#### Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits">www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits</a>.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

	rations required to file an income toy return other than Eq		,	o DEMICO	and tructo				
All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.									
mast asc	Tom 7004 to request an extension of time to me meonic	c tax retur							
Type or	ype or Name of exempt organization or other filer, see instructions.  Taxpayer identification number (TIN)								
print									
File by the	FIRST STATE MILITARY ACADEM		45-067252	29					
due date for	Number, street, and room or suite no. If a P.O. box, se								
filing your return. See	355 W DUCK CREEK ROAD, PO B								
instructions.	City, town or post office, state, and ZIP code. For a fo CLAYTON, DE 19901	reign addı	ress, see instructions.						
Enter the	Return Code for the return that this application is for (file	a separat	te application for each return)			0 1			
Applicati	on	Return	Application			Return			
ls For		Code	Is For			Code			
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 990	-BL	02	Form 1041-A			08			
Form 472	0 (individual)	03	Form 4720 (other than individual)			09			
Form 990	-PF	04	Form 5227			10			
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990	-T (trust other than above)	06	Form 8870			12			
• The bo	THE ORGANIZATION books are in the care of $\blacktriangleright$ 355 W DUCK CREE		AD, PO BOX 888 - CI	AYTON	I, DE 1993	8			
	one No. ► $302-223-2150$		Fax No.						
	organization does not have an office or place of business					· 🗌			
	is for a Group Return, enter the organization's four digit C		mption Number (GEN) I	If this is fo	r the whole group,	check this			
box 🕨	. If it is for part of the group, check this box	and atta	ch a list with the names and TINs of	all member	ers the extension is	for.			
4 1	and the second of the second o	MAS	Y 16, 2022 , to file	- 41					
	quest an automatic 6-month extension of time until organization named above. The extension is for the orga			e the exem	ipt organization ret	urn for			
uie ▶[	calendar year or	ariizatiori s	return for.						
		an	d ending JUN 30, 2021						
		, an			<u> </u>				
2 If th	ne tax year entered in line 1 is for less than 12 months, ch	neck reaso	on: Initial return	Final retur	n				
	Change in accounting period								
3a If th	3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a \$								
any nonrefundable credits. See instructions.  3a \$									
	nis application is for Forms 990-PF, 990-T, 4720, or 6069					•			
	mated tax payments made. Include any prior year overpa			3b	\$	0.			
	ance due. Subtract line 3b from line 3a. Include your pa	•				0.			
usir	ng EFTPS (Electronic Federal Tax Payment System). See	ınstructio	ns.	3c	\$	<u> </u>			

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

## EXTENDED TO MAY 16, 2022

**Return of Organization Exempt From Income Tax** 

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

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

Department of the Treasury Internal Revenue Service

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

Α	For the	2020 calendar year, or tax year beginning $$ JUL $1,$ $2020$ and ending	<u>J</u> UN 30, 2021	
В	Check if applicable:	C Name of organization	D Employer identifi	cation number
Г	Address change	FIRST STATE MILITARY ACADEMY		
	Name change	Doing business as	45-06725	29
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s		
	Final return/	355 W DUCK CREEK ROAD, PO BOX 888	302-223-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gross receipts \$	7,272,088.
	Amende return	CLATION, DE 19901	H(a) Is this a group re	eturn
	Applica- tion	F Name and address of principal officer: SCOII KIDNER	for subordinates	? Yes X No
	pending	355 W DUCK CREEK ROAD, PO BOX 888, CLAYTON,	H(b) Are all subordinates in	ncluded? Yes No
<u>1</u>	Tax-exer	mpt status: X 501(c)(3) 501(c) ( )	527 If "No," attach a	list. See instructions
J	Website	: ► WWW.FIRSTSTATEMILITARYACADEMY.ORG	H(c) Group exemption	n number
K	orm of c	organization: X Corporation Trust Association Other Ly	rear of formation: 2011	M State of legal domicile: DE
Pa	art I	Summary		
	1 E	riefly describe the organization's mission or most significant activities: THE MISS	ION OF THE FI	RST STATE
ဦ	<u>N</u>	ILLITARY ACADEMY IS TO PROVIDE AN EDUCATION E	EXPERIENCE THA	T FOCUSES
Governance	2 0	check this box 🕨 🔲 if the organization discontinued its operations or disposed of m	nore than 25% of its net as	sets.
Ş	3 1	lumber of voting members of the governing body (Part VI, line 1a)	3	9
		lumber of independent voting members of the governing body (Part VI, line 1b)		9
οδ Ω	5 T	otal number of individuals employed in calendar year 2020 (Part V, line 2a)		0
itie	6 T	otal number of volunteers (estimate if necessary)		0
Activities &	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		0.
_<	bΝ	let unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
d)	8 0	Contributions and grants (Part VIII, line 1h)	6,332,141.	7,168,395.
ň	9 F	Program service revenue (Part VIII, line 2g)	165,333.	82,135.
Revenue	10 Ir	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	37,149.	21,558.
ď	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,534,623.	7,272,088.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	1	lenefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	<b>15</b> S	salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,263,330.	6,048,316.
Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ē	. вт	otal fundraising expenses (Part IX, column (D), line 25)		
ũ	<b>17</b> C	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,029,986.	2,118,361.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,293,316.	8,166,677.
	19 F	levenue less expenses. Subtract line 18 from line 12	-758,693.	-894,589.
20.0	9		Beginning of Current Year	End of Year
Net Assets	<b>20</b> T	otal assets (Part X, line 16)	12,682,234.	14,894,990.
ASS	21 T	otal liabilities (Part X, line 26)	19,417,938.	22,525,283.
Sel	<b>22</b> N	let assets or fund balances. Subtract line 21 from line 20	-6,735,704.	-7,630,293.
Pa	art II	Signature Block		
Und	er penalt	ies of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, 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 prep	arer has any knowledge.	
Sig	n	Signature of officer	Date	
Hei	·e	SCOTT KIDNER, CHAIRMAN		
		Type or print name and title	Ta	
		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pai	i [1	TIMOTHY SAWYER CPA TIMOTHY SAWYER CPA	05/06/22 self-employ	
		Firm's name BARBACANE THORNTON & COMPANY LLP	Firm's EIN ▶	51-0229493
Use	Only	Firm's address ► SUITE 100, 503 CARR ROAD		
		WILMINGTON, DE 19810-4866	Phone no. 30	2-478-8940
Ma	v the IRS	S discuss this return with the preparer shown above? See instructions		Yes No

Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:  THE MISSION OF THE FIRST STATE MILITARY ACADEMY IS TO PROVIDE AN
	EDUCATION EXPERIENCE THAT FOCUSES ON THE INTELLECTUAL, PHYSICAL, AND
	EMOTIONAL GROWTH OF THE CHILD. OUR SCHOOL WILL PROVIDE A STRUCTED
	LEARNING EVIRONMENT AND A STRONG CULTURE OF ACADEMIC RIGOUR, MILITARY
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 7,151,771. including grants of \$) (Revenue \$82,135.) THE PURPOSE OF THE ORGANIZATION IS THE OPERATION OF THE CHARTER SCHOOL
	KNOWN AS FIRST STATE MILITARY ACADEMY.
4h	
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 7,151,771.

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# Form 990 (2020) FIRST STATE MILITARY 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)?		v	
_	If "Yes," complete Schedule A	1	X	v
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	_		, , ,
	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			٠,,
	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			
	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? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	X	
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	3			
	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		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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			1,7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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,	ا		-
40	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	ا مد ا		-
46	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X
20a		20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		- v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X

Part IV   Checklist of Required Schedules (co	ontinued)
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			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		X
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			
	Schedule J	23	X	
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			
		24a		x
h	Schedule K. If "No," go to line 25a	24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C	, , , , , , , , , , , , , , , , , , , ,	040		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		X
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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		х
h	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? <i>If</i>			
·	·	28c		x
20	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29	• •	29		1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
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			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
	,		Yes	No
1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 50	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b  0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
	Ganzing/ withings to prize withers:	I IC		

(2020) FIRST STATE MILITARY ACADEMY

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

		_		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	0							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		_				
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a 3b		X				
	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		_		v				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X				
D	If "Yes," enter the name of the foreign country  See instructions for filling requirements for Fig.CFN Form 114. Benefit of Foreign Book and Financial Associate (FRAR)	— I							
5a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	F	5a		Х				
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		-						
	any contributions that were not tax deductible as charitable contributions?	- 1	6a		х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	·····							
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pa	yor?	7a		Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	L	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	L	7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	_							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 <del>f</del> 7g		X				
	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?	7h						
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	F	8						
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.		•						
а	Did the sponsoring organization make any taxable distributions under section 4966?	r	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	·····	9b						
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
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:								
а	Gross income from members or shareholders 11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	-							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	-	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	$\dashv$							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	- 1	10-						
а	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.		13a						
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
b	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand 13c	$\neg$							
14a			14a		Х				
	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?	L	15		Х				
	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?	L	16		X				
	If "Yes," complete Form 4720, Schedule O.								

Page 6 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			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
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		X
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		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	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			
	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	Х	
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?			
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
<u> </u>	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
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 only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X 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, and	tinan	cial	
	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 - 302-223-2150 355 W DUCK CREEK ROAD PO BOX 888 CLAYTON DE 19938			

# 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.

Check this box if neither the organiza	tion nor any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Position heck more than one			one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an officer and a director/trustee)			is both	n an	compensation	compensation	amount of
	week	_		a a a	l colo	T	100)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	or d	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	nstee.	trus		99	ubeu		(44-2/1099-141130)		and related
	below	dual t	tiona	_	oldu	st cor	<u></u>			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PATRICK GALLUCCI	40.00									
COMMANDANT				Х				124,615.	0.	38,955.
(2) SCOTT KIDNER	1.00									
BOARD PRESIDENT		Х		Х				0.	0.	0.
(3) CHRISTOPHER MARTIN	1.00	l								
BOARD MEMBER	1 00	Х						0.	0.	0.
(4) JIM BERG	1.00	١.,								
BOARD MEMBER	1 00	X						0.	0.	0.
(5) KEVIN YENCER	1.00	X						0.	0.	0.
BOARD MEMBER  (6) REGGIE CAPITAN	1.00	^				┢		0.	0.	U •
BOARD MEMBER	1.00	X						0.	0.	0.
(7) LESLIE STAPLEFORD	1.00	125				$\vdash$		•	•	· •
BOARD MEMBER		x						0.	0.	0.
(8) KATHERINE STARK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) VERITY WATSON	1.00									
BOARD MEMBER		X						0.	0.	0.
(10) LT. COL. LEN GRATTERI	1.00	l								
BOARD MEMBER	1 00	X				_		0.	0.	0.
(11) HANS REIGLE	1.00	٠,							_	
BOARD MEMBER		X				-		0.	0.	0.
		1								
						$\vdash$				
		i								
		-								
		-								
		L								
										000

032007 12-23-20 Form **990** (2020)

ı aı	T VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	st C	•				<b>(5</b> )	
	(A)	(B)			Pos	C) ition	า		(D)	(E)		_	(F)	
	Name and title	Average hours per		not c	heck i	more	than		Reportable compensation	Reportable compensation			timate nount	
		week					is botl or/trus		from	from related			other	OI .
		(list any	tor						the	organization			pensa	tion
		hours for	direc				- - -		organization	(W-2/1099-MIS		l	om the	
		related	tee or	stee			nsate		(W-2/1099-MISC)	•	,	org	anizati	ion
		organizations	trus	nal tri		oyee	om of					and	d relate	ed
		below	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
		line)	pul	lus	₩	Key	훈등	P.						
			4											
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			1											
1b	Subtotal							<u> </u>	124,615.		0.	3	8,9!	55.
	Total from continuation sheets to Part VI							•	0.		0.			0.
	Total (add lines 1b and 1c)							<b>•</b>	124,615.		0.	3	8,9!	55.
2	Total number of individuals (including but n							o re	eceived more than \$100,	000 of reportable	 }			
	compensation from the organization									•				1
													Yes	No
3	Did the organization list any former officer	, director, trust	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	oyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the su	um of reportab	e cc	mpe	ensa	tion	and	oth	ner compensation from t	ne organization				
	and related organizations greater than \$150	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	Х	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." con	nplete Schedul	e J f	or su	ıch <u>ı</u>	oers	son					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than \$	100,000 of comp	oensa <sup>1</sup>	tion fro	om	
	the organization. Report compensation for	the calendar y	ear e	endir	ng w	ith c	or wi	thin		ear.				
	(A)			~~	_				(B)		_	(C		_
	Name and business	address	N	INC	<u> </u>			_	Description of s	ervices		Comper	isatioi	-
								$\dashv$						
								$\dashv$						
								$\dashv$						
								$\dashv$						
2	Total number of independent contractors (i	ncluding but n	ot lir	niter	d to	thos	se lie	ted	above) who received mo	ore than				
-	\$100,000 of compensation from the organi		J. III			(	_		22010, MIO 1000IVOG III	5 (1)(1)				
	+ . 55,555 5. Sompondation from the organi					<u> </u>							000	_

		(2020) FIRST STATE MI  Statement of Revenue		45-0672	529 Pag	e <b>9</b>				
Part VIII Statement of Revenue  Check if Schedule O contains a response or note to any line in this Part VIII										
		Check if Schedule O contains a response or	note to any lin	e in this Part VIII	(B)	(C)	L (D)			
				Total revenue	Related or exempt	Unrelated	Revenue exclud	ded		
						business revenue	from tax unde			
							sections 512 -	514		
ats ats	1 a	Federated campaigns 1a								
ir our	b	Membership dues 1b								
S, G	С	Fundraising events1c								
E F	d	Related organizations1d								
s, ( mil	е	Government grants (contributions) 1e 7, 1	<u>.68,395.</u>							
ion	f	All other contributions, gifts, grants, and								
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above 1f								
DE:	g	Noncash contributions included in lines 1a-1f 1g \$								
a C	h	Total. Add lines 1a-1f		7,168,395.						
			Business Code							
يو	2 a	FOOD SERVICE	611110	50,638.	50,638.					
Ş	b	SCHOOL PROGRAMS	611110	31,497.	31,497.					
Ser	С									
E S	d									
Program Service Revenue	е									
Pr		All other program service revenue								
		Total. Add lines 2a-2f	<b></b>	82,135.						
	3	Investment income (including dividends, interest		,						
		other similar amounts)		21,558.			21,55	8.		
	4	Income from investment of tax-exempt bond pro					-			
	5	Royalties								
		(i) Real	(ii) Personal							
	6 a	Gross rents 6a								
	b	Less: rental expenses 6b								
		Rental income or (loss) 6c								
	d	Net rental income or (loss)								
	7 a	Gross amount from sales of (i) Securities	(ii) Other							
		assets other than inventory <b>7a</b>								
	b	Less: cost or other basis								
ne		and sales expenses <b>7b</b>								
venue	С	Gain or (loss) <b>7c</b>								
Be	d	Net gain or (loss)	<b>&gt;</b>							
Other	8 a	Gross income from fundraising events (not								
₹		including \$ of								
		contributions reported on line 1c). See								
		Part IV, line 188a								
	b	Less: direct expenses8b								
	С	Net income or (loss) from fundraising events	<b></b>					_		
	9 a	Gross income from gaming activities. See								
		Part IV, line 19 9a								
		Less: direct expenses 9b								
		Net income or (loss) from gaming activities	<b>)</b>					_		
	10 a	Gross sales of inventory, less returns								
		and allowances 10a								
		Less: cost of goods sold 10b								
	С	Net income or (loss) from sales of inventory	<b>_</b>							
S		<u> </u>	Business Code							
Miscellaneous Revenue	11 a									
llar	b									
Sce	q	All other revenue								
Ξ	·	Total. Add lines 11a-11d	<b>&gt;</b>							
	12	Total ravanua Saa instructions		7.272.088.	82 135.	0 -	21 55	Ω		

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B)
Program service
expenses (**D**) Fundraising expenses (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 152,088. 133,187. 18,901. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 2,842,527. 2,489,275. 353,252. 7 Pension plan accruals and contributions (include 850,237. 744,575. 105,662. section 401(k) and 403(b) employer contributions) 1,749,573. 1,997,854. 248,281. Other employee benefits 9 205,610. 180,058. 25,552. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 20,625. 18,062. 2,563. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 54,551. 438,957. 384,406. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 39,064. 34,209. 4,855. Office expenses 13 Information technology 14 15 Royalties 60,385. 68,954. 8,569. 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 186,643. 163,448. 23,195. 20 Payments to affiliates 21 330,439 289,374. 41,065. Depreciation, depletion, and amortization 22 52,920. 46,343. 6,577. 23 Other expenses. Itemize expenses not covered 24 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 O.) 627,805. 549,785. 78,020. STUDENT TRANSPORTATION INSTRUCTIONAL SUPPLIES 219,925. 192,594. 27,331. 68,580. 60,057. 8,523. OTHER SUPPLIES d REPAIRS AND MAINTENANCE 64,449. 56,440. 8,009. e All other expenses 8,166,677. 7,151,771. 1,014,906. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2020)

Part X | Balance Sheet

ı a	1 L A	Dalatice Stieet					
		Check if Schedule O contains a response or note	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,316,277.	1	2,255,670.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	7,128.	4	11,614.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	-	· ·		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
			10a	7,097,831.			
	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10b	1,774,648.	5,580,103.	10c	5,323,183.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			5,778,726.	15	7,304,523.
	16	Total assets. Add lines 1 through 15 (must equa			12,682,234.	16	14,894,990.
	17	Accounts payable and accrued expenses		645,577.	17	682,021.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
S	22	Loans and other payables to any current or form	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, substa	antial d	contributor, or 35%			
iabi		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrelate	ted thi	rd parties	6,847,254.	23	6,734,779.
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	11 005 105		45 400 400
		of Schedule D			11,925,107.		15,108,483.
	26	Total liabilities. Add lines 17 through 25		. $\Box$	19,417,938.	26	22,525,283.
G		Organizations that follow FASB ASC 958, chec	ck her	e ▶			
ဥ		and complete lines 27, 28, 32, and 33.					
alar	27					27	
Ä	28			<b>. .</b>		28	
Ĕ		Organizations that do not follow FASB ASC 95	58, che	eck here 🕨 🔼			
ř		and complete lines 29 through 33.			0	-00	0
ţ	29	Capital stock or trust principal, or current funds			0.	29	0.
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq				30	
λA	31	Retained earnings, endowment, accumulated inc			-6,735,704.	31	-7,630,293.
ž	32	Total net assets or fund balances			-6,735,704. 12,682,234.	32	-7,630,293. 14,894,990.
	33	Total liabilities and net assets/fund balances			14,004,434.	33	<u>                                    </u>

Form **990** (2020)

Pa	rt XI 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	7	, 27	2,0	88.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	,16	6,6	<u>77.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		-89	4,5	<u>89.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-6	,73	5,7	04.
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	,63	0,2	93.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.				
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	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis Consolidated basis X 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	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule C	).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	dit			
	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	ed aud	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

#### **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 FIRST STATE MILITARY ACADEMY

Employer identification number 45-0672529

rtι	Reason for Public C	inarity Status.	(All organizations must o	complete th	nis part.) S	ee instructions.			
organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)				
$\bigcap$	A church, convention of chu	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).			
X	· · · · · · · · · · · · · · · · · · ·								
П									
H	•					•	the hospital's name		
ш									
		or the benefit of a col	lege or university owned	d or operat	ed by a go	vernmental unit describe	ed in		
	•		,		, 5				
			nental unit described in	section 17	70(b)(1)(A)	(v).			
一							oublic described in		
	-	•	mai pai tot no capport			anni or morm uno gomeran i			
			1VAVvi) (Complete Par	+ 11 \					
H					nd in conju	unction with a land grant	collogo		
	•				-	-	•		
	•	rant college of agrici	ulture (see instructions).	Enter the i	iame, city	, and state of the college	e Or		
	· · · · · · · · · · · · · · · · · · ·	Illy receives (1) more	than 33 1/3% of its sunr	ort from c	ontribution	ns membershin fees and	d gross receipts from		
		•	· ·			= =	-		
			(less section of reak) in	oni busines	ses acquii	red by the organization a	aitei Julie 30, 1973.		
	` ' ' ' '	•	volv to toot for public on	foty Coo	naction E(	)(/a)/4)			
H	•	•	•	•			nurnasas of one or		
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		-					DIRECK THE DOX III		
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		•		•	-				
	• • • •			i majority C	i tile direc	iors or trustees or the st	аррогинд		
	¬ ~	-		tion with it	a cupporto	nd organization(s) by bay	ina		
		•					-		
				ame perso	iis iiiai coi	ntiol of manage the supp	Jorted		
	¬ · · ·			in connect	ion with a	and functionally integrate	ad with		
						• •	ou with,		
	¬ ''						zation(s)		
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Ente			,						
			d organization(s).						
(	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of monetary	(vi) Amount of other		
	organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
	organ  X X	organization is not a private found A church, convention of chi X A school described in secti A hospital or a cooperative A medical research organizative, and state: An organization operated for section 170(b)(1)(A)(iv). (Co. A federal, state, or local government of the section 170(b)(1)(A)(vi). (Co. A community trust described an agricultural research organization that normal section 170(b)(1)(A)(vi). (Co. A community trust described an agricultural research organizative related to its exemple income and unrelated busing See section 509(a)(2). (Co. An organization organized and more publicly supported organization organization organized and the supported organization. You must organization. You must organization. You must organization(s). You must organization(s). You must organization(s). You must organization organization. Type III functionally interequirement (see instructionally interequirement (see instructionally interequirement (see instructionally interequirement (see instructionally interequirement of supported organization organization.)  Enter the number of supported organization organization.	organization is not a private foundation because it is: ( A church, convention of churches, or association  A school described in section 170(b)(1)(A)(ii). ( A hospital or a cooperative hospital service orgated A medical research organization operated in corricity, and state:  An organization operated for the benefit of a colescetion 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or government an organization that normally receives a substant section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)( An agricultural research organization described or university or a non-land-grant college of agriculturies related to its exempt functions, subject income and unrelated business taxable income See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusing more publicly supported organizations described lines 12a through 12d that describes the type of the supported organization operated, since the supported organization operated, since the supported organization supervised control or management of the supporting organization. You must complete Part IV, See Type II. A supporting organization supervised control or management of the supporting organization(s). You must complete Part IV, See Type III functionally integrated. A supporting its supported organization(s) (see instructions). Type III non-functionally integrated. The organization chance in the organization received a very functionally integrated, or Type III non-functionally integrated. The organization chance in the organization received a very functionally integrated, or Type III non-functionally integrated. The organization alout the supported functionally integrated, or Type III non-function integrated organizations.  Provide the following information about the supported (ii) EIN	organization is not a private foundation because it is: (For lines 1 through 12, c  A church, convention of churches, or association of churches described  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iv). (Complete Part II.)  A medical research organization operated in conjunction with a hospital city, and state:  An organization operated for the benefit of a college or university owned section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in An organization that normally receives a substantial part of its support for section 170(b)(1)(A)(vi). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(or university or a non-land-grant college of agriculture (see instructions). university:  An organization that normally receives (1) more than 33 1/3% of its supportive income and unrelated business taxable income (less section 511 tax) from See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public sations and unrelated business taxable income (less section 509(a)(1) (Insection 509(a)(2)). (Complete Part III.)  An organization organized and operated exclusively for the benefit of, to more publicly supported organizations described in section 509(a)(1) (Insection 509(a)(1)) (Insection 509(a)(1	organization is not a private foundation because it is: (For lines 1 through 12, check only:  A church, convention of churches, or association of churches described in sectio  A hospital or a cooperative hospital service organization described in section 170  A medical research organization operated in conjunction with a hospital described city, and state:  An organization operated for the benefit of a college or university owned or operate section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 17  An organization that normally receives a substantial part of its support from a gove section 170(b)(1)(A)(iv). (Complete Part III.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(iv) operate or university or a non-land-grant college of agriculture (see instructions). Enter the runiversity:  An organization that normally receives (1) more than 33 1/3% of its support from cativities related to its exempt functions, subject to certain exceptions; and (2) no income and unrelated business taxable income (less section 511 tax) from business see section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See and an organization organized and operated exclusively for the benefit of, to perform that the supporting organizations described in section 509(a)(1) or section in section organization operated in connect its supported organization organization organization organization operated in connect its supported organization integrated. A su	organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)  A church, convention of churches, or association of churches described in section 170(b)(1 X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(ii). A medical research organization operated in conjunction with a hospital described in section ity, and state:  An organization operated for the benefit of a college or university owned or operated by a go section 170(b)(1)(A)(iv). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(iv). (Complete Part III.)  An organization that normally receives a substantial part of its support from a governmental section 170(b)(1)(A)(vi). (Complete Part III.)  An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjuor university or a non-land-grant college of agriculture (see instructions). Enter the name, city university:  An organization that normally receives (1) more than 33 1/3% of its support from contribution activities related to its exempt functions, subject to certain exceptions; and (2) no more than income and unrelated business taxable income (less section 511 tax) from businesses acqui See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(2). lines 12a through 12d that describes the type of supporting organization and complete lines  Type II. A supporting organization operated, supervised, or controlled by its supported organization supervised or controlled in connection with its supported organization. You must complete Part IV, Sections A and B.  Type III. A supporting organization supervised or controlled in connection with its supported organization generated. A supporting organization operated in connection with a its supported organization support	organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)  A church, convention of churches, or association of churches described in section 170(b)(1)A(ii).  A school described in section 170(b)(1)A(iii), (Attach Schedule E (Form 990 or 990 cept.)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).  A medical research organization operated for a college or university owned or operated by a governmental unit describe section 170(b)(1)(A)(iii). (Complete Part II.)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  An organization that normally receives a substantial part of its support from a governmental unit or from the general section 170(b)(1)(A)(v). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(v). (Complete Part II.)  A an agricultural research organization described in section 170(b)(1)(A)(x), operated in conjunction with a land-grant or university:  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, an activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support in income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization see section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). (Inse 12 through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.  Type I. A supporting organization operated, supervised,		

### 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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</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	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, t	ourth, or fifth tax	year as a section 5	01(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
	ction C. Computation of Publi						
	Public support percentage for 2020 (li		•	* * * * * * * * * * * * * * * * * * * *		14	<u>%</u>
	Public support percentage from 2019					15	<u>%</u>
16a	33 1/3% support test - 2020. If the c						
	stop here. The organization qualifies	. ,	J				
b	33 1/3% support test - 2019. If the c						
4-	and <b>stop here.</b> The organization quali	•	• •				
1/a	10% -facts-and-circumstances test						
	and if the organization meets the facts		•	-	•	· ·	▶ □
	meets the facts-and-circumstances te	•		,			
b	10% -facts-and-circumstances test						10% Or
	more, and if the organization meets the		•		•		▶ □
40	organization meets the facts-and-circu				•		
ΙŎ	Private foundation. If the organizatio	n ula not check a	nox on line 13, 16	a, 100, 1/a, 0r 1/b	o, check this box a	nu see instructions	<b>_</b>

# 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.)

Sec	ction A. Public Support	now, please comp	Diete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						,,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business 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						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organizatio	on,
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi						
	Public support percentage for 2020 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2020. If the						/ is not
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2019. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	▶ ☐
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	t <b>op here.</b> The orga	ınization qualifies a	as a publicly suppo	orted organization	▶∐
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	<b>&gt;</b>

#### 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		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5с		<u> </u>
6		
7		
8		
9a		
9b		
_		
9c		
10a		
10b		

Par	TIV   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			
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported	1		
	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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			
	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			
	· · · · · · · · · · · · · · · · · · ·	3		
Sec	supported organizations played in this regard. 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 year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
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.

3b

Part v	Type III Non-Functionally integrated 509(a)(3) Suppor	ting Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a quality	fying trust on N	lov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations m	ust complete S	Sections A through E.	
Section A	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Ne	t short-term capital gain	1		
<b>2</b> Re	coveries of prior-year distributions	2		
3 Oth	ner gross income (see instructions)	3		
<b>4</b> Ad	d lines 1 through 3.	4		
<b>5</b> De	preciation and depletion	5		
	rtion of operating expenses paid or incurred for production or			
	lection of gross income or for management, conservation, or			
	intenance of property held for production of income (see instructions)	6		
	ner expenses (see instructions)	7		
	justed Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Ag	gregate fair market value of all non-exempt-use assets (see			
ins	tructions for short tax year or assets held for part of year):			
a Ave	erage monthly value of securities	1a		
<b>b</b> Ave	erage monthly cash balances	1b		
<b>c</b> Fai	r market value of other non-exempt-use assets	1c		
d To	tal (add lines 1a, 1b, and 1c)	1d		
e Dis	scount claimed for blockage or other factors			
(ex	olain in detail in Part VI):			
<b>2</b> Ac	quisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> Sul	btract line 2 from line 1d.	3		
4 Ca	sh deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see	e instructions).	4		
<b>5</b> Ne	t value of non-exempt-use assets (subtract line 4 from line 3)	5		
<b>6</b> Mu	Itiply line 5 by 0.035.	6		
<b>7</b> Re	coveries of prior-year distributions	7		
8 Mii	nimum Asset Amount (add line 7 to line 6)	8		
Section (	C - Distributable Amount			Current Year
<b>1</b> Ad	iusted net income for prior year (from Section A, line 8, column A)	1		
	ter 0.85 of line 1.	2		
3 Mir	nimum asset amount for prior year (from Section B, line 8, column A)	3		
	ter greater of line 2 or line 3.	4		
	ome tax imposed in prior year	5		
	stributable Amount. Subtract line 5 from line 4, unless subject to			
	ergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Par	t V Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	ınizations <sub>(continue</sub>	ed)	
Secti	on D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	s	3	
	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.			6	
	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
	and a direction and a second	(i)	(ii)		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2020	s	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				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
ī	Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2020, if				
•	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
	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.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
<u>        e                            </u>	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

Schedule A	(Form 990 or 990-EZ) 2020 FIRST STATE MILITARY ACADEMY	45-06/2529	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	and 2; Part IV, Section 0 , Section B, line 1e; Part	C, V,

### **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

FIRST STATE MILITARY ACADEMY

**Employer identification number** 45-0672529

Par	t I Organizations Maintaining Donor Advise	d Funds or Othe	er Similar Fund	s or Accounts. Complete if the	
	organization answered "Yes" on Form 990, Part IV, lin				
		(a) Donor ac	dvised 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 v	~			¬
•	are the organization's property, subject to the organization's				No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor o	•		e conferring Yes	¬
Par	impermissible private benefit?  t II Conservation Easements. Complete if the org				No
1	Purpose(s) of conservation easements held by the organization			, rarry, more	
·	Preservation of land for public use (for example, recrea	•	· <u>**</u>	of a historically important land area	
	Protection of natural habitat			of a certified historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation co	ntribution in the forn	n of a conservation easement on the las	st
	day of the tax year.			Held at the End of the Tax	
а	Total number of conservation easements			2a	
b					
С	Number of conservation easements on a certified historic stru	ucture included in (a	)	2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and no	ot on a historic struc	ture	
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rel				
	year ▶				
4	Number of states where property subject to conservation eas	sement is located 🕨		_	
5	Does the organization have a written policy regarding the per	riodic monitoring, ins	spection, handling o	f	
	violations, and enforcement of the conservation easements it	t holds?		Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	s, and enforcing co	nservation easements during the year	
	<b></b>				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, an	d enforcing conserv	ration easements during the year	
	<b>▶</b> \$				
8	Does each conservation easement reported on line 2(d) abov	*			٦
_	and section 170(h)(4)(B)(ii)?				No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footr	note to the organizat	ion's financial stater	nents that describes the	
Par	organization's accounting for conservation easements.  † III   Organizations Maintaining Collections of	Art Historical	Treasures or C	Other Similar Assets	
· u	Complete if the organization answered "Yes" on Form			Titler Cillinar 7,000tor	
	If the organization elected, as permitted under FASB ASC 95			and balance sheet works	
	of art, historical treasures, or other similar assets held for put	•			
	service, provide in Part XIII the text of the footnote to its finar	•	ŕ	•	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rev	renue statement and	balance sheet works of	
	art, historical treasures, or other similar assets held for public	· ·			
	provide the following amounts relating to these items:	,			
	(i) Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$	
				<b>L</b> A	
2	If the organization received or held works of art, historical treation				
	the following amounts required to be reported under FASB A				
а	Revenue included on Form 990, Part VIII, line 1			<b>&gt;</b> \$	
b	Assets included in Form 990, Part X			<b>&gt;</b> \$	

Par	t III Organizations Maintaining Co	ollections of Art	t, Hist	orical Tre	easures, o	r Other	Similar	Assets	(continu	ıed)
3	Using the organization's acquisition, accessic								,	,
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е								
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how th	ey further th	ne organizatio	n's exem	pt purpos	se in Part	XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma							$\square$	Yes	☐ No
Par	t IV Escrow and Custodial Arrang					'Yes" on F	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par			Ü				,	•	
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for o	contribution	s or other ass	sets not in	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a								_	
									Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance						1f			
	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.						,			
Par							D.			
	·	(a) Current year		rior year	(c) Two yea		<b>d)</b> Three y	ears back	(e) Four v	ears back
1a	Beginning of year balance	(2) 2 2 2 ) 22	(-7:	<b>,</b>	(-) )	,			(-,	
b	Contributions									
c	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
Ū	and programs									
f	Administrative expenses									
g g	End of year balance									
2	Provide the estimated percentage of the curre	ent vear end halance	line 10	r column (a	)) held as:				1	
a	Board designated or quasi-endowment	one your one balance	% %	y, coluitiii (a	)) 1101d do.					
b	Permanent endowment	%	_′°							
	· -									
·	The percentages on lines 2a, 2b, and 2c shou									
32	Are there endowment funds not in the posses	•	tion tha	t are held ar	nd administer	ed for the	organiza	tion		
oa	by:	ssion of the organiza	illori tria	t are ricid ar	ia aariiiiiistoi	ca for the	, organiza	ition	Г	res No
	(i) Unrelated organizations								3a(i)	103 110
	(ii) Related organizations								3a(ii)	
h	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	ed on S	chedule R2					3b	
4	Describe in Part XIII the intended uses of the								00	
	t VI Land, Buildings, and Equipme		WITIOTICI	ariao.						
	Complete if the organization answered		Part IV	/ line 11a S	See Form 990	Part X li	ine 10			
	Description of property	(a) Cost or o			or other		cumulate	nd l	(d) Book	value
	bescription of property	basis (investn			(other)		reciation		(u) DOOK	value
10	Land	,			4,290.	236			9.4	,290.
	Land Buildings				9,638.	7	87,03	38.	4,872	
	Buildings			3,03	-,000.		3.,00		_, \ , \ \	,
	Equipment			1.34	3,903.	9	87,61	10.	356	,293.
	Other			_,_,	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3.,01		330	,
	. Add lines 1a through 1e. (Column (d) must ed	uual Form 000 Part	V oolun	n /D) line 1	00.)				5.323	,183.

Scriedule D	(FUIII 990) 2020	-
D - 1 1/11	1	OII.

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			lafora an manda ta d
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	a-ot-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"	on Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX   Other Assets.			
Complete if the organization answered "Yes"	on Form 990 Part IV lin	e 11d See Form 990 Part X line 15	
	Description	e Tra. dee Form 330, Fart X, line 13.	(b) Book value
(1) DEFERRED OUTFLOWS RELATED	•		1,119,872.
(2) DEFERRED OUTFLOWS RELATED			6,084,651.
(3) CONSTRUCTION IN PROGRESS			100,000.
(4)			,
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 15.)	<b>&gt;</b>	7,304,523.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes (2) PENSION LIABLITY			1,619,820.
			7,055.
(4) OPEB LIABILITY	<u> </u>		11,711,185.
(5) DEFERRED INFLOWS OF RESOUR	RCES -		11,711,103.
(6) OPEB	NCLD		1,484,091.
(7) DEFERRED INFLOWS OF RESOUR	RCES -		
(8) PENSION			286,332.
(9)			22,222
Total. (Column (b) must equal Form 990. Part X. col. (B) line	e 25.)	<b>&gt;</b>	15,108,483.
2. Liability for uncertain tax positions. In Part XIII, provide	,		

Paı	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	e per Return.	,,-
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	7,272,088.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	7,272,088.
4	Amounts included on Form 990, Part VIII, line 12, 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 revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.	)	5	7,272,088.
Pa	rt XII Reconciliation of Expenses per Audited Financial St		ses per Return	•
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		
1	Total expenses and losses per audited financial statements		1	8,166,677.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	8,166,677.
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 <b>4a</b> and <b>4b</b>		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1	8.)	5	8,166,677.
Pa	rt XIII Supplemental Information.			
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and $\epsilon$	4; Part IV, lines 1b and 2b; P	art V, line 4; Part X	, line 2; Part XI,
nes	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional information.		

## PART X, LINE 2:

THE ACADEMY IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, THEREFORE, HAS NO PROVISION FOR FEDERAL INCOME TAXES. THE ACADEMY QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2). THE ACADEMY DID NOT ENGAGE IN ANY UNRELATED BUSINESS ACTIVITIES DURING THE FISCAL YEAR. MANAGEMENT BELIEVES IT IS MORE LIKELY THAN NOT THAT ITS TAX-EXEMPT STATUS AND TAX POSITIONS WILL BE SUSTAINED IF EXAMINED BY AUTHORITIES.

Schedule D	(Form 990) 2020 Supplemental Infor	FIRST S	TATE	MILITARY	ACADEMY	45-0672529	Page 5
Part XIII	Supplemental Infor	mation <sub>(contil</sub>	nued)				

#### **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.

FIRST STATE MILITARY ACADEMY

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** 45-0672529

#### Part I YES NO 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? Х 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, Х catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 3 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 X 3 community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II THE SCHOOL PUBLICIZES ITS NONDISCRIMINATION POLICY ON THEIR EMAILS, ON ITS WEBSITE, AND ON OTHER PUBLISHED COMMUNCATIONS. Does the organization maintain the following? Х a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Х **b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing X with student admissions, programs, and scholarships? 4c X d Copies of all material used by the organization or on its behalf to solicit contributions? 4d If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: X a Students' rights or privileges? Х Admissions policies? 5b Employment of faculty or administrative staff? Scholarships or other financial assistance? 5d Х Educational policies? f Use of facilities? 5f Х g Athletic programs? 5g Х Other extracurricular activities? 5h If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Х 6a Does the organization receive any financial aid or assistance from a governmental agency? **b** Has the organization's right to such aid ever been revoked or suspended? Х If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

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

Schedule E (Form 990 or 990-EZ) 2020

### 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.

Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

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

FIRST STATE MILITARY ACADEMY

Employer identification number 45-0672529

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	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 Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	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		
	, , , , , , , , , , , , , , , , , , , ,			
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 ☐ Compensation survey or study			
	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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	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	7		X
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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	. !	1

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

Schedule J (Form 990) 2020

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

FIRST STATE MILITARY ACADEMY

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	3C 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	(D)·(j)(B)	in column (B) reported as deferred on prior Form 990
(1) PATRICK GALLUCCI	€	124,615.	0	0	0	38,955.	163,570.	0
CONTRACTOR		•						
	Ξ:							
	≘≘							
	(ii)							
	€ (							
	≣ ∈							
	€							
	(i)							
	(ii)							
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032112 12-07-20							Schedu	Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FIRST STATE MILITARY ACADEMY

**Employer identification number** 45-0672529

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ON THE INTELLECTUAL, PHYSICAL, AND EMOTIONAL GROWTH OF THE CHILD. OUR
SCHOOL WILL PROVIDE A STRUCTED LEARNING EVIRONMENT AND A STRONG CULTURE
OF ACADEMIC RIGOUR, MILITARY DISCIPLINE, CITIZENSHIP, AND LEADERSHIP,
AND THE APPLICATION OF STRONG MORAL VALUES. GRADUATES WILL DEVELOP
RESPECT FOR THEMSELVES, THOSE ON WHOM THEY DEPEND, AND THOSE THAT
DEPEND ON THEM, ENSURING SUCCESSFUL ENTRY INTO ADULT LIFE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DISCIPLINE, CITIZENSHIP, AND LEADERSHIP, AND THE APPLICATION OF STRONG
MORAL VALUES. GRADUATES WILL DEVELOP RESPECT FOR THEMSELVES, THOSE ON
WHOM THEY DEPEND, AND THOSE THAT DEPEND ON THEM, ENSURING SUCCESSFUL
ENTRY INTO ADULT LIFE.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS REVIEWED AND APPROVED BY THE BOARD PRIOR TO ITS FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
BOARD MEMBERS ARE ASKED TO DISCLOSE ANY CONFLICT OF INTEREST ON AN ANNUAL
BASIS.
FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD OF DIRECTORS DETERMINE COMPENSATION FOR THE ORGANIZATION'S TOP
MANAGEMENT OFFICIALS.

Name of the organization  FIRST STATE MILITARY ACADEMY		identificat 067252	tion number
THE ORGANIZATION WILL MAKE FORM 990 UPON REQUEST. ADDITIO	NALLY,	FORM	990
WILL BE AVAILABLE ON GUIDESTAR.ORG.			
FORM 990, PART VI, SECTION C, LINE 19:			
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERE	ST POL	ICY, A	AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQU	JEST.		
PART XII LINE 2C			
PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.			