MARR AND COMPANY, P.C. 1401 EAST 104TH STREET, SUITE 100 KANSAS CITY, MO 64131

KC INTERNATIONAL ACADEMY 414 WALLACE AVE KANSAS CITY, MO 64125

Idlantaladladdddaladd

Caution: Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY

Marr and Company, P.C.

CERTIFIED PUBLIC ACCOUNTANTS

1401 East 104th Street, Suite 100, Kansas City, MO 64131-1170 Voice (816) 363-8700 Fax (816) 363-7117

January 17, 2022

KC International Academy 414 Wallace Ave Kansas City, MO 64125

KC International Academy:

Enclosed are the original and one copy of the 2020 Exempt Organization return, as follows...

2020 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Please review the return for completeness and accuracy.

We have prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

My Best Regards,

Jason D. Louk, CPA

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2021

Prepared for Prepared by	KC International Academy 414 Wallace Ave Kansas City, MO 64125
r roparou by	Marr and Company, P.C. 1401 East 104th Street, Suite 100 Kansas City, MO 64131
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning $\ JUL\ 1$, 2020, and ending $\ JUN\ 30$, 20 $\ 21$

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not send to the IRS. Keep for your records. ► Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax Taxpayer identification number **-***7605 KC INTERNATIONAL ACADEMY Name and title of officer or person subject to tax DAVID LEONE SUPERINTENDENT Type of Return and Return Information (Whole Dollars Only) | Part I Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b ____1, 747, 141. 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) _____ 2b **b** Total tax (Form 1120-POL, line 22) ______ 3b 3a Form 1120-POL check here 4a Form 990-PF check here ► **b** Tax based on investment income (Form 990-PF, Part VI, line 5) 4b b Balance due (Form 8868, line 3c) 5b 5a Form 8868 check here 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) ______6b 7a Form 4720 check here **b Total tax** (Form 4720, Part III, line 1) **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that 💹 I am an officer of the above organization or 🔃 I am a person subject to tax with respect to (name of organization) and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I múst contact the U.S. Treasury Financial Agent át 1-888-353-4537 no later than 2 business dáys prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | Lauthorize MARR AND COMPANY, P.C. to enter my PIN Enter five numbers but ERO firm name do not enter all zeros as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. \perp As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 43041236387 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Date \triangleright 01/17/22 ERO's signature ► MARR AND COMPANY, P.C. **ERO Must Retain This Form - See Instructions**

023051 11-03-20

LHA For Paperwork Reduction Act Notice, see instructions.

Do Not Submit This Form to the IRS Unless Requested To Do So

Form **8879-EO** (2020)

EXTENDED TO MAY 16, 2022

ggn

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Inspection

Department of the Treasury

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

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

Open to Public

JUL 1, 2020 and ending JUN 30, A For the 2020 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change KC INTERNATIONAL ACADEMY Name change **-***7605 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 414 WALLACE AVE 816-221-0043 termin-ated 11,747,141. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return KANSAS CITY, MO 64125 H(a) Is this a group return Applica-F Name and address of principal officer: DAVID LEONE Yes X No for subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) (4947(a)(1) or) ◀ (insert no.) If "No," attach a list. See instructions J Website: ► HTTPS: //KCIA.US **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 2016 M State of legal domicile: MO Part I Summary Briefly describe the organization's mission or most significant activities: KANSAS CITY INTERNATIONAL Activities & Governance ACADEMY IS COMMITTED TO EXCELLENCE IN EDUCATION, INSPIRING AND Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 132 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 4 6 Total number of volunteers (estimate if necessary) 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b **Prior Year Current Year** 10,689,540. 11,130,554.Contributions and grants (Part VIII, line 1h) Revenue 0. 0. Program service revenue (Part VIII, line 2g) 320. 496. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,701,840. 616,091. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12,391,700. 11,747,141. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Ō. 0. Benefits paid to or for members (Part IX, column (A), line 4) 7,037,581. 7,312,615. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 3,231,202 3,362,292. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 10,268,783. 10,674,907. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,072,234. 2,122,917. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 9,146,366. 8,160,868. 20 Total assets (Part X, line 16) 1,578,353. 1,491,617. 21 Total liabilities (Part X, line 26) 6,582,515. 7,654,749. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DAVID LEONE, SUPERINTENDENT Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature JASON D. LOUK JASON D. LOUK |01/17/22|P00541486 Paid self-employed Firm's EIN **-***0039 Firm's name MARR AND COMPANY, P.C. Preparer Firm's address 1401 EAST 104TH STREET, SUITE 100 Use Only Phone no. (816) 363-8700 KANSAS CITY, MO 64131 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

Form	1 990 (2020) KC INTERNATIONAL ACADEMY	**-***7605 Page 2
_	rt III Statement of Program Service Accomplishments	. age =
	Check if Schedule O contains a response or note to any line in this Part III	
_	·	
1	Briefly describe the organization's mission: KANSAS CITY INTERNATIONAL ACADEMY IS COMMITTED TO EXCELI	ENCE IN
	EDUCATION, INSPIRING AND EMPOWERING CHILDREN FROM ALL NA	
	AND DIVERSE BACKGROUNDS, GIVING THEM THE FOUNDATION THEY	NEED TO
	ACHIEVE THE HIGHEST LEVEL OF SUCCESS IN LIFE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
_		Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes 🔼 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, and
	revenue, if any, for each program service reported.	
4a	0 061 674	ne \$)
	OPERATION OF A CHARTER SCHOOL FOR MORE THAN 650 LOW-INCO	
	DISADVANTAGED, AT-RISK STUDENTS GRADES K-8	, , , , , , , , , , , , , , , , , , ,
	DISADVANTAGED, AT KISK STODENTS GRADES K-0	
4b	(Code:) (Expenses \$	ne\$
		,
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ne\$)
		-
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 9,061,674.	
		Form 990 (2020)
		()

Form 990 (2020) KC INTERNATIONAL ACADEMY Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
Ū	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
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?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		77	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
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		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	37
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
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		X
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	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			,,,
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			X
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

032003 12-23-20

Form **990** (2020)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		l	
	Schedule J	23	X	<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	 		x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			۱
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
9	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			۱
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
Pai	Note: All Form 990 filers are required to complete Schedule O	38	Λ	
. ui	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 19			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	1

032004 12-23-20

Form **990** (2020)

Form 990 (2020) KC INTERNATIONAL ACADEMY Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a I 132 2b If the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, Edd or the calendary area employ with or within the year covered by the return b If all least one is reported on line 2a, did the organization file all required feederal employment tax returne? Note: If the sum of lines 1 and 2a is greater than 260, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a If Yes, "has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O 3b If 'Yes, "and the filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O 4a If any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 5c If 'Yes' is not the hame of the foreign country. 5c If 'Yes' is only a prohibet tax sheeter fransaction of Prorigin Bank and Financial Accounts (FBAR). 5c If 'Yes' to line 5a or 5b, did the organization that it was or is a party to a prohibeted tax shelter fransaction on the second of the program of the progr				Yes	No
b If a least one is reported on line 2a, did the organization file all required feederal employment tax returns? Notes if the sum of lines Is and 2a is greater than 200, your may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b Did The organization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary are, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country level, as a bank account, securities account, or other financial accounts? 5a If Yes's interest the name of the roganization for the relatest in, or a significant or other authority over, a financial accounts (FBAR). 5a Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 5c Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction? 5c Did any to the sea or 50, did the organization that it was or is a party to a prohibited tax sheller transaction? 5c Did was the sea or 50, did the organization that it was or is a party to a prohibited tax sheller transaction or gifts were not tax deductibles? 5c Did was the sea or 50, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 5c Did was the organization shell was year experiment that such contributions or gifts were not tax deductibles? 6c Did the organization receive a payment in excess of \$7 made party as a contribution and party for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes, indicate the number of Forms 82828 filed during the year 7d Did the organization receive any payment in excess of \$7 made party	2a				
Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 mere during the year? 3a Did the organization have unrelated business gross income of \$1,000 mere during the year? 3a Lary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X X b if "Yes," either the name of the foreign country \(\) b as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account, or other financial accountry (such as a bank account, securities account and securities accounts (see San X) b if Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? 7 Organizations that many receive deductable contributions under section 170(c). 8 b if Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductable? 7 organizations that many receive deductable contribution and partly for goods and services provided to the payor? 7 organizations that many receive deductable contribution and partly for goods and services provided to the payor? 7 organizations that many receive deductable contribution and section of the section of the section services provided?		filed for the calendar year ending with or within the year covered by this return 2a 132			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes', his it filed a Form 990-for for this year? I'vo' to it and so, provide an explanation on Schedule O 3ch at any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly a foreign country (such as a barik account, securities account, or other financial accounts (FBAR). 5ch If Yes' in the finan grequirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ch Was the organization have foreign country (such as a barik account, securities account, or other financial Accounts (FBAR). 5ch Was the organization the organization that it was or is a party to a prohibited tax shelter transaction? 5ch Was 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? 5ch Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). 5ch Was the organization related a contribution of case charitable contributions? 6ch Was a contribution of case charitable contributions? 6ch Was the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8882? 6ch Was the organization and self, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8882? 6ch Was the organization organization will the does not office the value of the goods or services provided? 6ch Was the organization organization will be does not not be form 8893 as required? 6ch Was the organization organization will be does not not be form 8894 as required to the form 8882? 6ch Was the organization organization organization organization organization received a contribution of causified indectly, to pay pre	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b If Yes, *has it flied a Form 990 T for this year? # Yeb' to line 3b, provide an explanation on Schedule O 43 At any time during the calendar year, did the organization have an interest in, or a signature on other authority over, a financial account in a foreign country (secund as a bank account, securities account, or other financial account)? 4a X 5b If Yes, *inster the name of the foreign country } 5b If Yes, *inster the name of the foreign country } 5c en 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 X 5b If Yes' to line Sa of Sb, did the organization file Form 8886-17 6b Did any taxable party nority the organization file Form 8886-17 6c If Yes', *Idd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6b Were to the deductible? 7 Organizations that may receive deductible contributions under section 170(c). 6 If Yes, *Idd the organization notify the donor of the value of the poods or services provided? 7 If Yes, *Idd the organization notify the donor of the value of the poods or services provided? 7 If Yes, *Idd the organization notify the donor of the value of the poods or services provided? 7 If Yes, *Idd the organization notify the donor of the value of the poods or services provided? 7 If Yes, *Idd the organization receive a pay remains, directly or indirectly, to pay premiums on a personal benefit contract? 7 Te Did the organization received any trunds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Te Did the organization received a contribution of qualified intelectual property, did the organization file a Form 1088-0? 8 Sponsoring organization received an contribution of uniqued to you appread to the payor and the pa		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Was 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? 6b Coses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that when to tax deductible? 6c Was the organization shall be calentable contributions? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 9c Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," indicate the number of Forms 8282 filed during the year or the value of the goods or services provided? 7c If If If If I was received a payment in excess of \$7 made party as a contribution of an aparty for goods and services provided to the Form 8282? 7c If I was received a payment in excess of \$7 made party as a contribution of an aparty as a contribution of a contributio	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b if *Yes,* of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible. b if *Yes,* of the organization include with every solicitation and partly for goods and services provided to the payor? 5a Wash the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Z X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Z X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Z Y Yes** to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Z D Ose the organization that were not tax deductible as charitable contributions? 6a Z X b If *Yes*, tidd the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization stat may receive deductible contributions under section 170(c). 8 D If Yes,* did the organization notify the donor of the value of the goods or services provided? 7 D I I Yes,* did the organization notify the donor of the value of the goods or services provided? 7 D I I I Form 8282? 7 D I I Form 8282? 7 D I I Form 8282? 8 D Sponsoring organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1998 as required? 7 D I I I Form 8282 and 82 and 82 filed during the year? 8 D Sponsoring organization have excess business holdings at any time during the year? 9 D I Section 501(K) 17 organizations. Enter: a initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities 10a	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
b If "Yes," enter the name of the foreign country. ▶ Sae instructions for filling equirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization to a provide to a prohibited tax shelter transaction at any time during the tax year? 5b ID any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes' to line Saor 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes' shelt 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? 6c A X 6d B Y 6d B	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 8 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 9 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 Did See See See See See See See See See Se		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If Yes' to line Sa or Sb, did the organization file Form 886617? 6a Does the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles? 6b Verse," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 7b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c). 8b If Yes, "Indicate the number of Forms 82627 fleed during the goods or services provided? 7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X 8d If Yes," indicate the number of Forms 8282 fleed during the year 6d If Yes," indicate the number of Forms 8282 fleed during the year 7c Did the organization received a contribution of qualified intellectual property, did the organization flee of a contribution of case, boats, singlenes, or other evidenes, did the organization flee Form 8899 as required? 7d If the organization received a contribution of case, boats, singlenes, or other evidenes, did the organization flee Form 1986 or Sponsoring organization have excess business holdings at any time during the year 9 Sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organization make a distribution of quotient funds. 11 Section 501(c)/12 organizations make a distribution to a donor dovised funds. 12 Organization sincluded on Form 1990, Part VIII, line 12, for public use of club facilities 110 Organization for serves the organization is	b	If "Yes," enter the name of the foreign country ▶			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes" to line 5a or 5b, did the organization file for m888617 8 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? 8 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization review apyment in excess of \$76 made parity as a contribution and parity for goods and services provided to the payor? 7 If yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization, during the year, or otherwise dispose of tanglish personal property for which it was required? 8 Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract? 9 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required?, if 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 make any taxable distributions under section 49667 9 Sponsoring organization make any taxable distributions under section 49667 9 Did the sponsoring organization make any taxable distributions under section 49667 9 Did the sponsoring organization make any taxable distributions under section 49667 9 Did the sponsoring organization section and the fundament of the section 49667 9 Did the sponsoring organization section and the fundame		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
til "Yes" to line 5a or 5b, did the organization file Form 8886-17 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 X b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organization sthat may receive deductible contributions under section 170(c). a Did the organization celeve a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor? 7 Description of the organization notify the donor of the value of the goods or services provided? C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282 ero. 6 Did the organization receive any funds, directly or indirectly, no pay premiums on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0? 8 Sponsoring organization make may taxable distributions under section 49667 9 Sponsoring organization make any taxable distributions under section 49667 9 Section 501(c)(17) organizations. Enter: a Initiation foes and capital contributions included on Part VIII, line 12 10 Gross income from members or shareholders 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Cross income from members or shareholders b Cross income from members or shareholders c Gross income from members or shareholders b Cross income from members or shareholders b Cross income from members or shareholders c Gross income from members or shareholders b Cross income from there sources (D not net amounts due or paid to other sources against amount	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
6a Des 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 X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization selve a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 8 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 10 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 11 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 12 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 13 Sponsoring organization maintaining donor advised funds. 2 Did the sponsoring organization make any taxable distributions under section 4966? 3 Sponsoring organization make any taxable distributions under section 4966? 4 Did the sponsoring organization make any taxable distributions under section 4966? 5 Section 501([X]2 organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 5 Section 501([X]2 organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 5 Section 501([X]2 organizations. Enter: a In the organization or the excess the organization information the organization filing Form 990 in lieu of Form 1041? 12a Section 501([X]2	b		5b		X
any contributions that were not tax deductible as charitable contributions? b f "Yes," id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization review a payment in excess of \$75 made party as a contibution and partly for goods and services provided to the payor? b f "Yes," idid the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d f "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-c? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b (F'yes," enter the amount of tax exempt interest received or accrued during the year 11a Section 497(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b (F'yes," enter the amount of reserves on hand 13a The true amount of reserves on hand 15b Section 501(c)(20) qualified nonprofit health insurance issuers. 15c Section 4947(a)(1) non-exempt charitable trusts. Is the organization must report on Schedule O. 15d Section 4947(a			5c		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a 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? b If "Yes," 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? c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal property for which it was required to file Form 8282? d If "Yes," include the number of Forms 8282 filed during the year e Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 If If the organization received a contribution of qualified intellectual property, did the organization file Form 8282 are required? B If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Cross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Did 10 Section 501(c)(2) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 12 Section 501(c)(2) organizations interest received or accrued during the year 13 Section 501(c)(2) qualified health plans in more than one	6a				
were not tax deductible? A		any contributions that were not tax deductible as charitable contributions?	6a		X
7 Organizations that may receive deductible contributions under section 170(c). a 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? b If "Yes," did the organization notity the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To 9 If the organization receive any puremiums, directly or indirectly, on a personal benefit contract? 7 Ti 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C7 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make and distributions under section 4966? 8 Sponsoring organization make and istribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make and distributions under section 4966? 9 Sponsoring organization selectric	b				
a 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? b if "Yes," did the organization notify the donor of the value of the goods or services provided? 7b 17			6b		
b f 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d f 'Yes,' indicate the number of Forms 8282 filed during the year 7d 7d 7e 7d 7d 7d 7d 7d	7	, ,			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If 'Yes,' in lacidate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, no a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund amintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization have excess business holdings at any time during the year? 8 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization secret and capital contributions included on Part VIII, line 12 10 Gross income from members or shareholders 11 Did 12 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities 11 Did 12 Section 501(c)(12) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 for public use of club facilities 12 Did the organization is control that the section 4960 tax on payments of the section 4960 ta	а				X
to file Form 8282? d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization received any funds, directly or indirectly, on a personal benefit contract? 7f Tid Tid Tid Tid Tid Tid Tid Ti	b		7b		
d if "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7	С				3,7
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization cevieved a contribution of qualified intellectual property, did the organization from 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised funds by the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Did 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? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization insersed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b 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 in more than one state? Note: See the instructions for additional information the organization mast report on Schedule O. b Enter the amount of reserves the organization is required to maintain			7c		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8898 as required? 7g	d				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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? Sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Section 501(c)(7) organizations. Enter: a Gross income from members or shareholders Did 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? 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? Note: See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Enter the amount of reserves on hand 15 If "Yes," see instructions and file Form 4720, Schedule N. If "Yes," see instructions and file Form 4720, Schedule N. If the organization and advantage in the sect	_				
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 organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make any taxable distributions under section 4966? 9b Did the sponsoring organization make any taxable distributions under section 4966? 9ction 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 110 Did 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organizations required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 15 Is the organization and educational institution subject to the section 4968 excise tax on net investment income? 16 Is the organization an educational institution subject to					
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? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Intitation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11b 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? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13c If "Yes," has it flied a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 14b 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? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X					
sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Gross income from members or shareholders 11c Gross income from members or shareholders 11d Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12a 13b 147 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b 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 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 15 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? If "Yes," see instructions and file Form 4720, Schedule N. life Yes," complete Form 4720, Schedule O.	_		/11		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	0		Ω		
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 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 X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	a				
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12ca Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b 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 C Enter the amount of reserves on hand 13c Lib If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14a 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 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.			9a		
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 5 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12a 5 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12b 12b 12b 12c 12b 12c	_				
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.			0.0		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 5 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 11b 17 Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 18 Section 501(c)(29) qualified nonprofit health insurance issuers. a 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. b 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 13b 12c 13b 12c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b 16 "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 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 X 15 X 16 "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 16 Yes, "complete Form 4720, Schedule O.					
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 15 Is the organization receive any payments for indoor tanning services during the tax year? 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 Is the organization and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	_				
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.					
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 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a Note: See the instructions for additional information the organization must report on Schedule O. 13b 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 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 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 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	а	, n , e			
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 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b If "Yes," health insurance issuers. 13a If "Yes," health insurance issuers. 13a If "Yes," see instructions for additional information the organization must report on Schedule O. 13a If "Yes," health insurance issuers. 13a If "Yes," health insurance issuers. 13a If "Yes," see instructions for additional information the organization must report on Schedule O. 13b If "Yes," health insurance issuers. 13a If "Yes," see instructions and file Form 4720, Schedule N. 14a X If "Yes," complete Form 4720, Schedule O.	b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b 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 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 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 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 15 the organization licensed to issue qualified health plans in more than one state? 13a 15 Note: See the instructions for additional information the organization must report on Schedule O. 15 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 15 center the amount of reserves on hand 16 center the amount of reserves on hand 17 center the amount of reserves on hand 17 center the amount of reserves on hand 18 center the amount of reserves on hand 18 center the amount of reserves on hand 18 center the amount of reserves the organization receive any payments for indoor tanning services during the tax year? 14a X X 15 center the amount of reserves on hand 18 center the amount of reserves the organization receive any payments for indoor tanning services during the tax year? 14a X X 15 center the amount of reserves on hand 18 center the amount of reserves the organization receive any payments for indoor tanning services during the tax year? 14a X X 15 center the amount of reserves on hand 18 center the amount of reserves the organization on Schedule O. 14b X 15 center the amount of reserves the organization and payments for indoor tanning services during the tax year? 15 center the amount of reserves and the organization on Schedule	12a		12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
Note: See the instructions for additional information the organization must report on Schedule O. b 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
b 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.		Note: See the instructions for additional information the organization must report on Schedule O.			
c Enter the amount of reserves on hand 13c 14a X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 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 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	b				
Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 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 X 16 "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X 17 If "Yes," complete Form 4720, Schedule O.					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	С				
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? If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.					X
excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 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.			14b		
If "Yes," see instructions and file Form 4720, Schedule N. 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.	15				٦,
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.			15		X
If "Yes," complete Form 4720, Schedule O.					v
	16		16		A
		If "Yes," complete Form 4720, Schedule O.	Form	000	(2020)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
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		37
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		37	
12a	1 , , , , ,	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		- V	
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
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?	450	Х	
a h	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a 15b	X	
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iou	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		
~	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		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s onl	/) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	. ,	•	
	X Own website Another's website Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fina	ncial	
	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			
	THE ORGANIZATION - 816-221-0043			
	414 WALLACE AVE, KANSAS CITY, MO 64125			

032006 12-23-20

Form **990** (2020)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	Average (do loox, office week		Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) STEVE FLEMING SUPERINTENDENT	40.00	-		Х				162,699.	0.	46,239
(2) DAVID LEONE	40.00	+						102,000.	0.	40,233
ASSISTANT SUPERINTENDENT	40.00	1		х				128,320.	0.	23,205
(3) RAMSEY ATIEH	2.00	\vdash						,		·
BOARD PRESIDENT		x	<u></u>		L		L	0.	0.	0
(4) PATRICK JOHNSTON	2.00									
BOARD VICE PRESIDENT		Х						0.	0.	0
(5) JASON PROSSER	2.00	١							0	
BOARD TREASURER	2.00	X						0.	0.	0
(6) HAL HAVENS BOARD SECRETARY	2.00	X						0.	0.	0
		-								
		_								

Form **990** (2020)

Part VII Section A. Officers, Directors, Trus	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B)			(0	C)			(D) (E)			(F)		
Name and title	Average			(do not check more than one					Reportable		Estir	mated	
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation			unt of	
	week (list any	officer and a director/tr		17 11 00	100,	from the	from related organization	- 1		ther			
	hours for	direct				P		organization	(W-2/1099-MIS			ensation n the	
	related	tee or	ıstee			en sa te		(W-2/1099-MISC)	(-/		nization	
	organizations	al trus	nal trı		oyee	omp						related	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organ	izations	
	111107	Ĕ	ü	₽	ē.	宝岩	요						
										_			
										-			
1b Subtotal								291,019.		0.	69	,444.	
c Total from continuation sheets to Part V								0.		0.		0.	
d Total (add lines 1b and 1c)							<u> </u>	291,019.			09	,444.	
2 Total number of individuals (including but n	ot limited to th	iose	liste	ed ai	bove	e) wr	no r	eceived more than \$100	,000 of reportab	ie		2	
compensation from the organization											Т	es No	
3 Did the organization list any former officer,	director trust	ee k	cev e	emp	love	e o	hic	nhest compensated emr	olovee on		-		
line 1a? If "Yes," complete Schedule J for s								gricot dompondated emp			3	х	
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	•		-						-		4	X	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch ,	pers	son .					5	X	
Section B. Independent Contractors													
1 Complete this table for your five highest co	•	•							•	npensat	ion fro	om	
the organization. Report compensation for	the calendar y	ear e	endi	ng v	vith	or w	ithir		year.		(0)		
(A) Name and business	address							(B) Description of s	ervices	Cor	(C) npens	ation	
AMERICAN DINING CREATION,		/T S	357	1 R 1	7		\dashv	- Description of a	0111000		пропо		
6180 SPRINT PKWY, OVERLAI						11	ŀ	FOOD SERVICE	s		792	,728.	
							STUDENT	~			7,200		
SUITE 1400, CINCINNATI, OH 45202								TRANSPORTATI	ON SERVI		680	,209.	
DELL MARKETING LP								COMPUTER - H					
PO BOX 149256, AUSTIN, TX	x 78714							AND SOFTWARE			<u> 111</u>	,733.	
												·	

032008 12-23-20

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2020)

\$100,000 of compensation from the organization

Pa	rt v	/111					5			
			Check if Schedule O	contains a	response	or note to any lin	ne in this Part VIII (A)	(B)	(C)	
							Total revenue	Related or exempt		Revenue excluded
								function revenue	business revenue	from tax under sections 512 - 514
SS	4	_	Endorated compaigns		1a					000110110 0 12 0 1 1
Contributions, Gifts, Grants and Other Similar Amounts	'		Federated campaigns Membership dues		1b					
<u>2</u> 5			Fundraising events		1c					
ifts ar A			Related organizations		1d					
3, ⊒is			Government grants (cont		1e	10,875,205.				
Sign			All other contributions, gifts,	•						
her		•	similar amounts not included		1f	255,349.				
혈		a	Noncash contributions included in		1g \$					
Sor		•	Total. Add lines 1a-1f				11,130,554.			
<u></u>		<u> </u>	Totali / lad iii loo Ta Ti			Business Code				
ø	,	а								
Program Service Revenue	-	b								
Ser		c								
an		d								
eg.		e								
P			All other program service	revenue						
			Total. Add lines 2a-2f							
	3		Investment income (inclu							
			other similar amounts)			>	496.			496.
	4		Income from investment							
	5 Royalties									
) Real	(ii) Personal				
	6	а	Gross rents	6a						
			Less: rental expenses	1 1						
		С	Rental income or (loss)	6c						
		d	Net rental income or (loss	s)						
	7	а	Gross amount from sales of	(i) S	ecurities	(ii) Other				
			assets other than inventory	7a						
		b	Less: cost or other basis							
ne			and sales expenses	7b						
Revenue		С	Gain or (loss)	7c						
æ		d	Net gain or (loss)		<u></u>	<u>,</u>				
her	8	а	Gross income from fundraisi	ing events (r	not					
ᅙ			including \$		of					
			contributions reported or	•						
			Part IV, line 18		8a					
			Less: direct expenses							
			Net income or (loss) from							
	9	а	Gross income from gamir	-						
		_	Part IV, line 19							
			Less: direct expenses							
			Net income or (loss) from			D				
	10	а	Gross sales of inventory,							
			and allowances							
			Less: cost of goods sold)				
		С	Net income or (loss) from	sales of in	ventory	.				
ns	١		MIGGELL ANDOUG DOVE			Business Code	616 001			C1C 001
Miscellaneous Revenue	11		MISCELLANEOUS REVEN	IUE		900099	616,091.			616,091.
lar ven		b								
Sce		С	All II							
Ξ			All other revenue				616 001			
	<u></u>		Total Add lines 11a-11d			_	616,091.	^	0	616 507
	12		Total revenue. See instruction	UIIS			11,747,141.	0.	0.	616,587.

032009 12-23-20

Form **990** (2020)

Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·	Ţ .	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
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,	265 000	214 505	F4 422	
	trustees, and key employees	365,920.	314,787.	51,133.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	F 466 016	4 700 000	762 004	
7	Other salaries and wages	5,466,816.	4,702,892.	763,924.	
8	Pension plan accruals and contributions (include	610 550	E2C 0C1	05 500	
	section 401(k) and 403(b) employer contributions)	612,559.	526,961.	85,598.	
9	Other employee benefits	442,188.	380,397.	61,791. 59,407.	
10	Payroll taxes	425,132.	365,725.	39,40/•	
11	Fees for services (nonemployees):				
a	Management	10 122		10 122	
b	Legal	48,433. 15,804.		48,433. 15,804.	
C	Accounting	15,004.		13,004.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	6,620.		6,620.	
	column (A) amount, list line 11g expenses on Sch O.)	12,370.		0,020.	12,370
12	Advertising and promotion	170,233.	146,445.	23,788.	12,570
13	Office expenses	170,233.	140,443.	23,700.	
14	Information technology				
15	Royalties	379,916.	314,750.	51,127.	14,039
16	Occupancy	1,245.	697.	548.	14,000
17	Travel	1,243.	057.	340.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	65,933.	65,933.		
20	Interest Payments to affiliates	00,000	05,555.		
21 22	Depreciation, depletion, and amortization	262,056.	138,136.	123,920.	
23		23,360.		23,360.	
23 24	Other expenses. Itemize expenses not covered	25,500.		20,000	
4 4	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) CONTRACTED TRANSPORTATI	777,596.	777,596.		
a	TECHNICAL SERVICES	593,105.	339,733.	253,372.	
b	CONTRACTED FOOD SERVICE	563,994.	563,994.	433,314.	
C C	PROGRAM SUPPLIES	393,405.	393,405.		
d		48,222.	30,223.	17,999.	
е 25	All other expenses	10,674,907.	9,061,674.	1,586,824.	26,409
<u>25</u> 26	Joint costs. Complete this line only if the organization	±0,0/±,00/•	J, UUI, U/I.	1,500,024.	20, 209
∠0	reported in column (B) joint costs from a combined				
	* * * *				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	12-23-20				Form 990 (2020

Form **990** (2020)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		4,690,940.	1	5,862,527	
	2	Savings and temporary cash investments			20,000.	2	20,000
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disquali	sons (as defined				
its		under section 4958(f)(1)), and persons describe	d in sec	tion 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,592,384.			
	b	Less: accumulated depreciation	10b	1,328,545.	3,449,928.	10c	3,263,839
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	3)	8,160,868.	16	9,146,366
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV o	of Schedule D		21	
es	22	Loans and other payables to any current or form	ner offic	er, director,			
≣		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the			1 565 500	22	4 4 5 5 4 6 5
_	23	Secured mortgages and notes payable to unrela			1,567,729.	23	1,477,125.
	24	Unsecured notes and loans payable to unrelate	d third p	parties		24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	17-24).	Complete Part X	10 604		14 400
		of Schedule D			10,624.		14,492.
	26	Total liabilities. Add lines 17 through 25			1,578,353.	26	1,491,617.
S		Organizations that follow FASB ASC 958, che	ck here	· Name of the state of the stat			
õ		and complete lines 27, 28, 32, and 33.			C E00 E1E		7 (54 740
ala	27	Net assets without donor restrictions			6,582,515.	27	7,654,749.
d B	28	Net assets with donor restrictions				28	
<u>.</u> 5		Organizations that do not follow FASB ASC 9	58, che	ck here ▶ ∟			
è		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or ed				30	
¥,	31	Retained earnings, endowment, accumulated in			6 E00 E1E	31	7 651 710
ž	32	Total net assets or fund balances			6,582,515.	32	7,654,749.
	33	Total liabilities and net assets/fund balances			8,160,868.	33	9,146,366.

Pa	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,74		
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,67		
3	Revenue less expenses. Subtract line 2 from line 1	3	1,07		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,58	<u>2,5</u>	<u> 15.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	7,65	4,7	<u>49.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Cash Other MODIFIE	D CASH	<u>i</u>		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			Х	
			Form	990	(2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization KC INTERNATIONAL ACADEMY Employer identification number **-***7605

Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.			
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	X	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4		A medical research organiz						the hospital's name		
•		city, and state:	anon operated in col	ijanotion with a moopital	GOOGIIDO			ino noopital o namo,		
5		An organization operated for	or the benefit of a co	llogo or university ewner	d or operat	tod by a g	overnmental unit describ	ood in		
3				nege of university owner	o opera	ted by a g	overnmentar unit descrit	Jeu III		
_		section 170(b)(1)(A)(iv). (C				.	()			
6	\vdash	A federal, state, or local gov	~							
7		An organization that norma		ntial part of its support f	rom a gov	ernmental	unit or from the general	public described in		
		section 170(b)(1)(A)(vi). (C								
8	Ш	A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Part	t II.)					
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or		
		university:								
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, membership fees, a	nd gross receipts from		
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more thar	n 33 1/3% of its support	from gross investment		
		income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a		vely to test for public sa	fety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3). (Check the box in		
		lines 12a through 12d that	•							
а		Type I. A supporting orga				•	, ,	v aivina		
		the supported organization	· · · · · · · · · · · · · · · · · · ·	•						
		organization. You must o								
b		Type II. A supporting org			tion with it	e sunnorti	ed organization(s) by ha	vina		
~		control or management o	•					•		
		organization(s). You mus			arrie perse	ons that oc	ontrol of manage the sup	ported		
_		Type III functionally inte	-		in connoc	tion with	and functionally intograt	ad with		
·		its supported organization					• •	ea with,		
d		Type III non-functionally		•				ization(a)		
u										
		that is not functionally int	-		-		-	iveriess		
		requirement (see instruct	•	-						
е		Check this box if the orga					ı Type I, Type II, Type III			
		functionally integrated, or	* *	nally integrated support	ng organiz	zation.				
f		r the number of supported o		-l						
<u>g</u>		ride the following information Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other		
	•	organization	(-,	(described on lines 1-10	in your governi Yes	ng document? No	support (see instructions)	support (see instructions)		
				above (see instructions))	100	140				
Fota										
ULC	41									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	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.						
Sec	ction B. Total Support						_
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the	· ·	irst, second, third	, fourth, or fifth tax	year as a section	501(c)(3)	. \square
0-	organization, check this box and stop						<u></u>
	ction C. Computation of Publ			. (5)		11	
	Public support percentage for 2020 (I					14	<u>%</u>
	Public support percentage from 2019						<u>%</u>
Iba	33 1/3% support test - 2020. If the containing and life is						
L	stop here. The organization qualifies						
U	33 1/3% support test - 2019. If the condition have						
170	and stop here. The organization qual 10% -facts-and-circumstances tes						
1 <i>1</i> a	and if the organization meets the fact						
	meets the facts-and-circumstances to		,	•		•	
h	10% -facts-and-circumstances tes	-		*		17a and line 15 is	
IJ	more, and if the organization meets the	-					10/0 01
	organization meets the facts-and-circle				-		
18	Private foundation. If the organization			•			ns
	ato roundation in the organization	did flot officer a	SON OF HITC TO, TO	σα, 100, 17α, 01 17			or 990-EZ) 2020
					2011		

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

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

Se	ction A. Public Support	, 1	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	. ,				, ,	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third.	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion.
		· ·		•			
Se	ction C. Computation of Publ						
	Public support percentage for 2020 (column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inve					1	,,
	Investment income percentage for 20					17	%
	Investment income percentage from					18	//
	a 33 1/3% support tests - 2020. If the						
.50	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2019. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** 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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
Ja		
3b		
3с		
- 50		
4a		
4b		
4c		
5а		
5b		
5c		
6		
7		
8		
8		
9a		
9b		
9с		
10a	1	
10b	,	
	990-F7	2020

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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 operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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 supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations		1	
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	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).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion 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 yea(see instructions)			
· a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations						
1									
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.						
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)					
1	Net short-term capital gain	1							
2	Recoveries of prior-year distributions	2							
3	Other gross income (see instructions)	3							
4	Add lines 1 through 3.	4							
5	Depreciation and depletion	5							
6	Portion of operating expenses paid or incurred for production or								
	collection of gross income or for management, conservation, or								
	maintenance of property held for production of income (see instructions)	6							
7	Other expenses (see instructions)	7							
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8							
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)					
1	Aggregate fair market value of all non-exempt-use assets (see								
	instructions for short tax year or assets held for part of year):								
а	Average monthly value of securities	1a							
b	Average monthly cash balances	1b							
c	Fair market value of other non-exempt-use assets	1c							
d	Total (add lines 1a, 1b, and 1c)	1d							
е	Discount claimed for blockage or other factors								
	(explain in detail in Part VI):								
2	Acquisition indebtedness applicable to non-exempt-use assets	2							
3	Subtract line 2 from line 1d.	3							
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,								
	see instructions).	4							
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5							
6	Multiply line 5 by 0.035.	6							
7	Recoveries of prior-year distributions	7							
8	Minimum Asset Amount (add line 7 to line 6)	8							
Sect	ion C - Distributable Amount			Current Year					
1	Adjusted net income for prior year (from Section A, line 8, column A)	1							
2	Enter 0.85 of line 1.	2							
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3							
4	Enter greater of line 2 or line 3.	4							
5	Income tax imposed in prior year	5							
6	Distributable Amount. Subtract line 5 from line 4, unless subject to								
	emergency temporary reduction (see instructions).	6							
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see					
	instructions).								

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	on D - Distributions		Current Year					
1	Amounts paid to supported organizations to accomplish exe	1						
2	Amounts paid to perform activity that directly furthers exempted	pt purposes of supported						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizatior	ns	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which t	he organization is responsive	e					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6			9				
<u>10</u>	Line 8 amount divided by line 9 amount	1		10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020			
1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2020							
a	From 2015							
b	From 2016							
c	From 2017							
d	From 2018							
e	From 2019							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2020 distributable amount							
i_	Carryover from 2015 not applied (see instructions)							
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from Section D,							
	line 7: \$							
	Applied to underdistributions of prior years							
	Applied to 2020 distributable amount							
c	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2020. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2021. Add lines 3j							
	and 4c.							

Schedule A (Form 990 or 990-EZ) 2020

8 Breakdown of line 7:
 a Excess from 2016
 b Excess from 2017
 c Excess from 2018
 d Excess from 2019
 e Excess from 2020

Dort VI	Commission of the control of the con
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.
	Conjunto 5, 0, and 6, and Fart V, Section E, lines 2, 3, and 6. Also complete this part for any additional information.
	(See instructions.)
_	
-	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

-*7605

2020

Name of the organization Employer identification number

KC INTERNATIONAL ACADEMY

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

KC INTERNATIONAL ACADEMY

-*7605

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KAUFFMAN FOUNDATION 4801 ROCKHILL RD KANSAS CITY, MO 64110	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SCHOOL SMART KC, INC 3105 GILLHAM RD #200 KANSAS CITY, MO 64109	\$ <u>178,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

KC INTERNATIONAL ACADEMY

-*7605

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - -	

Employer identification number

Name of organization

-*7605 KC INTERNATIONAL ACADEMY Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

KC INTERNATIONAL ACADEMY

Employer identification number **-***7605

Par	t I Organizations Maintaining Donor Advise	-	r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		'
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		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 a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose cor	nferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a h	istorically important land area
	Protection of natural habitat	Preservation of a co	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2 a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		l I
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	ganization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
•	> \$	470/bV	4)/D)/2)
8	Does each conservation easement reported on line 2(d) above the action 470(h)(4)(D)(iii)		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat	•	
	balance sheet, and include, if applicable, the text of the footi organization's accounting for conservation easements.	note to the organization's illiancial statements	s triat describes trie
Par		f Art. Historical Treasures, or Othe	er Similar Assets
	Complete if the organization answered "Yes" on Form		
12	If the organization elected, as permitted under FASB ASC 95		halanca sheet works
ıu	of art, historical treasures, or other similar assets held for pul	•	
	service, provide in Part XIII the text of the footnote to its fina	· · · · · · · · · · · · · · · · · · ·	crance or public
h	If the organization elected, as permitted under FASB ASC 95		ance sheet works of
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	o extraction, education, or recear on in runting of	ares or public corvices,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A	,	, 1
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2020

Pai	rt III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, o	r Other	Similar A	ssets(co	ntinued)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	m				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organizatio	n's exem	pt purpose in	Part XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, hi	storical trea	sures, or othe	er similar a	assets		_	_
	to be sold to raise funds rather than to be ma							Yes		<u> No</u>
Pai	rt IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered "	Yes" on F	orm 990, Par	t IV, line 9	, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other ass	sets not ir	ncluded			
	on Form 990, Part X?							Yes	; L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing 1	table:						
								Amo	unt	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or co	ustodial accol	unt liabilit	y?	Yes	; <u> </u>	No
	If "Yes," explain the arrangement in Part XIII.								L	
Pai	rt V Endowment Funds. Complete i		swered	"Yes" on Fo						
		(a) Current year	(b) P	rior year	(c) Two years	s back (c	i) Three years b	ack (e) F	our year	s back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c sho									
3а	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held a	nd administer	red for the	e organization			
	by:								Yes	No
	(i) Unrelated organizations							3a		
	• • • • • • • • • • • • • • • • • • • •									
b	If "Yes" on line 3a(ii), are the related organiza	· · · · · · · · · · · · · · · · · · ·						<u>3</u> 1)	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	rt VI Land, Buildings, and Equipm			, ,, ,, ,		D 1 1 1 1	40			
	Complete if the organization answere									
	Description of property	(a) Cost or o		` ′	or other		cumulated	(d) B	ook val	ue
		basis (investr	nent)	basis	(other)	depr	eciation		2 (200
	Land			2 60	3,000.	<i>C</i> .	19,936.	2 0	$\frac{3,0}{68,2}$	000.
	Buildings			3,08	8,164.	0.	13,330.	3,0	00,2	440.
	Leasehold improvements			0.0	1,220.	7	08,609.	1	02 (<u> </u>
	Equipment			90	1,440.	- /	00,009.		.92,6	111.
	Other		V - 1	(D) "	10-)			2 1	63,8	330
Iota	I. Add lines 1a through 1e. (Column (d) must e	quai Form 990, Part	x, colur	กก (<i>B), line</i> 1	UC.)			3 , 2		

(a) Description of security or category (including name of security)	(b) Book value	e 11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost or end-	of year market value
	(b) book value	(c) Method of Valuation. Cost of end-	-or-year market value
1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total . (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990, 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)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
	n Form 000 Port IV line	a 11d Sac Form 000 Part V line 15	
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	(h) Book value
Complete if the organization answered "Yes" o	n Form 990, Part IV, line escription	e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) D		e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) D (1) (2)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) D		e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) D (1) (2)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) D (1) (2) (3)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7)		e 11d. See Form 990, Part X, line 15.	(b) Book value
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	escription		(b) Book value
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)	escription		(b) Book value
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	escription 15.)	>	
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	escription 15.)	>	
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability	escription 15.)	>	
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes	escription 15.)	>	(b) Book value
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDINGS	escription 15.)	>	(b) Book value
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDINGS (3)	escription 15.)	>	(b) Book value
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDINGS (3) (4)	escription 15.)	>	(b) Book value
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDINGS (3) (4) (5)	escription 15.)	>	(b) Book value
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDINGS (3) (4) (5) (6)	escription 15.)	>	(b) Book value
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDINGS (3) (4) (5) (6) (7)	escription 15.)	>	
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDINGS (3) (4) (5) (6) (7) (8)	escription 15.)	>	(b) Book value
Complete if the organization answered "Yes" o (a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" o 1. (a) Description of liability (1) Federal income taxes (2) PAYROLL WITHHOLDINGS (3) (4) (5) (6) (7)	escription 15.) n Form 990, Part IV, line		(b) Book value

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X Schedule D (Form 990) 2020

Pai	t XI Reconciliation of Revenue per Audited Financial Stat		nue per Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line			11 7/7 1/1
1	Total revenue, gains, and other support per audited financial statements		1	11,747,141.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
а	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	11,747,141.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			11,747,141.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	-	enses per Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		<u>1</u>	10,674,907.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	10,674,907.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b	•	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.			10,674,907.
Pai	rt XIII Supplemental Information.			
Prov	ide 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,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			
PAI	RT X, LINE 2:			
THI	E ACADEMY IS EXEMPT FROM FEDERAL INCOME	TAX UNDER SE	ECTION 501	(C)(3) OF
-				
THI	E INTERNAL REVENUE CODE AND COMPARABLE S	STATE LAW AS	CHARITABL	E
OP	GANIZATIONS WHEREBY ONLY UNRELATED BUSIN	IEGG TNCOME	AC DEETNE	ח פע
•		•		
SEC	CTION 509(A)(2) OF THE CODE, IS SUBJECT	TO FEDERAL	INCOME TAX	. THE
ΔCZ	ADEMY CHRRENTLY HAS NO HNRELATED BUSINES	S TNCOME AC	CORDINGI.V	NO

(ASC 740-10-25). THE ACADEMY DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX PROVISIONS AND, ACCORDINGLY, THEY WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECORDED TAX BENEFITS. FOR THE YEAR ENDED JUNE 30, 2021,

PROVISION FOR INCOME TAXES HAS BEEN RECORDED. THE ACADEMY HAS ADOPTED

PROVISIONS OF FASB STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES

THERE WAS NO INTEREST OR PENALTIES RECORDED IN THE FINANCIAL STATEMENTS

Schedule D (Form 990) 2020	KC INTERNATIONAL ACADEMY	**-***7605 Page 5
Schedule D (Form 990) 2020 Part XIII Supplemental Inf	ormation (continued)	Ŭ
Саррістістат	ornation (continued)	
	·	

Schedule D (Form 990) 2020

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization KC INTERNATIONAL ACADEMY

Employer identification number **-**7605

<u> </u>	ırt I		YES	N
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Х	
	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	Х	
	Does the organization maintain the following?			
a	7, 7,	4a	X	_
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	4b	Х	
	with student admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	L
	Does the organization discriminate by race in any way with respect to:	_		١,
	Students' rights or privileges?	5a		2
b	Admissions policies?	5b		2
	Employment of faculty or administrative staff?	5c		2
	Scholarships or other financial assistance?	5d		2
	Educational policies?	5e		2
T	Use of facilities?	5f		2
		5g		2
g	Athletic programs?	Eh		_
g	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5h		
g	Other extracurricular activities?	5h		
g h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5h 6a	х	
g h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency?		х	2
g h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	6a	Х	2
g h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	2

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule E (Form 990 or 990-EZ) 2020

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID: KCIA RECEIVED GOVERMENT FUNDING FROM THE FOLLOWING IN FISCAL YEAR '21: LOCAL PROPOSITION C \$1,013,851 STATE 7,606,785 BASIC FORMULA TRANSPORTATION 97,912 BASIC FORMULA CLASSRM TRUST FUND 271,675 6,472 SCHOOL FOOD SERVICE (ST REIMB)& OTHER REV FEDERAL (MEDICAID, CARES, ETC - 612,061) SPECIAL ED PART B ENTITLEMENT CFDA 84.027A 130,459 CFDA 10.555 SCHOOL FOOD SERVICE (FED REIMB) 355,178 SCHOOL BREAKFAST CFDA 10.553 219,306 FRESH FRUITS & VEGETABLES CFDA 10.582 29,085 CFDA 84.010A 372,090 TITLE I TITLE IV CFDA 84.424A 23,600 TITLE III (IMMIGRANT / LEP) CFDA 84.365A 77,031 CFDA 84.367A 40,246 TITLE IIA CFDA 93.566 REFUGEE CHILDREN 19,454

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

KC INTERNATIONAL ACADEMY

Employer identification number **-***7605

A Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel	
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel	No
First-class or charter travel Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 1b 1d the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director, Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: A Receive a severance payment or change-of-control payment? 4 a B Participate in or receive payment from a supplemental nonqualified retirement plan? 4 b Participate in or receive payment from an equity-based compensation arrangement? 4 c If "Yes" to any of lines 4a ct, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 6 a The organization? 6 a The organization? 6 a Any related organization?	
Travel for companions	
Tax indemnification and gross-up payments	
Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee	
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant X Form 990 of other organizations 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? 4 Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 1 The organization? 5 Any related organization? 6 A Port persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 A Port persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 A Port persons listed organization?	
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Approval by the board or compensation condition arrangement? Ab Participate in or receive payment from an equity-based compensation arrangement? Ab Participate on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Approval by the board or compensation contingent on the net earnings of: The organization? Approval by the board or compensation contingent on the net earnings of: The organization?	
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Independent compensation consultant Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Approval by the board or compensation condition arrangement? Ab Participate in or receive payment from an equity-based compensation arrangement? Ab Participate on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: The organization? Approval by the board or compensation contingent on the net earnings of: The organization? Approval by the board or compensation contingent on the net earnings of: The organization?	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation committee Compensation committee Written employment contract Independent compensation consultant Written employment contract Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4 Dearticipate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from a supplemental nonqualified retirement plan? d If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5 Any related organization? 1 The organization? 5 Any related organization? 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 5 Any related organization? 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	
trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee	
Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study X Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? 4a	
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee	
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee	
establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant X Compensation survey or study X Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4a b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b c Participate in or receive payment from an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a b Any related organization? 6a b Any related organization? 6a b Any related organization? 6a	
Compensation committee Independent compensation consultant X Compensation survey or study X Form 990 of other organizations Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 5b Interpretation pay or accrue any compensation contingent on the net earnings of: a The organization? 6a	
Independent compensation consultant X Compensation survey or study Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 The organization? 6 The organization? 6 A D Any related organization?	
Approval by the board or compensation committee 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 The organization? 6 A DAPY related organization?	
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? dt ''Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? a The organization? f a The organization? a The organization? 6a 6b Any related organization?	
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? a The organization? 6a b Any related organization?	
organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a·c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? a The organization? 6a b Any related organization?	
a Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? a The organization? 6a b Any related organization?	
b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? a The organization? b Any related organization? 6a b Any related organization?	l
c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a b Any related organization? 6b	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a b Any related organization?	X
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 Any related organization? 6 Any related organization?	Х
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 Any related organization? 6 Any related organization?	
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6 Any related organization? 6 Any related organization?	
contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a b Any related organization?	
a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a b Any related organization? 6b	
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a b Any related organization? 6b	х
If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a b Any related organization? 6b	X
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a b Any related organization?	-25
contingent on the net earnings of: a The organization? b Any related organization? 6b	
a The organization? 6a b Any related organization? 6b	
b Any related organization? 6b	Х
	X
If "Yes" on line 6a or 6b, describe in Part III.	
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	
not described on lines 5 and 6? If "Yes," describe in Part III	х
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	
initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	Х
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	
Regulations section 53.4958-6(c)?	

032111 12-07-20

Schedule J (Form 990) 2020

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

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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	B) Breakdown of W-2 and/or 1099-MISC compensation		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) STEVE FLEMING	(i)	162,699.	0.	0.	19,488.	26,751.		
SUPERINTENDENT	(ii)	0.	0.	0.	0.	0.		0.
(2) DAVID LEONE	(i)	128,320.	0.	0.	15,225.	7,980.		0.
ASSISTANT SUPERINTENDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
COMPENSATION FOR EMPLOYEES IS DETERMINED BY COMPARABLE TAXABLE AND
TAX-EXEMPT ORGANIZATIONS

SCHEDULE O

Internal Revenue Service

(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.

2020 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

KC INTERNATIONAL ACADEMY

Employer identification number **-***7605

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EMPOWERING CHILDREN FROM ALL NATIONALITIES AND DIVERSE BACKGROUNDS,

GIVING THEM THE FOUNDATION THEY NEED TO ACHIEVE THE HIGHEST LEVEL OF

SUCCESS IN LIFE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE SUPERINTENDENT AND BOARD CHAIRMAN REVIEW THE 990 BEFORE IT IS SUBMITTED

FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING

BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH

PERSON:

- A) HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY
- B) HAS READ AND UNDERSTANDS THE POLICY,
- C) HAS AGREED TO COMPLY WITH THE POLICY, AND
- D) UNDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS
 FEDERAL TAX EXEMPTION, IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH
 ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION FOR EMPLOYEES IS DETERMINED BY COMPARABLE TAXABLE AND TAX-EXEMPT ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION PROVIDES THESE DOCUMENTS WHEN REQUESTED IN WRITING

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020