP	ARE YOUNG MEN	N TO SUCCEED IN COL	LEGE AND IN LIFE.							
2	Did the organization											
	the prior Form 990 o	or 990-EZ?				🗌 Yes 🗹 No						
	If "Yes," describe these new services on Schedule O.											
3	Did the organization cease conducting, or make significant changes in how it conducts, any program											
	services?											
	If "Yes," describe the	ese changes on Schedu	le O.									
4	Section 501(c)(3) ar		ons are required	to report the amount of	largest program services, as mea of grants and allocations to others							
	(Code:) (Expenses \$	12,776,707	including grants of \$	5,467,172) (Revenue \$	11,140,561)						
	See Additional Data											
4b	(Code:) (Expenses \$	215,582	including grants of \$) (Revenue \$	242,290)						
	See Additional Data											
4c	(Code:) (Expenses \$	532,638	including grants of \$) (Revenue \$)						
	See Additional Data											
4d	Other program servi	ces (Describe in Sched	ule O.)									
	(Expenses \$	inc	luding grants of	\$) (Revenue \$)						
4e	Total program ser	vice expenses >	13,524,9	27								

Form 990 (2019) 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? <i>If "Yes," complete Schedule C, Part I</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									
6	to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 📆									
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	Yes							
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	Yes							
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	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	Yes							
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	Yes							
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		No						
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	Yes							
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	Yes							

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

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

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?

17

18

19

No

Nο

Nο

No

Nο

Form **990** (2019)

17

18

19

20a

20b

21

rm 9	990 (2019)			Page 4
Part	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	
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	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
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	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? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	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		No
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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		
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			
			Yes	No

1a

1b

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

107

0

1c

Yes

Pai	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						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes				
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		No			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		No			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?						
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b					
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No			
	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						
е	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					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
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.						
	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						
11	Section 501(c)(12) organizations. Enter:						
 а	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note. See the instructions for additional information the organization must report on Schedule O.	134					
	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			No			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No			
15	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			

Form	990 (2019)			Page 6
Par	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 l	ines
_Se	ction A. Governing Body and Management			
	Enterphysical Control of Control	\longrightarrow	Yes	No_
la	Enter the number of voting members of the governing body at the end of the tax year 1a 24			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	7b		No	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	2.)	
		\Box	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure		-	
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s			
	only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: >J GREGORY FORSYTHE BUSINESS MANAG 1888 BRETT LANE SALTSBURG, PA 15681 (724) 639-3586			
			orm 906	7 (2010)

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours per week (list any hours per week (list any hours below dotted line) (C) Name and title (D) Reportable compensation from the organization and any officer and a director/trustee) (D) Reportable compensation from the organization of the organization of the organization from th	Form 990 (2019)											Pag	ge 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations for the order in which to list the persons above. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of other organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,		
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's furrent key employees, if no. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any current officer, director, or trustee. (A) Name and title A Reportable compensation from the organization or any related organization or any relat	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				. [
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization 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) Name and title ■ (B) Average hours per week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee) ■ (D) Reportable compensation from the organization organization organization (W-2/1099-MISC) ■ (F) Estimated organization organizations (W-2/1099-MISC) ■ (F) Set instructions for the organization organization organization organization organization organization organization organizations (W-2/1099-MISC) ■ (F) Reportable compensation from the organization organization organization organization organization organizati	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees			
■ 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 freportable compensation 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. 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. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization organization or any related organization or any related organization organiza	year.		•						, ,		-	n's ta	Κ
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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 from the organization and any related organizations. ■ List all of the organization from the organization and any related organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. ■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organizations. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ■ Check this box if neither the organization nor any related organization one box, unless person is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization is both an officer and a director/trustee) ■ Check this box if neither the organization nor any related organization nor any related organization nor any related organization nor any related organization nor any neither the organization nor any neither than the organization nor any neither the organization nor any neither the organization nor any neither than the organization n													
■ 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) Name and title (B) Average hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.													
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·		
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations	organization, more than \$10,000 of reportab	le compensatio	n from t								Э		
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.			
it steed		Average hours per week (list any hours	than o is b	ne bo oth a direct	o no ox, u n of or/t	t che inles ficer	s pers	on	Reportable compensation from the organization	Reportable compensation from related organizations	Estir amount compe fror	nated of oth nsation the	n
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		, ,	related	ated	
	See Additional Data Table												
													—
													—

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (B) Average Name and title 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 related from the compensation any hours director/trustee) organization organizations from the (W-2/1099-(W-2/1099for related organization and Officer Highest compensatemployee Former Individual trustee or director organizations MISC) MISC) related nstitutional Trustee below dotted organizations employee line) See Additional Data Table 1b Sub-Total • c Total from continuation sheets to Part VII, Section A . d Total (add lines 1b and 1c) 893,380 302,613 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 6 Yes No 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . 3 Nο For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the 4 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual . 4 Yes 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . 5 Νo Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation METZ CULINARY MANAGEMENT INC FOOD SERVICES 813,981 2 WOODLAND DRIVE DALLAS, PA 18612 INDEPENDENT SCHOOL HEALTH INSURANCE CONS MEDICAL/DENTAL/VISION 695,404 INSURANCE 125 WARRENDALE BAYNE ROAD SUITE 27 WARREN, PA 16365 APPLE BOX STUDIOS MARKETING 183,003 1243 PENN AVENUE SECOND FLOOR PITTSBURGH, PA 15222

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 ▶ 3

orm 9- Part		Statement	of E	Pevenue						Page 9
rait	VIII				respo	nse or note to any	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	18	a Federated campa	igns	s	1a			revenue		312 - 314
ants		b Membership due:	s .	· į	1 b					
e Gr	'	c Fundraising even	ts .		1 c					
ifts, ar A	'	d Related organiza	tions	s	1d					
s, G mil		e Government grants		· I	1e					
tion r Si	1	f All other contribution and similar amounts above			1f	2,810,461				
Contributions, Gifts, Grants and Other Similar Amounts	,	g Noncash contribution lines 1a - 1f:\$	ns in	icluded in	1g	221,666				
Con		h Total. Add lines	1a-1	.f	_ -	>	2 242 424			
						Business Code	2,810,461			1
	2a	TUITION RECEIPTS				611600	11,140,561	11,140,561		
E E		POOUSTORE AND SP	TCTA!			011000	242,290	242,290		
Program Service Revenue	b	BOOKSTORE AND SP	ECIA	L		611710	212,230	2 12,233		
e e	c	-								
érvi										_
S	d									
ogra	е									
Ě	•	All								
		All other program Total. Add lines 2				11,382,851				
		Investment income					1			
	9	similar amounts) .	•		•	•		3		194,533
		Income from invest Royalties			mpt bo	ond proceeds	-			
		,		(i) Rea		(ii) Personal				
	6a	Gross rents	6a		124,653					
		Less: rental	<u> </u>		124,033		-			
		expenses	6b	:	115,762	!				
	С	Rental income or (loss)	6с		8,891					
	c	Net rental income	or				8,891			8,891
	7a Gross amount				ities	(ii) Other	-			
	/ a	from sales of assets other	7a	:	161,596					
	b	than inventory Less: cost or					-			
		other basis and sales expenses	7b		0	1				
		Gain or (loss)	7c		161,596					
		Net gain or (loss)			-		161,596	5		161,596
a,	8a	Gross income from fu	ındra	ising events of						
Other Revenue		contributions reporte		line 1c).						
Šev		See Part IV, line 18			8a					
erf		Less: direct expen : Net income or (los			8b ina eve	ents	_			
	9a	Gross income from See Part IV, line 19			9a					
	b	Less: direct expen	ses		9b					
	c	: Net income or (los	s) fr	rom gaming	activiti	es >				
	10	aGross sales of inve	ento	ry, less						
		returns and allowa	nce	s	10a					
		Less: cost of good			10b					
		Net income or (los Miscellaneo			invent	ory ► Business Code				
	11	•aOTHER INCOME	\	-		900099	1,233,570			1,233,570
	b	,								
	C	:								
		All other record								
	d All other revenue e Total. Add lines 11a-11d					•				
		: Total revenue. S					1,233,570			
			JU 11	.50, 400,0115	• •	· · · •	15,791,902	11,382,851		0 1,598,590

	11 990 (2019)				Page 10
Р	art IX Statement of Functional Expenses	amplete all columns	All other erganization	ne must complete colu	mn (A)
	Section 501(c)(3) and 501(c)(4) organizations must co		=	ns must complete colu	mn (A).
_	Check if Schedule O contains a response or note to an	y line in this Part IX	(B)	(C)	□ (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	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	5,467,172	5,467,172		
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	893,381		893,381	
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	3,299,377	3,060,729	238,648	
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	285,877	203,921	81,956	
9	Other employee benefits	873,669	737,080	136,589	
	Payroll taxes	325,406	224,828	100,578	
	Fees for services (non-employees):	323,400	224,020	100,570	
	` ' ' '				
	a Management				
	Legal				
•	C Accounting				
•	l Lobbying				
•	e Professional fundraising services. See Part IV, line 17				
1	Investment management fees				
ģ	g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	273,879	273,879		
12	Advertising and promotion	67,667	66,533	94	1,040
13	Office expenses				
14	Information technology				
	Royalties				
	Occupancy	818,130	818,130		
	Travel	· .	· ·		
	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	279,125	279,125		
21	Payments to affiliates				
	Depreciation, depletion, and amortization	945,345	665,009	280,336	
	Insurance	201,577	201,577	,	
	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 OTHER	745,143	250,016	448,736	46,391
	b FOOD SERVICE	481,398	481,398		
	c ACTIVITIES & EVENTS	292,189	133,787	92,548	65,854
	d BOOKSTORE & SPECIAL SER	215,582	215,582		
	e All other expenses	446,161	446,161		
25	Total functional expenses. Add lines 1 through 24e	15,911,078	13,524,927	2,272,866	113,285
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).				
	Check here F II in following 50r 50-2 (A3C 530-720).				

Form	1 990	(2019)					Page 11
P	art X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part IX			🗆
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		·	7,500	1	7,500
	2	Savings and temporary cash investments		[478,476	2	1,219,932
	3	Pledges and grants receivable, net			1,496,458	3	1,358,428
	4	Accounts receivable, net		[2,789,961	4	2,056,162
	5 6	Loans and other payables to any current or form key employee, creator or founder, substantial co- entity or family member of any of these persons Loans and other receivables from other disqualit	ontribu	tor, or 35% controlled		5	
		section $4958(f)(1)$), and persons described in se				6	
'	7	Notes and loans receivable, net			7		
ete	8	Inventories for sale or use	F	140,433	8	118,168	
Assets	9	Prepaid expenses and deferred charges			166,451	9	178,478
_	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	43,513,725			
	ь	Less: accumulated depreciation	10b	20,664,923	23,573,252	10 c	22,848,802
	11	Investments—publicly traded securities .			10,852,580	11	8,946,308
	12	Investments—other securities. See Part IV, line	11 .	[1,055,729	12	1,019,635
	13	Investments—program-related. See Part IV, line	11 .	. [13	
	14	Intangible assets		[14	
	15	Other assets. See Part IV, line 11		[100,738	15	121,690
	16	Total assets. Add lines 1 through 15 (must equ	ual line	34)	40,661,578	16	37,875,103
	17	Accounts payable and accrued expenses			846,037	17	760,547
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			3,928,761	20	3,834,604
Ś	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to any current or form employee, creator or founder, substantial contri or family member of any of these persons .	butor,	or 35% controlled entity		22	
Ï	23	Secured mortgages and notes payable to unrela	ted thi	rd parties		23	

8,660

7,865,600

12,649,058

16,656,113

11,356,407

28,012,520

40,661,578

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30 31

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50,436

5,882,107

10,527,694

15.664,235

11,683,174

27,347,409 37,875,103

Form **990** (2019)

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Net Assets or Fund Balances

Unsecured notes and loans payable to unrelated third parties

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

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

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current 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 .

Total liabilities and net assets/fund balances

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

3a

3h

No

Form 990 (2019)

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

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

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

Audit Act and OMB Circular A-133?

Additional Data

Software ID: Software Version:

EIN: 25-0995765

Name: KISKIMINETAS SPRINGS SCHOOL

Form 990 (2019)

Form 990, Part III, Line 4a:

EDUCATION - TO PROVIDE EDUCATIONAL INSTRUCTION TO STUDENTS

Form 990, Part III, Line 4b: STUDENT ACTIVITIES - TO PROVIDE EXTRA-CURRICULAR ACTIVITIES FOR STUDENTS

Form 990, Part III, Line 4c: FOOD SERVICE - TO PROVIDE FOOD SERVICE FOR STUDENTS

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

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

	any hours	and	a dir	recto	r/trد	ustee))	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JOHN JACOB CHAIRMAN	1.00	х						0	0	0	
M DEAN MOSITES RESIGNED DEC 2019 VICE CHAIRMAN	1.00	х						0	0	0	
ELLEN SWANK ELECTED FEB 2020 VICE CHAIRWOMAN	1.00	х						0	0	0	
CHRISTOPHER BRUENINGSEN	60.00	X		x				266,519	0	48,419	

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AMY W HEPLER

MICHAEL W HOAG

D THOMAS JONES

ROBERT A GLEASON JR

ARTHUR HAYES MD

and Independent Contractors

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

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

	any nours and a director/trustee)		Organization	organizations	mom the					
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CARL F KALNOW TRUSTEE	1.00	х						0	0	0
RICHARD KNEEDLER PHD TRUSTEE	1.00	x						0	0	0
TIMOTHY LEWIS TRUSTEE	1.00	x						0	0	0
CRECORY LLICNELLI	1.00									

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TRUSTEE	
TIMOTHY LEWIS	
TRUSTEE	••••
GREGORY L LIGNELLI	
TRUSTEE	••••

NATHAN A MCCUTCHEON

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

PAUL W SIKER

JAMES MOORE JR

MARC B ROBERTSHAW

KRISTOFER ROCKWELL

ROBERT D SANDS

......

and Independent Contractors

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

and a director/trustee)

organization

117,725

organizations

from the

38,850

123,230

32,738

59,376

0

any hours

and Independent Contractors

DIRECTOR OF COLLEGE COUNSELING

ASSOCIATE HEAD OF SCHOOL

......

ADAM SCHAPIRO

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

	1			· /			0.5 -4	0.00	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
T CALEB STURGES TRUSTEE	1.00	Х					0	0	0
CHRISTINE JACK TORETTI TRUSTEE	1.00	х					0	0	0
THOMAS J USHER PH D TRUSTEE	1.00	Х					0	0	0
KYLE H WEBB	1.00	×					0	0	0

60.00

......

Will IT Webb		X			0	٥	1
TRUSTEE		^			-		
J GREGORY FORSYTHE	60.00		X		148,250	O	
BUSINESS MANAGER/CHIEF FIN			^		110,230		
STEVEN SZILAGYI	60.00						

...... 223,349 0 ASSOCIATE HEADMASTER FOR I

Х

60.00 DEREN FINKS 137,537 0

efile GRAPHIC print - DO NOT PROCESS						3493129006041		
SCI	HED	ULE A	- Dublic (Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
	m 99		Complete if the or	rganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) e mpt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	nue Service h e organiza AS SPRINGS SC					Employer identific	ation number
KISKI	11111						25-0995765	
	rt I		for Public Charity Statu				See instructions.	
1 ne c	rganiz		a private foundation because	•	•		(A)(:)	
		•	onvention of churches, or as					
2	✓		scribed in section 170(b)(,			
3		·	or a cooperative hospital serv	-			-	
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operated for the benefit (iv). (Complete Part II.)	t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).	
7			ation that normally receives a 'O(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the genera	al public described in
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9		non-land g	ural research organization de rant college of agriculture. Se	ee instructions. Enter	the name, city, a	and state of the	college or university:	
10		from activit investment	ation that normally receives: ties related to its exempt fun income and unrelated busin See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport 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 cly supported organizations o through 12d that describes	lescribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization sup nt of the supporting organiza plete Part IV, Sections A a	ervised or controlled i ation vested in the sar				
c		Type III f	unctionally integrated. A sorganization(s) (see instructi	supporting organizatio				ted with, its
d		Type III n	on-functionally integrated integrated. The organization i). You must complete Par	d. A supporting organi n generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e		Check this	box if the organization received or Type III non-functionally	ed 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		r '			ı
	(i) Name of su organizati			(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the org in your govern	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No		
Tota		l. P. '	tion Act Notice, see the Ir		Cat. No. 11285		Schedule A (Form 9	

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6	Public support. Subtract line 5 from						
	line 4.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					▶ [
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	33 1/3% support test—2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	33 1/3% support test—2018. If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
box and stop here. The organization qualifies as a publicly supported organization							
17 a	10%-facts-and-circumstances tes	t— 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly							
organization							►□
h	10%-facts-and-circumstances tes	st— 2018. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and sto	p here.	
	Explain in Part VI how the organization			-		• •	. \Box
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

Р	Part III Support Schedule for Organizations Described in Section 509(a)(2)									
	(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If									
S	the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support									
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)			
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not include any "unusual grants.").									
2	Gross receipts from admissions,									
	merchandise sold or services									
	performed, or facilities furnished in any activity that is related to the									
	organization's tax-exempt purpose									
3	Gross receipts from activities that are									
	not an unrelated trade or business									
4	under section 513 Tax revenues levied for the									
•	organization's benefit and either paid									
_	to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to									
	the organization without charge									
6	Total. Add lines 1 through 5									
7a	Amounts included on lines 1, 2, and									
L	3 received from disqualified persons Amounts included on lines 2 and 3									
D	received from other than disqualified									
	persons that exceed the greater of									
	\$5,000 or 1% of the amount on line 13 for the year.									
c	Add lines 7a and 7b									
8	Public support. (Subtract line 7c									
	from line 6.)									
Se	ection B. Total Support		1				Г			
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
9	Amounts from line 6									
10a	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties and income from similar sources.									
b	Unrelated business taxable income									
	(less section 511 taxes) from									
	businesses acquired after June 30, 1975.									
С	Add lines 10a and 10b.									
11	Net income from unrelated business									
	activities not included in line 10b,									
	whether or not the business is regularly carried on.									
12	Other income. Do not include gain or									
	loss from the sale of capital assets									
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,									
13	11, and 12.).									
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>			
	check this box and stop here						▶ ⊔			
	ection C. Computation of Public S			! (6))		1 1				
15	Public support percentage for 2019 (lin	15								
16	Public support percentage from 2018 S	-	<u> </u>			16				
	Investment income percentage for 201			line 13 column (f	:))	17				
17 10										
18 10-	8 Investment income percentage from 2018 Schedule A, Part III, line 17									
	more than 33 1/3%, check this box and s									
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the									
ט	not more than 33 1/3%, check this box	-			•		_			
20	Private foundation. If the organization	-	-							
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCGONS	. 📂 📖			

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

6

7

8

the organization had excess business holdings).

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

Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described

in section 509(a)(1) or (2). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

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

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

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

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

provide detail in Part VI.

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

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

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

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

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

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

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 330 01 330 E2) 2013			age 3			
Pa	rt IV Supporting Organizations (continued)						
_			Yes	No			
	Has the organization accepted a gift or contribution from any of the following persons?						
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?						
		11a					
	A family member of a person described in (a) above?	11b					
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c					
S	ection B. Type I Supporting Organizations						
			Yes	No			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in 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					
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-					
2	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	2					
	organization.						
S	ection C. Type II 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	1					
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).						
S	ection D. All Type III Supporting Organizations		v				
_			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).						
_	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax						
3							
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3					
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 supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)				
2	Activities Test. Answer (a) and (b) below.	ſ	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					
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's	2b					
	involvement.						
3	Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>	3a					
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h					

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV. See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

_6	Other distributions (describe in Part VI). See instruction									
7	Total annual distributions. Add lines 1 through 6.									
8	Distributions to attentive supported organizations to wh details in Part VI). See instructions	sive (provide								
9	Distributable amount for 2019 from Section C, line 6									
10	Line 8 amount divided by Line 9 amount									
	Section E - Distribution Allocations (see instructions) (i) (ii) (iii) (iii) Underdistributions Pre-2019 Amount for 2019									

7 Total annual distributions. Add lines 1 through 6.				
sive (provide				
(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
Underdistributions	Distributable			
-	ive (provide			

8 Distributions to attentive supported organizations to widetails in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			

e From 2018. f Total of lines 3a through e

instructions)

See instructions.

e Excess from 2019.

\$

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

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

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

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015.

b Excess from 2016. c Excess from 2017. **d** Excess from 2018.

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

Additional Data

Software ID: Software Version:

EIN: 25-0995765

Name: KISKIMINETAS SPRINGS SCHOOL

Schedule A (Form 990 or 990-EZ) 2019

Part VI

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

instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

DLN: 93493129006041

OMB No. 1545-0047

Supplemental Financial Statements

Department of the Treasury

(Form 990)

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

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** KISKIMINETAS SPRINGS SCHOOL 25-0995765 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 1 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 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ 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 > 5 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 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) ☐ 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

 $\boldsymbol{c} \ \ \text{Leasehold improvements}$

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

d Equipment .

Sche	edule D (Form 990) 2019							Page 2
Par	t IIII Organizations Ma	aintaining Collections o	of Art, Histor	ical Treas	ures, or Othe	er Similar A	ssets (con	tinued)
3	Using the organization's acquitems (check all that apply):	uisition, accession, and other	records, check	any of the fo	ollowing that are	e a significant	use of its co	llection
а	✓ Public exhibition		d	☐ Loar	n or exchange p	rograms		
b	Scholarly research		е	☑ Othe	er EDUCATION			
С	Preservation for future	generations						
4	Provide a description of the open Part XIII.	organization's collections and	l explain how th	ey further th	e organization's	exempt purp	ose in	
5	During the year, did the organises assets to be sold to raise fun						☐ Yes	☑ No
Pa		odial Arrangements. ganization answered "Yes	" on Form 990), Part IV,	ine 9, or repo	rted an amo		
1a	Is the organization an agent included on Form 990, Part)	•	,				☐ Yes	□ No
b	If "Yes," explain the arrange	ment in Part XIII and comple	ete the following	table:			Amount	
c	Beginning balance	•	_		1c	<u> </u>		
d	Additions during the year .				1d			
е	Distributions during the year							
f	Ending balance				46			
2a	Did the organization include					· liahility?	□ vos	 □ No
b	-					•	_	□ N0
	If "Yes," explain the arrange If "Yes," explain the arrange		e ii the explanat	ion nas beer	1 provided in Pa	TT XIII	. Ш	
ГС		ganization answered "Yes	" on Form 990), Part IV, I	ine 10.			
	<u>'</u>	(a) Curre		Prior year	(c) Two years ba	ck (d) Three ye	ears back (e)	Four years back
1 a	Beginning of year balance .	11	,438,899	9,826,946	8,748,3	350 8	3,318,666	8,980,384
b	Contributions	1	,019,879	1,662,776	836,2		5,400	16,902
	Net investment earnings, gain	·	234,512	382,618	677,	139	949,544	-233,914
d	Grants or scholarships		448,417	433,441	434,7	745	525,260	444,706
е	Other expenditures for facilities and programs	25						
f	Administrative expenses .							
g	End of year balance	12	,244,873	11,438,899	9,826,9	946 8	3,748,350	8,318,666
2 a	Provide the estimated percer Board designated or quasi-er	ndowment ▶ 22.880 %	•	g, column (a	a)) held as:			
b	Permanent endowment >	75.780 %	••••					
c	Temporarily restricted endov	vment ▶ 1.340 %						
-	The percentages on lines 2a,	2b, and 2c should equal 10	0%.					
3а	Are there endowment funds organization by:	not in the possession of the	organization tha	t are held ar	nd administered	for the		Yes No
	(i) unrelated organizations						3a(i)) No
b	(ii) related organizations . If "Yes" on 3a(ii), are the rel		equired on Sch	edule R?			3a(ii)) No
4	Describe in Part XIII the inte	nded uses of the organizatio	n's endowment	funds.				
Pa	rt VI Land, Buildings, Complete if the ord	and Equipment. ganization answered "Yes	" on Form 990), Part IV,	ine 11a. See I	Form 990, Pa	art X, line 1	10.
	Description of property	(a) Cost or other basis (investment)	(b) Cost or othe					Book value
1a	Land			721,907	,			721,907
	Buildings			36,459,904		20,098,100		16,361,804
	l l				1		1	

5,445,312

886,602

566,823

4,878,489

886,602

22,848,802

	Complete if the organization answered "Yes" on Form 990, I (a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation: -year market value
(1) Financia	l derivatives			
(3)Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (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, I	Part IV, line	e 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	•	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col.(B) line 13.)		>	
	Other Assets.	art IV, line		t X, line 15.
Total. (Colum Part IX		art IV, line		t X, line 15. (b) Book value
Part IX (1)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, line		
Part IX (1) (2)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, line		
Part IX (1) (2) (3)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, line		
Total. (Colum Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, line		
(1) (2) (3) (4)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, line		
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, line		
(1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, line		
(1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P	art IV, line		
(1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description	art IV, line		
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P		11d. See Form 990, Par	
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum	Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P		11d. See Form 990, Par	(b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X 1.	Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability		11d. See Form 990, Par	(b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federal	Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P		11d. See Form 990, Par	(b) Book value
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federal (2) STUDEN (3) LINE OF	Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability		11d. See Form 990, Par	(b) Book value 990, Part X, line 25. (b) Book value 2,732,207 3,000,000
Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) STUDEN	Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability ncome taxes TUITION BILLING		11d. See Form 990, Par	(b) Book value 990, Part X, line 25. (b) Book value 2,732,207
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federal (2) STUDEN (3) LINE OF (4) EIDL	Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability ncome taxes TUITION BILLING		11d. See Form 990, Par	(b) Book value 990, Part X, line 25. (b) Book value 2,732,207 3,000,000
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federal (2) STUDEN (3) LINE OF (4) EIDL (5)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability ncome taxes TUITION BILLING		11d. See Form 990, Par	(b) Book value 990, Part X, line 25. (b) Book value 2,732,207 3,000,000
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federal (2) STUDEN (3) LINE OF (4) EIDL (5) (6)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability ncome taxes TUITION BILLING		11d. See Form 990, Par	(b) Book value 990, Part X, line 25. (b) Book value 2,732,207 3,000,000
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum Part X 1. (1) Federal (2) STUDEN (3) LINE OF (4) EIDL (5) (6) (7)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability ncome taxes TUITION BILLING		11d. See Form 990, Par	(b) Book value 990, Part X, line 25. (b) Book value 2,732,207 3,000,000
Total. (Colum Part IX (1) (2) (3) (4) (5) (6) (7) (8) (7) Total. (Colum Part X 1. (1) Federal (2) STUDEN (3) LINE OF (4) EIDL (5) (6) (7) (8)	Other Assets. Complete if the organization answered 'Yes' on Form 990, P (a) Description mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on Form 990, P (a) Description of liability ncome taxes TUITION BILLING		11d. See Form 990, Par	(b) Book value 990, Part X, line 25. (b) Book value 2,732,207 3,000,000

2d

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

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

Total revenue, gains, and other support per audited financial statements . . .

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

Other (Describe in Part XIII.)

Page 4

9,447,799

-159,949

Schedule D (Form 990) 2019

2e

Schedule D (Form 990) 2019

1

2

d

е

Subtract line **2e** from line **1** 3 3 9,607,748 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b 6,184,154 b Add lines **4a** and **4b** 4c 6,184,154 C

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 5 15,791,902 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses and losses per audited financial statements 1 10,112,910 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities . . 2a 2b Prior year adjustments 2c C

2d d Other (Describe in Part XIII.) . . . Add lines 2a through 2d . 2e е 3 Subtract line 2e from line 1 3 10,112,910 4

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . . 4a 4b 5.798.168

b Add lines **4a** and **4b** 4c 5,798,168 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 15.911.078

Supplemental Information

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

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

Return Reference

Explanation

See Additional Data Table

chedule D (Forn	prm 990) 2019 Page	
Part XIII	Supplemental Info	rmation (continued)
Retur	n Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

> **EIN:** 25-0995765 Name: KISKIMINETAS SPRINGS SCHOOL

URS IF THE RECOGNITION THRESHOLD HAS BEEN MET. THE SCHOOL'S FEDERAL EXEMPT ORGANIZATION BU SINESS INCOME TAX RETURNS FOR 2019, 2018, AND 2017 REMAIN SUBJECT TO EXAMINATION BY THE IR

Supplemental Information Return Reference Explanation

PART X, LINE 2: THE SCHOOL ACCOUNTS FOR UNCERTAINTIES IN INCOME TAXES IN ACCORDANCE WITH AUTHORITATIVE GUI DANCE, WHICH PRESCRIBES A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UP

ON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCC.

s.

Supplemental Information Return Reference Explanation PART XI, LINE 4B - OTHER STUDENT AID 5,467,172. COST OF BOOKSTORE AND SPECIAL SERVICES 215,582. PLEDGE WRITE OFF 501,400. I ADJUSTMENTS:

Supplemental Information Return Reference Explanation PART XII, LINE 4B - OTHER RESTRICTED EXPENSES 115,414. COST OF BOOKSTORE AND SPECIAL SERVICES 215,582. STUDENT AID ADJUSTMENTS: 5,467,172.

Supplemental Information	
Return Reference	Explanation
	IN ACCORDANCE WITH SFAS 116, THE SCHOOL RECEIVES COLLECTIONS WHICH ARE HELD FOR PUBLIC EXH IBITION AND EDUCATION IN FURTHERANCE OF PUBLIC SERVICE RATHER THAN FINANCIAL GAIN. THESE C OLLECTIONS, WHICH ARE PROTECTED AND PRESERVED BY THE SCHOOL, ARE NOT RECORDED AS AN ASSET ON THE BALANCE SHEET

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493129006041 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** KISKIMINETAS SPRINGS SCHOOL 25-0995765 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," 3 Νo Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h Νo If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? 6a Νo **b** Has the organization's right to such aid ever been revoked or suspended? 6b No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

chedule E (Form 990 or 990EZ) (2019)	Page 2							
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							
	KISKI PUBLICIZES ITS NONDISCRIMINATORY POLICY THROUGH ITS ENROLLMENT AND ADVERTISING MATERIALS BUT NOT THROUGH NEWSPAPER OR BROADCAST MEDIA.							
	Schedule E (Form 990 or 990-EZ) (2019)							

efile GRAPHIC print	- DO NOT	PROCESS A	As Filed Data				93493129006041
SCHEDULE F (Form 990)	State	ement of A	Activities (Outside the Un	ited St	ates	OMB No. 1545-0047
(Form 930)	► Comp	olete if the organization answered "Yes" to Form 990, Part IV, line 14b, 1 Attach to Form 990.				, or 16.	2019
Department of the Treasury Internal Revenue Service	,	► Go to <i>www.irs.g</i>		nstructions and the latest i	nformation.		Open to Public Inspection
Name of the organization						Emplover iden	tification number
KISKIMINETAS SPRINGS S	SCHOOL					25-0995765	
Part I General In	nformation	on Activities	Outside the I	Jnited States. Comple			nswered "Ves" on
	Part IV, line		outside the t	onited States. Compic	ic ii die d	organización a	nswered res on
1 For grantmakers	. Does the o	rganization mai	ntain records to	substantiate the amoun	t of its gra	nts and	
other assistance, t	:he grantees'	eligibility for th	e grants or assis	stance, and the selection	criteria u	sed	
to award the grant	ts or assistan	ice?					✓ Yes 🗌 No
2 For grantmakers outside the United		Part V the orga	nization's proce	dures for monitoring the	use of its	grants and otl	ner assistance
3 Activites per Region	ı. (The followii	ng Part I, line 3 t	able can be dupli	cated if additional space is	s needed.)		
(a) Region		(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	program s	ty listed in (d) is a service, describe ific type of s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data				regiony			
3a Sub-total	ion sheets to	0	0				42,81
Part I		0	o				
	and 3b)	0	0				42,81

Cat. No. 50082W Schedule F (Form 990) 2019

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

	duplicated if addit			() ()	(6) 1	() 5	(13.11.11.1.6
Type of grant or assistance		(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STUDENT FINANCIAL AID	VARIOUS	45	1,970,850	STUDENT FINANCIAL ASSISTANCE	0		AWARDED THROUGH NORMAL FINANCIAL AID PROCESS

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

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

Return

Reference	·
SCHEDULE F,	THE SCHOOL MONITORS THE USE OF FINANCIAL AID FUNDS THROUGH A SHARED APPROACH BY THE FINANCIAL AID DEPARTMENT
PART I, LINE 2:	AND THE BUSINESS OFFICE. ALL BUDGETED TO ACTUAL FINANCIAL AID ACTIVITIES ARE MONITORED ON A MONTHLY BASIS AND THE 👃

Explanation

AND THE BUSINESS OFFICE. ALL BUDGETED TO ACTUAL FINANCIAL AID ACTIVITIES ARE MONITORED ON A MONTHLY BASIS AND THE FINANCIAL AID FOR EACH STUDENT IS APPROVED PRIOR TO DISBURSING FUNDS. FINANCIAL AID REPORTING AND COMPLIANCE ARE MONITORED BY BOTH THE FINANCIAL AID DEPARTMENT AND THE BUSINESS OFFICE TO ENSURE ACCURACY.

Additional Data

(a) Region

NORTH AMERICA - CANADA

AND MEXICO, BUT NOT THE

UNITED STATES

Software ID: Software Version:

EIN: 25-0995765

Name: KISKIMINETAS SPRINGS SCHOOL

2,677

(b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures

Form 990 Schedule F Part I - Activities Outside The United States

(a) Neglan	offices in the region	employees or agents in region	in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	is a program service, describe specific type of service(s) in region	for region
EAST ASIA AND THE PACIFIC - AUSTRALIA, BRUNEI, BURMA, CAMBODIA,	0		ENROLL INTERNATIONAL STUDENTS TO ATTEND HIGH SCHOOL IN AMERICA		28,329

0 ENROLL INTERNATIONAL

ISTUDENTS TO ATTEND

HIGH SCHOOL IN

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region agents in fundraising, program describe specific type of region services, grants to service(s) in region region recipients located in the reaion) 0 ENROLL INTERNATIONAL 6.531 EUROPE ISTUDENTS TO ATTEND HIGH SCHOOL IN IAMERICA LATIN AMERICA 0 ENROLL INTERNATIONAL 4.719 ISTUDENTS TO ATTEND HIGH SCHOOL IN IAMERICA

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (c) Number of (d) Activities conducted (b) Number of (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) SOUTH AMERICA 0 ENROLL INTERNATIONAL 563 ISTUDENTS TO ATTEND HIGH SCHOOL IN IAMERICA

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

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

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

OMB No. 1545-0047

DLN: 93493129006041

Open to Public Inspection

reasury nternal Revenue Service		₽ do to <u>www</u>	/W.115.gov/	the latest illiormatic)II.		
ame of the organization ISKIMINETAS SPRINGS SCHOO	NI .					Employer identific	ation number
	, L					25-0995765	
Part I General Inform	nation on Grants	and Assistance					
Does the organization ma the selection criteria usedDescribe in Part IV the org	to award the grants	or assistance?				ce, and	☑ Yes □ No
Part III Grants and Other that received more	Assistance to Dom than \$5,000, Part II	nestic Organizations a can be duplicated if add	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes	" on Form 990, Part IV, line	21, for any recipient
(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 sectEnter total number of other		-					

(Form 990)

Department of the

(-)	 -1		
(2)			
(3)			

(4) (5)

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

Schedule I (Form 990) 2019

(6)

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

Explanation THE SCHOOL MONITORS THE USE OF FINANCIAL AID FUNDS THROUGH A SHARED APPROACH BY THE FINANCIAL AID DEPARTMENT AND THE BUSINESS OFFICE. ALL BUDGETED TO ACTUAL FINANCIAL AID ACTIVITY IS MONITORED ON A MONTHLY BASIS AND THE FINANCIAL AID FOR EACH STUDENT IS APPROVED PRIOR TO

Return Reference PART I, LINE 2:

Schedule I (Form 990) 2019

Page **2**

efil	e GRAPHIC pi	int - DO NOT PROCESS	As Filed Data	a -	DLN: 93	19312	29006	041
Sch	nedule J	Co	mpensati	ion Information	10	1B No.	1545-0	0047
(Forr	m 990)	For certain Office ▶ Complete if the org	line 23.	2019				
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	v/Form990 for	instructions and the latest informa	ation.	pen i	to Pul ectio	
Nar	ne of the organiz			E	mployer identifica			
KISI	KIMINETAS SPRINGS	S SCHOOL			25-0995765			
Pa	rt I Questi	ons Regarding Compensat	tion	1-				
							Yes	No
1a				the following to or for a person listed y relevant information regarding these				
	First-class	s or charter travel	$oxed{oldsymbol{ olimits}}$	Housing allowance or residence for pe	ersonal use			
		companions	님	Payments for business use of persona				
		nification and gross-up payments		Health or social club dues or initiation				
	LI Discretion	nary spending account	Ц	Personal services (e.g., maid, chauffe	eur, cner)			
b				follow a written policy regarding paym ve? If "No," complete Part III to explai		1 b	Yes	
2				or allowing expenses incurred by all r, regarding the items checked on Line	. 1 = 2	2		No
	directors, truste	es, officers, including the CLO/L	xecutive Director	, regarding the items checked on line	· La: .			
3	organization's C	EO/Executive Director. Check all	that apply. Do r	nd to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain in				
		ed organization to establish comp		ceo, executive Director, but explain in	rait III.			
		ation committee	✓	Written employment contract				
		ent compensation consultant	⊻	Compensation survey or study				
	☐ Form 990	of other organizations	▼	Approval by the board or compensati	on committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fili	ng organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a		No
b	Participate in, o	r receive payment from, a supple	emental nonqual	ified retirement plan?		4b		No
С			,	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	provide the app	licable amounts for each item in Part I	111.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5	For persons liste	ed on Form 990, Part VII, Section	n A, line 1a, did	the organization pay or accrue any				
	·	ontingent on the revenues of:						NI -
a b		1?				5a 5b		No No
D		5a or 5b, describe in Part III.				30		INO
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any				
а	The organization	1?				6a		No
b	=					6b		No
		6a or 6b, describe in Part III.						
7				the organization provide any nonfixed rt III		7		No
8	subject to the ir	nitial contract exception describe	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," des				
9	If "Yes" on line	8, did the organization also follow	w the rebuttable	presumption procedure described in R	egulations section	9		No
For F		iction Act Notice, see the Ins			053T Schedule J		1 990)	2019

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

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

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of the sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of the sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of the sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of the sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of the sum of columns (B)(i)-(iii) for each listed individual must equal the sum of columns (B)(i)-(iii) for each listed individual must equal the sum of columns (B)(i)-(iii) for each listed individual must equal the sum of columns (B)(i)-(iii) for each listed individual must equal the sum of columns (B)(i)-(iii) for each listed individual must equal the sum of columns (B)(i)-(iii) for each listed individual must equal the sum of columns (B)(i)-(iii) for each listed individual must equal the sum of columns (B)(i)-(iii) for each listed individual must equal the sum of columns (B)(i)-(iii) for each listed individual must equal the sum of columns (B)(i)-(iii) for each listed individual must equal the sum of columns (B)(i)-(iii) for each listed individual must equal the sum of columns (B)(i)-(iii) for each listed individual must equal the sum of columns (B)(i)-(iii) for each listed individual must equal the sum of columns (B)(i)-(iii) for each listed individual must equal the sum of columns (B)(i)-(iii) for each listed individual must equal the sum of columns (B)(i)-(iii) for each listed individual must equal the sum of columns (B)(i)-(iii) for each listed individual must equal the sum of columns (B)(i)-(iii) for each listed individual must equal the sum of columns (B)(i)-(iii) for each listed individual must equal the sum of columns (B)(i)-(iii) for each listed individual must equal the sum of columns (B)(i)-(iii) for each listed individual must equal the sum of columns (B

Note. The sum of column:	<u>s (B)</u>	(i)-(iii) for each listed inc	lividual must equal the to	tal amount of Form 990,	Part VII, Section A, line 1	la, applicable column (D)	and (E) amounts for tha	t individual.
(A) Name and Title		(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MISO (ii) Bonus & incentive compensation			(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 CHRISTOPHER	(i)	266,519	0	0	21,985	26,434	314,938	0
RDHENINGSEN	(ii)	0	0	0	0	0	0	0
2 J GREGORY FORSYTHE BUSINESS MANAGER/CHIEF	(i)	148,250	0	0	12,000	26,850	187,100	0
FIN	(ii)	0	0	0	0	0	0	0
3 STEVEN SZILAGYI ASSOCIATE HEADMASTER	(i)	223,349	0	0	16,768 106,462		346,579	0
	(ii)	0	0	0	0	0	0	0
4 DEREN FINKS DIRECTOR OF COLLEGE	(i)	137,537	0	0	11,040	21,698	170,275	0
COUNSELING	(ii)	0	0	0	0	0	0	0
5 ADAM SCHAPIRO ASSOCIATE HEAD OF	(i)	117,725	0	0	6,600	52,776	177,101	0
SCHOOL	(ii)	0	0	0	0	0	0	0
	П							
	П							
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							Schedule	J (Form 990) 2019



DLN: 93493129006041 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Open to Public ▶ Attach to Form 990. Department of the Treasury ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization **Employer identification number** KISKIMINETAS SPRINGS SCHOOL 25-0995765 Part I **Bond Issues** (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (h) On (i) Pool (a) Issuer name (e) Issue price (q) Defeased behalf of financing issuer Yes No Yes No Yes No 7,984,120 CONSTRUCTION AND REPAIRS OF Χ GEISTOWN BOROUGH 07-25-2014 Χ Χ MUNICIPAL AUTHORITY BUILDINGS/FACILITIES **Proceeds** Part ${f II}$ В C Α D 2 3 7,984,120 5 6 7 8 9 10 7,984,120 11 12 13 Yes No Yes No Yes No Yes No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ bonds (or, if issued prior to 2018, an advance refunding issue)? 16 Χ Does the organization maintain adequate books and records to support the final allocation of 17 Χ Part 🏻 **Private Business Use** Α R C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Are there any lease arrangements that may result in private business use of bond-financed Cat. No. 50193E Schedule K (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Arbitrage

Part IV

а

b

С

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

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

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

Exception to rebate?

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

Was the hedge superintegrated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

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

Has the organization or the governmental issuer entered into a qualified

Schedule K (Form 990) 2019

Page **2**

D

Schedule K (Form 990) 2019

No

Yes

			7		_	_			•
		Yes	Yes No		No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?		Х						_
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government				•				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		Х						

5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government.				
6	Total of lines 4 and 5				
7	Does the bond issue meet the private security or payment test?	Х			
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?.	Х			

Νo

Χ

Χ

Χ

Χ

Χ

Χ

Α

Yes

Х

Yes

В

No

C

No

Yes

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

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

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

Schedule K (Form 990) 2019

(GIC)?

period?

Arbitrage (Continued)

requirements of section 148? . . .

	Α	
	Yes	No
Were gross proceeds invested in a guaranteed investment contract		Х

В

No

No

Yes

Yes

No

No

Yes

Nο

Yes

Yes

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

Page 3

No

D

D

Nο

Yes

Yes

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493129006041 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** KISKIMINETAS SPRINGS SCHOOL 25-0995765 **Types of Property** (c) (d) (a) (b) Method of determining Check if Number of contributions or Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures 3 Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes . . Intellectual property . . . Χ 148,313 PUBLICY TRADED STOCK Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . Qualified conservation contribution-Historic structures 14 Qualified conservation contribution—Other . Real estate—Residential 15 Real estate—Commercial . 17 Real estate—Other . . Collectibles 18 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy 21 22 Historical artifacts . . . 23 Scientific specimens . . Archeological artifacts . . 73,353 FAIR MARKET VALUE **FURNITURE** Χ Other ▶ (AND RUGS 25 Other ▶ (_____ Other ▶ (__ 27 28 Other ▶ (. Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 No Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)					
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization				
is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.					
Return Reference	Explanation				
	Schedule M (Form 990) (2019)				

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349312						LN: 93493129006041
SCHEDULE O (Form 990 or 990- EZ) Department of the Treasury		Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.			OMB No. 1545-0047 2019 Open to Public Inspection	
KISKIMINETAS SPRINGS SCHOOL			Employer identification number 25-0995765			
Return Reference				Explanation		
FORM 990, PART VI, SECTION B, LINE 11B	ONFEREN	CE CALL. THE ENTIRE		ES HAS REVIEWED THE FORM ES WAS SENT A FINAL VERSI E.		

Return Explanation
Reference

FORM 990,	EACH TRUSTEE AND OFFICER IS REQUIRED TO SIGN AN ANNUAL STATEMENT DISCLOSING THAT THEY HAVE
PART VI,	READ THE CONFLICT OF INTEREST POLICY AND ARE IN AGREEMENT WITH IT. IN ADDITION, PERIODIC
SECTION B,	REVIEWS OF TRANSACTIONS SUCH AS COMPENSATION, BENEFITS, AND PARTNERSHIP TRANSACTIONS ARE I
LINE 12C	N ACCORDANCE WITH THE ORGANIZATIONS' POLICIES.

Return Explanation
Reference

FORM 990,	THE HEADMASTER'S COMPENSATION WAS LAST DETERMINED IN FISCAL 2019. THE COMPENSATION AMOUNT
PART VI,	WAS REVIEWED AND DETERMINED BY THE COMPENSATION COMMITTEE BASED UPON DISCUSSIONS WITH OTHE
SECTION B,	R MEMBERS OF THE BOARD OF TRUSTEES AND COMPARABLE DATA. THIS DETERMINATION WAS DOCUMENTED
LINE 15	IN A FORMAL EMPLOYMENT CONTRACT AND BOARD MINUTES. THE SALARIES OF OTHER OFFICERS OR KEY E
	MPLOYEES ARE ALSO DETERMINED IN A REVIEW BY THE COMPENSATION COMMITTEE. THE LAST REVIEW WA
	S IN FISCAL 2020.

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation Reference

FORM 990. RESTRICTED SPENDING 115.414. PLEDGE WRITE OFF -501.400.

PART XI. LINE 9:

Return Explanation Reference

FORM 990. THE PROCESS DID NOT CHANGE FROM THE PRIOR YEAR PART XII,

LINE 2C:

Return Explanation

Reference	
FORM 990, PART XI,	(36,094) CHANGE IN VALUE OF TRUST (123,855) UNREALIZED LOSS (159,949) TOTAL UNREALIZED GAIN ON INVESTMENTS
LINE 5	