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PUBLIC DISCLOSURE COPY

** PUBLIC DISCLOSURE COPY **													
	Ω	<b>nn</b> Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047									
For	n <b>Y</b>	90 Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		» <b>2016</b>									
Depa	rtment	of the Treasury Do not enter social security numbers on this form as it n	ay be made public.	Open to Public									
Interr	nal Reve	enue Service Information about Form 990 and its instructions is at www		Inspection									
AF	or th	e 2016 calendar year, or tax year beginning $ { m JUL}1,2016$ and ending	JUN 30, 2017										
B c	heck if pplicab	C Name of organization	D Employer identifica	tion number									
Change MONUMENT ACADEMY, INC.													
	Name Chang	ge Doing business as	46-36	62061									
	Initial return	Number and street (or P.U. box if mail is not delivered to street address) Room/s											
	Final return termir	n	202-5	45-3180									
	ated Amen	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	6,132,335.									
		WASHINGION, DC 20002	<b>H(a)</b> Is this a group retu										
	tion pendi	F Name and address of principal officer: EMILLI BLOOMFIELD		Yes X No									
	-	SAME AS C ABOVE	H(b) Are all subordinates inclu										
		$xempt$ status: $X$ 501(c)(3) $501(c)$ ( ) $\P$ (insert no.) $4947(a)(1)$ or $additiese bigstarting and a status of the second status of the secon$		t. (see instructions)									
			H(c) Group exemption ( fear of formation: 2015 M S										
	art I			State of legal domicile. DC									
ГС		Briefly describe the organization's mission or most significant activities: TO PROVI	סידארוות אייר										
Activities & Governance	1	PARTICULARLY THOSE WHO HAVE HAD OR MIGHT HAV	TE CONTACT WITH	тне									
nar	2	Check this box $\blacktriangleright$ if the organization discontinued its operations or disposed of											
ver				13									
õ		Number of independent voting members of the governing body (i art Vi, inte Ta)		13									
80 80		Total number of individuals employed in calendar year 2016 (Part V, line 2a)	······	92									
/itie		Total number of volunteers (estimate if necessary)		38									
ctiv		Total unrelated business revenue from Part VIII, column (C), line 12		0.									
4		Net unrelated business taxable income from Form 990-T, line 34		0.									
			Prior Year	Current Year									
ē	8	Contributions and grants (Part VIII, line 1h)	1,051,509.	1,699,018.									
Revenue	9	Program service revenue (Part VIII, line 2g)	2,250,741.	4,432,667.									
Sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.									
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1,255.	0.									
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,300,995.	6,131,685.									
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.									
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.									
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,665,775.	3,587,702.									
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 84,515.	22,500.	0.									
Ц.				1 954 965									
-		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,078,417.	1,854,965.									
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,766,692. 534,303.	5,442,667.									
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12	· · · · · · · · · · · · · · · · · · ·	689,018.									
Net Assets or Fund Balances			Beginning of Current Year 827,767.	End of Year 2,301,531.									
Asse Bala	20	Total assets (Part X, line 16)	80,794.	865,540.									
let ∕ ind	21	Total liabilities (Part X, line 26)	746,973.	1,435,991.									
	22 art II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	1 1 1 0 , 3 1 3 •	т, <del>т</del> о,уут•									
		alties of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of mv k	nowledge and belief, it is									

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer       Date         EMILY BLOOMFIELD, FOUNDER/CEO       Type or print name and title											
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN								
Paid	DAVID JONES			self-employed P01361002								
Preparer		& MCQUADE, P.A.		Firm's EIN 52-1853933								
Use Only	Firm's address 10500 LITTLE PAT	UXENT PARKWAY, STE77	0									
	COLUMBIA, MD 210	44		Phone no. $410 - 884 - 0220$								
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)		X Yes No								
632001 11-1	11-16 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form <b>990</b> (2016)								
~												

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2016) MONUMENT ACADEMY, INC.	46-3662061	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: TO PROVIDE STUDENTS, PARTICULARLY THOSE WHO HAVE HAD OR	MIGHT HAVE	
	CONTACT WITH THE FOSTER CARE SYSTEM, WITH THE REQUISITE		
	SOCIAL, EMOTIONAL, AND LIFE SKILLS TO BE SUCCESSFUL IN		
	CAREER, AND COMMUNITY, AND TO CREATE AN OUTSTANDING SCH		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?		XNo
	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?		XNo
3	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	s massured by expense	c .
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth		
	revenue, if any, for each program service reported.	ers, the total expenses,	anu
4a		ue \$ 4,432,	667.
чa	MONUMENT ACADEMY'S PROGRAMS INCLUDE A DAYTIME SCHOOL PR		
	INVOLVES EDUCATING STUDENTS AND ENRICHMENT ACTIVITIES,		
	RESIDENTIAL PROGRAM, WHICH INVOLVES HOUSING STUDENTS FR		
	EVENING THROUGH FRIDAY.	on bondin	
41-			
4b	(Code:) (Expenses \$ including grants of \$) (Reven	iue \$	)
_			
4c	(Code:) (Expenses \$ including grants of \$) (Reven	iue \$	)
4 -1	Other pression convises (Deservice in Selecture O)		
4d	Other program services (Describe in Schedule O.)	١	
4.	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses ►     4,662,786.	)	
<u>4e</u>	Total program service expenses 4,662,786.	(	<b>990</b> (2016)
0005		Form	2016)
63200	<sup>22</sup> 11-11-16 <b>2</b>		
320	423 793927 17545 2016.05070 MONUMENT ACADEMY, IN	NC. 175	45 1

Form 990 (2016)

MONUMENT ACADEMY, INC.

Pa	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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			
	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		х
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		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13	л	x
14a	, , , , , , , , , , , , , , , , , , , ,	14a	ļ	<u> </u>
a	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			
		146		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
13	foreign organization report on Part IX, column (A), line 3, more than \$5,000 or grants or other assistance to or for any 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			<u> </u>
10	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,			<u> </u>
.,	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		L	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		x

Form **990** (2016)

632003 11-11-16

Form	aan	(2016)
FOILI	990	(2010)

MONUMENT ACADEMY, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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			37
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
zJa	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	254		
	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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		_ A
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	KINA A RAAMAA A A A A A A A A A A A A A A A	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	01		
UL.	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		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	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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?			<u>.</u> _
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		х	
	Note, All Form 990 filers are required to complete Schedule O	38	$\Lambda$	1

Form **990** (2016)

632004 11-11-16

Part U         Statements Regarding Other IRS Filings and Tax Compliance           Check K Schedule O contains a response or note to any line in the Part V         Image: Check K Schedule O contains a response or note to any line in the Part V         Image: Check K Schedule O contains a response or note to any line in the Part V           Image: Check K Schedule O contains a response or note to any line in the Part V         Image: Check K Schedule O contains a response or note to any line in the Part V           Image: Check K Schedule O contains a response or note to any line in the Part V         Image: Check K Schedule O contains C K A Response O Contains C K A Response O Contains C K A Response O Form W 3, Transmitta of Wage and Tax Statements, Image: Check B V K Res Response O Form W 3, Transmitta O Wage and Tax Statements, Image: Check B V K Res Response O Form W 3, Transmitta O Wage and Tax Statements, Image: Check B V K Res Response O Form W 3, Transmitta O Wage and Tax Statements, Image: Check B V K Res Response O Form W 3, Transmitta O Wage and Tax Statements, Image: Check B V K Res Response O Form W 3, Transmitta O Wage and Tax Statements, Image: Check B V K Res Response O Form W 3, Transmitta O Wage and Tax Statements, Image: Check B V K Res Res Response O Form W 3, Transmitta O Wage and Tax Statements, Image: Check B V K Res Res Response O Form W 3, Transmitta O Wage and Tax Statement S Res Res Response O Form W 3, Transmitta O Wage and Tax Statement S Res	Form	990 (2016) MONUMENT ACADEMY, INC. 46-3662	061	Р	age 5
a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable       1s       30         b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable       1s       0         c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamining) withinoiding rules for reportable payments to vendors and reportable gamining (gamining) withinoiding rules for reportable payments to vendors and reportable gamining (gamining) withinoiding rules for reportable payments to vendors and reportable gamining (gamining) withinoiding rules for reportable payments to vendors and reportable gamining (gamining) withinoiding rules for reportable payments to vendors and reportable gamining (gamining) withinoiding rules for report during the relation of the relation of the organization for the save of the organization for report during the year?       2b       X         3a Did the organization have unrelated basiness gross income of \$1,000 or more during the year?       3a       X         3b II "Yes," near the name of the foreign country. ENC to the <i>bag</i> , provide an explanation in Schedule OC       3b       X         3a With equinization for fling requestions for fling country. ENC to the bag of the organization in a second country. EVAs, the appoint of the inserval thas or is a pay to a prohibited tax schedure the account, or other functional accountry.       5a       X         5a With a prohibited tax schedure the associant a specific bag and Financial Accounts (FBAF).       5a       X         5a With appoint of the upparticit on that wear is a patry to a prohibited tax schedure thearsocian schedure t	Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
1a         Enter the number operated in Sor3 of Form 1006. Enter of I not applicable         1a         30           b         Enter the number of Forms W 26 included in the 1a. Enter of I not applicable         1b         0           2         Enter the number of employees reported on Form W3, Transmitta of Wage and Tax Statements.         2a         92           2         Enter the number of employees reported on Form W3, Transmitta of Wage and Tax Statements.         2a         92           3         Enter the number of employees reported on Form W3, Transmitta of Wage and Tax Statements.         2a         92           3         Enter the number of employees reported on Form W3, Transmitta of Wage and Tax Statements.         2a         92           8         If t datas of the same of the 2A, did the organization file all required tedrafile amployment tax returns?         3a         X           8         Did the organization have an interest in, or a signature or other authorty over, a financial account year.         3a         X           9         If Yes, 'to all point optication as park to a prohibited tax shelter transaction?         5a         X           5a         Data organization have enulag rose receipts that are organization have an unal gross receipts that are compatible to the sate organization have enulag rose receipts that are compatible to the authorty over, a financial account y:         5a         X           5a         X <td< th=""><th></th><th>Check if Schedule O contains a response or note to any line in this Part V</th><th></th><th></th><th></th></td<>		Check if Schedule O contains a response or note to any line in this Part V			
b       Enter the number of Forms W-02 included in line 16. Enter 0-4 in on applicable       Int       Int<				Yes	No
b Enter the number of Forms W22 included in line 1a. Enter 0- if not applicable       10	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   30			
c       Dot the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamiling) winnings to prace winners?       ic       X         2a       Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return.       2a       92       X         2b       If at less to is reported on ites, duit the expanzitation file all requires federal employment tax returns?       2a       X         b       If a the site on the 3, duit the expanzitation file all requires federal employment tax returns?       3a       X         b       Thes, "hast filed a form 90.7 for this year? If No, 'to line 3b, provide an explanation in Schedule O       3b       4a         c       Did the organization have annual pross receiving 13 Lobo or more during the calendar year, did the organization have an interest in, or a signature or other autophoto yer, a financial accountly for the reginalization have number of this regularization have the organization have number of the organization have annual gross receiving 14 Lobo as whater transaction?       6a       X         b       Did any contributions file for ground gross received 51 Sing tay thas a submit show and financial accountly?       6a       X         c       H*s, 'to line 6a or 5b, did the organization have near submatch in the submatch and the organization form 140.8 (potter that an or transaction and the submatch and the organization for the as and a submatch antestect on rindutions or gifts were not tax deductible asc					
Ignabling/winnings to prize winners?       1c       X         2a       Enter the number of employes reported on from W3. Transmittal of Wage and Tax Statements.       2a       92         b       If at least one is reported on line 2a, did the organization lis all required fedral employment tax returns?       2a       92         b       If at least one is reported on line 2a, did the organization lis all required fedral employment tax returns?       2a       X         a)       Did the organization have unsetted business gross income of \$1.000 or more during the year?       3a       X         b       If 'Yes,' is the life a Form 900 For this year?       3a       X         b       If 'Yes,' is the life a Form 900 For this year?       3a       X         b       If 'Yes,' is the life a Form 900 Form 114, Paport of Foreign Bark and Financial account; (FBAR).       5a       X         b       If Yes,' is the foreign on year is a bark account; securities account, or other transaction?       5a       X         c       If Yes,' is did the organization file from 808-17.       5a       X         b       Did any taxable party notify the organization in Eom 808-17.       5a       X         c       If Yes,' id did the organization in Eom 808-17.       5a       X         c       If Yes,' id did the organization in Eom 808-17.       5a       X <t< th=""><th></th><th></th><th></th><th></th><th></th></t<>					
2a       Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.       2a       92         b       If at least one is reported on line 2a, did the organization file all required to 4-file (see Instructions)       3a       X         Note. If the sum of lines 1a and 2a is greater than 250, you may be required to 4-file (see Instructions)       3a       X         b       If "Yes," has if field a form 980-T for this year? If 'Ne,' to line 3b, provide an explanation in Schedule O       3a       X         b       If "Yes," has if field a form 980-T for this year? If 'Ne,' to line 3b, provide an explanation in Schedule O       3a       X         b       If 'Yes,' that the foreign country (such as a bank account, securities account, or other financial account)?       4a       X         b       If 'Yes,' to line 5a or 5b, did the organization have party to a problet dat swheter transaction?       5a       X         c       Dod any table part notify the organization the 886? T       5a       X         d       Tyes,' to line 5a or 5b, did the organization have party to a problet dat swheter transaction?       5a       X         d       If 'Yes,' to line 5a or 5b, did the organization are party to a problet dat swheter transaction?       5b       X         f       Tyes,' toline 5a or 5b, did the organization are party to a problet dat swheter transaction?       5b       X         f       <			1c	Х	
tied for the calendar year ending with or within the year covered by this return     2a     92       b If at least one is reported on line 2.a, did the organization line at linequied foderal employment tar returns?     2b     X       3a Did the organization have unrelated business gross income of \$1,000 or more during the year?     3a     X       3b If 1*%s, 'has filed a Form Sol Tor this year?     3a     X       4a At any time during the calendar year, did the organization have an interest h, or a signature or other authority over, a financial account is oreing ocurb, (b)     3a     X       5 are instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     5a     X       5 are instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     5a     X       5 are instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).     5a     X       6 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelar transaction?     5c     X       6 Did any taxable party notify the organization and the form 88867?     5a     X       7 Did any taxable party notify the organization and party tar a prohibited tax shelar transaction?     5c     X       7 Bit "Yes," did the organization in all was or is a party to a prohibited tax shelar transaction?     5a     X       7 Did any taxable party notify the organization and party for goods and services pr	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1 and 2 as greater than 250, you may be required to <i>e</i> -file (see instructions)       3a         3a Did the organization have unrelated business gross norme of \$1,000 or more during the year?       3a         4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; ≥       3a         b If 'Yes, 'enter the name of the foreign country; ≥       5a       X         See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a       X       5a       X         b Did any taxable party notify the organization file Form 8867?       5a       X         6a       Ves, 'id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chartable contributions?       5a       X         b If 'Yes, 'id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       5a       X         b If 'Yes, 'id the organization notify the doro of the yeaker of the goods or services provided to the payrit?       7a       X         b If 'Yes, 'id the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       7a       X         b If 'Yes, 'id the organization ontify the doro or the value of the goods or services provided to the payr					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-fife (see instructions)         Image: See instructions 1         Image: S	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b       If Yes," has it field a Form 990-T for this year? If 'No," to line 3b, provide an explanation in Schedule 0       3b         4a       At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country: ▶       4a       X         b       If 'Yes," enter the name of the foreign country: ▶       -       -       -         See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).       5a       X         5a       Was the organization aprity to a prohibited tas shelter transaction at any time during the tax yea?       5a       X         5b       T Yes, '' to the organization infe Form 888617       5b       X         6a       X       11 'Yes, '' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?       6a       X         11 'Yes,'' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6a       X         11 'Yes,'' did the organization include with every solicitation an express provided?       7a       X         11 'Yes,'' did the organization include with every solicitation an express provided?       7a       X         12 'Yes,'' did the organization include with every solicitation an express statement thasuch contract?       7a		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other nancial account?       4a         b If "Yes," reture the name of the foreign county: >>       5a         See instructions for fling requirements for FInCEN Form 114, Report of Foreign Bank and Financial Account?       5b         Se instructions for fling requirements for FInCEN Form 114, Report of Foreign Bank and Financial Account?       5b       X         b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5c       5c         c If "Yes," to line 5a or 5b, did the organization file Form 88861?       5a       5c       5c         B Does the organization have annual gross eroight stat are normally greater than \$100,000, and did the organization solid any contributions include with every solicitation and express statement that such contributions or gifts       6b       7c         7 Organization stat may receive doubtible contributions under section 170(c).       7b       7c       7c         1 If "Yes," did the organization netwer solid 575 made parity as contribution and parity for godds and services provided to the paryorf       7c       X         1 If "Yes," did the organization ceve any funds, directly or indirectly, to pay prehiums, directly or indirectly, to pay prehiums on a personal benefit contract?       7c       X         1 If the organization neceve any funds, directly or indirectly, to pay prehiums on a personal benefit contract?       7d       X </th <th>3a</th> <th>Did the organization have unrelated business gross income of \$1,000 or more during the year?</th> <th>3a</th> <th></th> <th>Х</th>	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
financial account in a foreign country (such as a bank account, securities account, or other financial account)?     4a     X       b If "Yes," enter the name of the foreign country:	b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
b       If "Yes," enter the name of the foreign country:         See instructions for liling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).       5a         So Was the organization approximation that twas or is a party to a prohibited tax shelter transaction at any time during the tax year?       5a         D Id any taxable party notify the organization that twas or is a party to a prohibited tax shelter transaction?       5a       X         C       If "Yes," to line 5a or 5b, did the organization that twas or is a party to a prohibited tax shelter transaction?       5a       X         D Id be organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions and party for goods and services provided to the payor?       7a       X         D Id the organization needle appment in excess of \$75 made partly as a contribution and party for goods and services provided to the payor?       7a       X         D Id the organization needle appment in excess of \$75 made partly as a contribution or goods and services provided to the payor?       7b       7c       X         D Id the organization needle appment in excess of \$75 made partly as a contribution or goods and services provided?       7c       X         D Id the organization needle appment in excess of \$75 made partly as a contribution or goods and services provided?       7c       X         D Id the organization needle appment in excess of \$75 made partly as a contribution oregoods and services provide	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5c       X         5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that twas or contributions?       5c       X         5c If 'Yes,' tid the organization include with every solicitation an express statement that such contributions orgits were not tax deductible as charitable contributions?       6b       X         7 Organizations that may receive deductible contributions under section 170(c).       a bit the organization notity the door of the value of the goods or services provided to the payor?       7a       X         7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         9 If the organization receive a payment in excess business holdings at any the during the year?       7d       X         9 If the organization include don of a wise during the year?       7d       X         9 If the organization receive a payment in excess business holdings at any time during the year?       7d       X         9 If the organization neceive as the time of orms 8282 filed during th		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         6b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5c       C         7c       Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       6b       C         a Did the organization include with every solicitation an express tatement that such contributions or gifts were not tax deductible contributions under section 170(c).       7a       X         b Di 'Yes, 'did the organization notify the donor of the value of the goods or services provided?       7b       -         c Did the organization curves of size and promises of tangible personal property for which it was required to file Form 8282?       7c       X         f Did the organization curves any premiums, directly or indirectly, on a personal benefit contract?       7e       X         f Did the organization neceived a contribution of qualified intellectual property, did the organization file Form 8899 as require?       7h       X         f Did the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as require?       7h       X         f Did the	b	If "Yes," enter the name of the foreign country: ►			
b       Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       5b       X         c       If "Yes," to line 5a or 5b, did the organization file Form 8886-1?       5c       5c         G       Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       X         b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       6b         7       Organization statum ary receive deductible contributions under section 170(c).       7a       X         a       Did the organization notify the donor of the value of the goods or services provided?       7b       C         c       Did the organization neceive a payment in excess of \$75 made parity as contribution and parity for goods and services provided to the payor?       7c       X         d       If "Nes," indicate the number of Forms 8282 filed during the year       7d       7c       X         f       Did the organization neceived a contribution of qualified intelectual property, did the organization file Form 8899 as required?       7t       X         f       Did the organization meanization file form 6899 as required?       7t       X         f       Did the organization meave and taxa		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c       If Yes,* to line 5a of 5b, did the organization file Form 8886.17         Ge       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?       Ge       X         b       If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c).       Ge       X         a       Did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7a       X         d       If Yes,* did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         d       If Yes,* did the organization self, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If Yes,* indicate the number of Forms 8282 filed during the year       7d       Y       X         f       Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         f       Did the organization received a contribution of cars, boats, airplanes, or other vehices, did the organization file a Form 1089.02       7h       X         g       If the organization received a contribution of cars, boats, airplanes, oright were organiza	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		
Ga       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?       Ga       X         bit "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Gb       Gb         7       Organizations that may receive deductible contributions under section 170(c).       Gb       Gb       Gb         8       If "Yes," did the organization network a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         9       If "Yes," did the organization network apayment in excess of \$75 made partly as a contribution and partly for goods and services provided?       7b       Z         6       If "Yes," indicate the number of Forms 8282 filed during the year       Zd       <	b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
Ga       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?       Ga       X         bit "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Gb       Gb         7       Organizations that may receive deductible contributions under section 170(c).       Gb       Gb       Gb         8       If "Yes," did the organization networks apyment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         bit the organization networks apymentine excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7b       Z         c       Did the organization networks apymentines dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       Zd       Zd       Yd       X         g       If the organization network a contribution of qualified intellectual property, did the organization files Form 8899 as required?       Yd       X         g       If the organization make and trabuk distributions under section 4966?       9a       Did the sponsoring organization make and trabuk distributions under section 4966?       9a       Did the sponsoring organization mak	с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
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).       6b         a       Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c       Did the organization off forms 2822 filed during the year       7d       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d       7d       7d         d       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         f       Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7d       7d         f       Sponsoring organization make any taxable distribution sunder section 4966?       9a	6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
were not tax deductible?     6b       7     Organizations that may receive deductible contribution sunder section 170(c).     0       a) Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?     7a     X       b) If "Yes," did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided?     7b     7a     X       c) Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?     7c     X       d) If "Yes," indicate the number of Forms 8282 filed during the year     7d     7c     X       f) Did the organization receive any funds, directly or indirectly, on a personal benefit contract?     7r     X       f) If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?     7h     X       g) If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?     7h     X       g) Sponsoring organizations maintaining donor advised funds.     8     9     9a     9b       g) Did the sponsoring organization make any taxable distributions under section 4966?     9a     9a     9b       g) Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised oreceives against amounts due or received		any contributions that were not tax deductible as charitable contributions?	6a		Х
7       Organizations that may receive deductible contributions under section 170(c).       a) bit the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7d       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d       7d       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       2d       7d       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization receive a contribution of qualified intellectual property, did the organization file a Form 1098.C?       7h       X         f       H the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098.C?       7h       X         f       Did the sponsoring organization make and taxable distributions under section 4966?       9a       9a       9a       9a       9a       9b       9a       9b       9a       9a       9b       10a       10a       10a       10a       10a       10a       10a       10a       10a	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?       7a       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       7c       X         c Did the organization notify the donor of the value of the goods or services provided?       7c       7c       X         d If "Yes," did the organization notify the donor of the value of the goods or services provided?       7d       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7n       X         8 Sponsoring organization make access business holdings at any time during the year?       9a       9a       9a         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9a         10 the sponsoring organization make a distribution to a donor, donor advised, ror related person?       9b       9a       9a <th></th> <th>were not tax deductible?</th> <th>6b</th> <th></th> <th></th>		were not tax deductible?	6b		
b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7f       X         8       Sponsoring organizations maintaining donor advised funds.       Did the sponsoring organization make any taxable distributions under section 4966?       8a         9       Sponsoring organizations maintaining donor advised funds.       10a       10a         10       the sponsoring organizations included on Part VIII, line 12       10a       10a         11       Section 501(c)(7) organizations. Enter:       10a       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b       10b         12	7	Organizations that may receive deductible contributions under section 170(c).			
c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       [7d]       7e       X         f       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization receive a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         f       If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8       Sponsoring organizations maintaining donor advised funds.       0       7g       7h       X         9       Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b       9c       9b       9c       9b       9c       9b       9c	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7d         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7g         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?       7g       7h       X         g Sponsoring organization maintaining donor advised funds.       0d donor advised fund subscript year?       8       9         9 Sponsoring organization make any taxable distributions under section 49667       9a       9a       9b       9a         9 Section 501(c)(7) organizations. Enter:       10a       10a <th>b</th> <th>If "Yes," did the organization notify the donor of the value of the goods or services provided?</th> <th>7b</th> <th></th> <th></th>	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
d If "Yes," indicate the number of Forms 8282 filed during the year       7d       7e       X         e 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?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7h         8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9 Sponsoring organizations make any taxable distributions under section 4966?       9a       9a       9a         10 the sponsoring organizations. Enter:       a lnitation fees and capital contributions included on Part VIII, line 12       10a       10b       9b         11 Section 501(c)(7) organizations. Enter:       a Gross income from members or shareholders       11a       10b       11a       12a         12 Section 501(c)(2) organizations. Enter:       11b       12a       12a       13a         13 Section 501(c)(2) qualified nonprofit health insurance issuers.       11a       12a       12a       12a         14 Section 501(c)(2) qualified nonprofit health insurance issuers.       13a       13a       1	с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
e 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?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8 Sponsoring organization make any taxable distributions under section 40/sed fund maintained by the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9a       9a         9 Did the sponsoring organizations. Enter:       10a       10a       9a       9b         10 Section 501(c)(7) organizations. Enter:       10a       10b       10b       10b         11 Section 501(c)(12) organizations. Enter:       10a       10b       10b       11b       12a         12 Section 501(c)(12) organizations. Enter:       11a       10a       12a       12a       12a         13 Gross income from members or shareholders       11b       11b       12a       12a       12a         14 Firstion file a prantization licensed to issue qualified health plans in more than one state?       12a       13a       13a </th <th></th> <th>to file Form 8282?</th> <th>7c</th> <th></th> <th>Х</th>		to file Form 8282?	7c		Х
f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7g         h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a         9       Did the sponsoring organizations. Enter:       10a       9a       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b       10b       10a         11       Section 501(c)(12) organizations. Enter:       10a       10b	d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
In the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g         If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         If the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         If the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         If the organization neceived a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         If the organization have excess business holdings at any time during the year?       8         9 Sponsoring organization make any taxable distributions under section 4966?       9a         Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10 Section 501(c)(7) organizations. Enter:       10a       10b         a Initiation fees and capital contributions included on Part VIII, line 12, for public use of club facilities       11a       10b         11 Section 501(c)(12) organizations. Enter:       11a       11b       11b       12a         b Gross income from members or shareholders       11a       11b       12a       12a       12a       12a       12a       12a       12a       12a	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
h       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h         8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organization make any taxable distributions under section 4966?       9a         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       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.)       112a         12a       Initiation files Porm 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization for advised health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves on hand       13a         c       Enter the amount of reserves on hand       13a	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         9       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       11a         b       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.)       11b         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13a         c       Enter the amount of reserves on hand       13a       13a	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10b       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         cross income from members or shareholders       11a       10b       10b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13a         Inter the amount of reserves the organization is required to maintain by the states in which the organization is licensed t	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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a Did the sponsoring organization make any taxable distributions under section 4966? 9a   b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b   10 Section 501(c)(7) organizations. Enter: 10a   a Initiation fees and capital contributions included on Part VIII, line 12 10a   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: 10a   a 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.) 11b   12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a   b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b   13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a   a Is the organization licensed to issue qualified health plans in more than one state? 13a   Note. See the instructions for additional information the organization must report on Schedule O. 13b   b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b   c Enter the amount of reserves on hand 13b 13c		sponsoring organization have excess business holdings at any time during the year?	8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b   10 Section 501(c)(7) organizations. Enter:   a Initiation fees and capital contributions included on Part VIII, line 12   b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   10 Section 501(c)(12) organizations. Enter:   a Gross income from members or shareholders   b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   11a 11b   12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   13 Section 501(c)(29) qualified nonprofit health insurance issuers.   a Is the organization licensed to issue qualified health plans in more than one state?   Note. See the instructions for additional information the organization must report on Schedule O.   b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   c Enter the amount of reserves on hand	9	Sponsoring organizations maintaining donor advised funds.			
10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       10b         a       Gross income from members or shareholders       11a       11b       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         13a       C       C       13a       13a       13a         14       D       D       13a       13a       13a       13a         15       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13a       13a	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10a         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       a       10b       11a       10b         a       Gross income from members or shareholders       11a       11a       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       14       14       14	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
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:       11a         a       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.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c	10				
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b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13b       13b       13b         c       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       13b       13c					
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12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13b       13c	b				
b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c					
13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       Enter the amount of reserves on hand       13c			12a		
a Is the organization licensed to issue qualified health plans in more than one state?       13a         Note. See the instructions for additional information the organization must report on Schedule O.       13a         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c					
Note. See the instructions for additional information the organization must report on Schedule O.         b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans         c Enter the amount of reserves on hand			46		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c Enter the amount of reserves on hand       13c	а	-	13a		
organization is licensed to issue qualified health plans     13b       c Enter the amount of reserves on hand     13c					
c Enter the amount of reserves on hand	b				
	_				
14a Did the organization receive any payments for indoor tanning services during the tax year?			44-		v
					- 17
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<u>a</u>	in res, has it lieu a roinn 720 to report these payments (in ivo, provide an explanation in Schedule O		900	(2016)

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Form 9	90 (2	016)
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MONUMENT ACADEMY, INC.

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI										
Sec	tion A. Governing Body and Management										
	Enter the number of voting members of the governing body at the end of the tax year 13	2	Yes								
та		2									
	If there are material differences in voting rights among members of the governing body, or if the governing			L							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Enter the number of voting members included in line 1a, above, who are independent 15 13	2		l							
		2		l							
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		ł							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		l							
	of officers, directors, or trustees, or key employees to a management company or other person?										
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		ļ							
6	Did the organization have members or stockholders?	6	X	ļ							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			l							
	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			l							
	persons other than the governing body?	7b									
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			T							
а	The governing body?	8a	X	1							
b	Each committee with authority to act on behalf of the governing body?	8b	X	t							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			t							
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		I							
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	I							
0a	Did the organization have local chapters, branches, or affiliates?	10a		t							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			t							
2	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		I							
1-	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	ł							
				ł							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-	x	ł							
	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	<u> </u>	┦							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			I							
	in Schedule O how this was done	12c	X	ļ							
13	Did the organization have a written whistleblower policy?	13	X	ļ							
14	Did the organization have a written document retention and destruction policy?	14	X	ļ							
15	Did the process for determining compensation of the following persons include a review and approval by independent			I							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a									
b	Other officers or key employees of the organization	15b		J							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			T							
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1							
	taxable entity during the year?	16a		1							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			t							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			I							
	exempt status with respect to such arrangements?	16b		I							
ec	tion C. Disclosure	10.0									
7	List the states with which a copy of this Form 990 is required to be filed ►VA , MD										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole								
•	for public inspection. Indicate how you made these available. Check all that apply.	avanac									
	Own website Another's website X Upon request Other (explain in Schedule O)										
0	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial								
9		u inan	ual								
~	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 - 202-545-3180										
	500 19TH STREET NE, WASHINGTON, DC 20002	F .									
32000	5 11-11-16 <b>6</b>	Form	1 <b>990</b>	(							
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Part VII	Compensation of Officers, I	Directors, Trustees,	Key Employees,	Highest C	compensated
	Employees, and Independer	nt 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	(do	Position			l than	one	Reportable	Reportable	Estimated
	hours per	box	lo not check more th ox, unless person is ficer and a director/		erson is both an		h an	compensation	compensation	amount of
	week		cer an I	ndad I	irecto	or/trus	itee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	e,			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		æ	pens		(W-2/1099-MISC)		organization
	organizations below	ual tri	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	ey em	Highest compensated employee	ormer			organizations
(1) TYCELY WILLIAMS	2.00	<u> </u>	<u> </u>	<u> </u>	$\geq$	<u> </u>	E.			
CHAIR		x		x				0.	0.	0.
(2) FAYE LEVIN	2.00									
SECRETARY		x		x				0.	Ο.	Ο.
(3) CHARLES MOORE	2.00									
TREASURER		X		X				0.	0.	0.
(4) TODD BENTSEN	2.00									
BOARD MEMBER		X						0.	0.	0.
(5) LISA BERNSTEIN	2.00									
BOARD MEMBER	2.00	X						0.	0.	0.
(6) LISA CULLINS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(7) KURT HAGLUND	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) SHAWN HARDNETT	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) BRIAN JONES	2.00									_
BOARD MEMBER		х						0.	0.	0.
(10) TARYN TYMUS	2.00									_
BOARD MEMBER		X						0.	0.	0.
(11) PATRICE BARKSDALE BROOKS	2.00									_
BOARD MEMBER		X						0.	0.	0.
(12) LUCRETIA RISOLEO	2.00									
BOARD MEMBER		х						0.	0.	0.
(13) KIMBERLY LANE	2.00									_
BOARD MEMBER		х						0.	0.	0.
(14) EMILY BLOOMFIELD	40.00									
EXECUTIVE DIRECTOR & CEO	0.50			Х				0.	0.	0.
(15) MARLENE MAGRINO	40.00							100 005		0 0 1 1
PRINCIPAL				X				122,375.	0.	8,941.
				<u> </u>						
										- 000 (as ( a)

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Form 990 (2016)

07320423 793927 17545

2016.05070 MONUMENT ACADEMY, INC.

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	990 (2016) MONUMENT	ACADEMY	ζ,	IN	<u> IC</u> .	,				46-3	662	061	Pa	age <b>8</b>
Par	t VII Section A. Officers, Directors, Trust	ees, Key Em	ploy	ees,	, and	d Hi	ghes	st C	Compensated Employe	es (continued)				
	(A) (B) Name and title Average hours per week			not cl	(C Posi heck i ss per	;) ition more rson i		one i an	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensatio from related	on	an	(F) timate nount o other	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI		fr org and	pensat om the anizati d relate anizatio	e on ed
	-													
	Sub-total								122,375.		0.		8,94	41. 0.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	<u></u>					]		122,375.	000 of reportab	0.		8,94	
	compensation from the organization		030	11310			<i></i>			,000 of reportab			Yes	1 No
3	Did the organization list any <b>former</b> officer, a line 1a? <i>If</i> "Yes," <i>complete Schedule J for su</i>	ıch individual										3		X
4	For any individual listed on line 1a, is the sur and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	Ji	for such individual			4		X
5 Sect	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>comp</i> tion <b>B. Independent Contractors</b>	-				-			-			5		Х
1	Complete this table for your five highest con the organization. Report compensation for t	-	-								npens			
<u> </u>	(A) Name and business a GNSTAFFING, 7474 GREEN		፲ጣ፲	<del>.</del> R	TU	2 T 7	75		<b>(B)</b> Description of s	ervices	С	(C ompei	;) nsatior	1
	ENBELT, MD 20770						·,		EDUCATIONAL	STAFFING		13	9,68	35.
								_						
2	Total number of independent contractors (ir		ot li	mite	d to	the	se lie	ter	d above) who received a	ore than				
	\$100,000 of compensation from the organiz		5111			-	1					Form	<b>990</b> (2	2016)

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Form	n 990	D (2016) MONU	MENT ACAE	EMY,	INC	•		46-3662	061 Page 9
Pa	rt VI	III Statement of Reve	enue						
		Check if Schedule O cor	ntains a response	or note to	o any lir	e in this Part VIII			
					,	<b>(A)</b> Total revenue	( <b>B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts nts	1 a	a Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues							
S, G		c Fundraising events		20,8	350.				
Sift ar		d Related organizations							
s, (		e Government grants (contribu		943,4	137.				
r Si		f All other contributions, gifts, gra							
the		similar amounts not included ab		734,7	731.				
duri	ç	g Noncash contributions included in line		3,1	25.				
ano		<b>h Total.</b> Add lines 1a-1f				1,699,018.			
_				Business		· ·			
e	2 8	a PER PUPIL APPR	OPRIATIO	9000		3,789,356.	3,789,356.		
Program Service Revenue	_ t	b PER PUPIL FACI		9000	)99	638,020.	638,020.		
Sei	Ċ	c PROGRAM SERVIC		9000	)99	5,291.	5,291.		
an eve		d							
Ba	é	e							
Pro	f	f All other program service rev	venue.						
		g Total. Add lines 2a-2f				4,432,667.			
	3	Investment income (including							
	-	other similar amounts)							
	4	Income from investment of ta							
	5	Royalties							
	•		(i) Real	(ii) Pers					
	6 6	a Gross rents			Jona				
		b Less: rental expenses							
		c Rental income or (loss)							
		a Gross amount from sales of	(i) Securities	(ii) Otl	her				
	, ,	assets other than inventory							
	ł	<b>b</b> Less: cost or other basis							
		and sales expenses							
		c Gain or (loss)							
		d Net gain or (loss)							
		a Gross income from fundraisi							
nu	•••	including \$ 20,							
eve		contributions reported on lin							
Ŗ		Part IV, line 18	-	6	550.				
Other Revenue	k	b Less: direct expenses			550.				
0		c Net income or (loss) from fur				0.			
		a Gross income from gaming a							
		Part IV, line 19							
	Ł	b Less: direct expenses							
		c Net income or (loss) from ga							
		a Gross sales of inventory, less							
		and allowances							
	ł	<b>b</b> Less: cost of goods sold							
		c Net income or (loss) from sal		-					
		Miscellaneous Reven		Business					
	11 a								
		b							
		c							
		d All other revenue							
		e Total. Add lines 11a-11d							
	12	Total revenue See instructions				6.131.685.	4,432,667.	0.	0.

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Form **990** (2016) 17545\_\_1

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Page 9

Part IX Statement of Functional Expenses

MONUMENT ACADEMY, INC.

	Check if Schedule O contains a respons		this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	120 560	122 010	14 602	1 066
~	trustees, and key employees	139,569.	122,910.	14,693.	1,966
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
-	persons described in section 4958(c)(3)(B)	2,781,574.	2,457,551.	286,806.	37,217
7 8	Other salaries and wages Pension plan accruals and contributions (include	<u>, , , , , , , , , , , , , , , , , , , </u>	2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	200,000	51,211
0	section 401(k) and 403(b) employer contributions)	53,446.	44,980.	7 198	1 268
9	Other employee benefits	365,186.	319,769.	7,198. 38,616.	1,268 6,801
9 10	Payroll taxes	247,927.	208,655.	33,391.	5,881
1	Fees for services (non-employees):	21/752/1	20070331		3,001
a					
b		15,150.	5,150.	10,000.	
c	•	78,745.		78,745.	
	Lobbying				
e					
f					
g					
-	column (A) amount, list line 11g expenses on Sch 0.)	76,217.	14,357.	40,757.	21,103
12	Advertising and promotion				
3	Office expenses	103,092.	64,593.	36,855.	1,644
14	Information technology				
15	Royalties				
6	Occupancy	645,314.	570,142.	66,537.	8,635
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	36,285.	32,058.	4,227.	
3		24,002.		24,002.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
~	DIRECT STUDENT EXPENSES	595,793.	595,793.		
a h	FOOD SERVICE	226,828.	226,828.		
с С	AUTHORIZER FEE	53,539.	,	53,539.	
d					
e	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	5,442,667.	4,662,786.	695,366.	84,515
. <u>5</u> 26	Joint costs. Complete this line only if the organization		, ,		, • 20
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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2016.05070 MONUMENT ACADEMY, INC.

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Form **990** (2016)

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MONUMENT ACADEMY, INC.

		Check if Schedule O contains a response or note to any line in this Part X				
			(/	<b>A)</b> Ig of year		(B) End of year
	1	Cash - non-interest-bearing	5!	51,468.	1	603,481.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		50,634.		86,997.
	4	Accounts receivable, net		91,846.	4	72,935.
	5	Loans and other receivables from current and former officers, directors,				
		trustees, key employees, and highest compensated employees. Complete				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined un	der			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu	ting			
		employers and sponsoring organizations of section 501(c)(9) voluntary				
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		19,743.	9	46,100.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 1,538,5	93.			
	b	basis. Complete Part VI of Schedule D10a1,538,5Less: accumulated depreciation10b51,5	75. 10	07,681.	10c	1,487,018.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		6,395.	15	5,000.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	82	27,767.	16	2,301,531.
	17	Accounts payable and accrued expenses	8	30,794.	17	124,758.
	18	Grants payable			18	
	19	Deferred revenue		0.	19	41,633.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
ŝŝ	22	Loans and other payables to current and former officers, directors, trustees	,			
Liabilities		key employees, highest compensated employees, and disqualified persons				
iabi		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		0.	24	699,149.
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part X of				
		Schedule D			25	
_	26	Total liabilities. Add lines 17 through 25	8	30,794.	26	865,540.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨  🗴	nd			
es		complete lines 27 through 29, and lines 33 and 34.				
nc	27	Unrestricted net assets	74	46,973.	27	1,066,937.
3ala	28	Temporarily restricted net assets		0.	28	369,054.
Ы	29	Permanently restricted net assets			29	
Fur		Organizations that do not follow SFAS 117 (ASC 958), check here				
ŗ		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds			32	
z	33	Total net assets or fund balances		<u>46,973.</u>	33	1,435,991.
	34	Total liabilities and net assets/fund balances		27,767.	34	2,301,531.
						Form <b>990</b> (2016)

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Form	1 990 (2016) MONUMENT ACADEMY, INC.	46-36	<u>62061</u>	Pag	<sub>je</sub> 12
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	6,131		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,442		
3	Revenue less expenses. Subtract line 2 from line 1	3		9,01	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	746	5,91	73.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,435	5,99	91.
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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	te basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	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 in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<b>3b</b>		

Form **990** (2016)

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SCHEDULE A
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(Form	990	or	990	·ΕΖ
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# 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.

2016
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Interna	al Reve	nue Service	Informati	ion about Schedule A	(Form 990 or 990-EZ) and	its instruct	ions is at W	ww.irs.gov/fo	orm990.	Inspec	ction
Nam	e of t	the organizat								identificatio	on number
				MENT ACADE						6-3662	061
Pa	rt I	Reason	for Public	Charity Status (	All organizations must co	mplete th	is part.) Se	e instruction	IS.		
The	organ	ization is not	a private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)				
1		A church, co	nvention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(1	I)(A)(i).			
2	X	A school des	scribed in <b>sect</b>	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	n 990 or 99	90-EZ).)				
3		A hospital or	a cooperative	hospital service org	anization described in <b>se</b>	ection 170	)(b)(1)(A)(ii	ii).			
4		A medical re	search organiz	ation operated in co	njunction with a hospital	described	d in <b>sectio</b>	n 170(b)(1)(A	(iii). Enter	the hospital's	s name,
		city, and sta	te:	·							
5		An organizat	ion operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental	unit descrik	ed in	
				Complete Part II.)	5 ,	I	, ,				
6					nental unit described in s	section 17	70(b)(1)(A)	(v).			
7	$\square$			-	intial part of its support f				the general	public descr	ribed in
•		-		omplete Part II.)		ioni a gov	onninontai		ano gonorai		
8					(1)(A)(vi). (Complete Parl	• 11.)					
9	$\square$				in section 170(b)(1)(A)(		od in coniu	inction with a	land grant	collogo	
9		0							° °	0	
		-	or a non-ianu-į	grant college of agric	ulture (see instructions).		name, city	, and state t	i the colleg	eor	
40		university:			the set 0.0 1 (00) (		t. (l t)		alain fa an a		
10					e than 33 1/3% of its sup						
					ct to certain exceptions,						
					(less section 511 tax) fro	om busine	sses acqu	lired by the o	rganization	after June 30	J, 1975.
				mplete Part III.)							
11		•	•	•	ively to test for public sa						
12		-	-	-	ively for the benefit of, to	-			-		
		more public	y supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section !	509(a)(2).	See section	<b>509(a)(3).</b> (	Check the bo	x in
	_	lines 12a thr	ough 12d that	describes the type of	of supporting organizatio	n and com	nplete lines	s 12e, 12f, ar	nd 12g.		
а		<b>Type I.</b> A s	supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving	
		the suppo	rted organizatio	on(s) the power to re	gularly appoint or elect a	a majority (	of the dire	ctors or trust	ees of the s	upporting	
		organizatio	on. You must d	complete Part IV, Se	ections A and B.						
b		<b>Type II.</b> A	supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizati	on(s), by ha	ving	
		control or	management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported	
		organizatio	on(s). <b>You mus</b>	t complete Part IV,	Sections A and C.						
с		Γ	. ,	•	g organization operated	in connec	tion with. a	and functiona	allv integrate	ed with.	
			-		s). You must complete F					,	
d		<b>-</b>	-		orting organization oper				orted organi	zation(s)	
			-		zation generally must sat				-		
				° °	nplete Part IV, Sections	-			ia an attent		
е		7			written determination fro						
e			•		nally integrated supporti			атурет, турс	еп, туре п		
4	Ent						zation.				
			of supported of	•	d organization(a)						
g		i) Name of supp		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount c	f monetary	(vi) Amoun	t of other
	``	organizatio		(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see i	,	support (see i	
					above (see instructions))	165	INU				
Tota	I										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 13

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 Schedule A (Form 990 or 990-EZ) 2016
 MONUMENT ACADEMY, INC.
 46-36620

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
-	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	(,	(1) 2010	(0) _0	(0,2010	(0) = 0 + 0	(1) 1010
	Gross income from interest,						
-	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	v						
	or loss from the sale of capital assets (Explain in Part VI.)						
44	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	ota (soo instructi	0000)			12	
	First five years. If the Form 990 is for			rd fourth or fifth t			
10	organization, check this box and stop	-			-		
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016 (I			column (f))		14	%
	Public support percentage from 2015					15	%
	<b>33 1/3% support test - 2016.</b> If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the c		•				
~	and stop here. The organization qual						
172	10% -facts-and-circumstances tes						
110	and if the organization meets the "fac						
	meets the "facts-and-circumstances"				-	-	
<b>h</b>	10% -facts-and-circumstances tes						
u	more, and if the organization meets the						
40	organization meets the "facts-and-circ		•		,		
18	Private foundation. If the organization	n dia not check a	box on line 13, 16	a, 160, 17a, or 17	o, check this box a	and see instruction	ns 🕨 📖

Schedule A (Form 990 or 990-EZ) 2016

632022 09-21-16

#### Schedule A (Form 990 or 990-EZ) 2016 MONUMENT ACADEMY, INC.

#### 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
	Total. Add lines 1 through 5	ļ		ļ			ļ
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization'	's first, second, thi	rd, fourth, or fifth	tax year as a sectio	on 501(c)(3) organiz	zation,
	check this box and stop here						▶∟
	ction C. Computation of Publ		<b>v</b>				
	Public support percentage for 2016 (			column (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	<b>33 1/3% support tests - 2016.</b> If the						17 is not
	more than 33 1/3%, check this box a						►
b	<b>33 1/3% support tests - 2015.</b> If the						
00	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n ala not check a		ea, or 190, Check			
6320	23 09-21-16			15	Sch	equie A (Form 990	0 or 990-EZ) 2016
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes

No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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* (*b*) *and* (*c*) *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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (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 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.)

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I UI	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 (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
-	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that 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 <b>Part VI</b> 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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	_		
Ŭ	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	5		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
	The organization satisfied the Activities Test. Complete line 2 below.			
a b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions	<b>`</b>	
c		uctions		Na
2	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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 (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> 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 (a) and (b) 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? Provide details in <b>Part VI.</b>	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 <b>Part VI</b> the role played by the organization in this regard.	3b		
632025	5 09-21-16 Schedule A (Form 9	90 or 99	90-EZ)	2016

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#### Schedule A (Form 990 or 990-EZ) 2016 MONUMENT ACADEMY, INC.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain		1		
2 Recoveries of prior-year distribution	ns	2		
3 Other gross income (see instruction	ns)	3		
4 Add lines 1 through 3		4		
5 Depreciation and depletion		5		
6 Portion of operating expenses pair	d or incurred for production or			
collection of gross income or for m	anagement, conservation, or			
maintenance of property held for p	production of income (see instructions)	6		
7 Other expenses (see instructions)		7		
8 Adjusted Net Income (subtract lin	nes 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all r	ion-exempt-use assets (see			
instructions for short tax year or a	ssets held for part of year):			
a Average monthly value of securitie	S	1a		
<b>b</b> Average monthly cash balances		1b		
c Fair market value of other non-exe	mpt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)		1d		
e Discount claimed for blockage or	other			
factors (explain in detail in <b>Part VI</b> )	:			
2 Acquisition indebtedness applicat	le to non-exempt-use assets	2		
3 Subtract line 2 from line 1d		3		
4 Cash deemed held for exempt use	e. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)		4		
5 Net value of non-exempt-use asse	ts (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035		6		
7 Recoveries of prior-year distribution	ns	7		
8 Minimum Asset Amount (add line	e 7 to line 6)	8		
Section C - Distributable Amount				Current Year
1 Adjusted net income for prior year	(from Section A, line 8, Column A)	1		
2 Enter 85% of line 1		2		
3 Minimum asset amount for prior ye	ear (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3		4		
5 Income tax imposed in prior year		5		
6 Distributable Amount. Subtract li	ne 5 from line 4, unless subject to			
emergency temporary reduction (s	ee instructions)	6		
	ar is the organization's first as a non-functional	ly integrate	ed Type III supporting or	ganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2016

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Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	3
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
			110 2010	
_1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
<u>a</u>				
b				
-	From 2013			
-	From 2014			
	From 2015			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u> </u>	Applied to 2016 distributable amount			
<u> </u>	Carryover from 2011 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2016, if			
5	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
Ŭ	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
•	and 4c			
8	Breakdown of line 7:			
a				
-	Excess from 2013			
	Excess from 2014			
-	Excess from 2015			
	Excess from 2016			
-				

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A (Form 990 or 990-EZ) 2016 MONUMENT ACADEMY, INC
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(See instructions.)	Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

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## **Schedule of Contributors**

 Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047

2016

Employer identification number

46-3662061

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

#### MONUMENT ACADEMY, INC.

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

**X** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name	of	organiza	tion
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MONUMENT ACADEMY, INC.

46 - 3662061

Part I	Contributors (See instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$7,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
<u>No.</u>	Name, address, and ZIP + 4		
	(b) Name, address, and ZIP + 4	Total contributions	Type of contribution         Person       X         Payroll
	(b)	\$(c)	Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.) (d)
4 (a) No.	(b)	Total contributions            \$(c)          (c)          (c)	Type of contribution         Person       X         Payroll       Image: Complete Part II for         Noncash       Image: Complete Part II for         (Complete Part II for       Complete Part II for         (d)       Type of contribution         Person       X         Payroll       Image: Complete Part II for         Noncash       Image: Complete Part II for
(a) 5 (a)	(b) Name, address, and ZIP + 4	Total contributions	Type of contribution         Person       X         Payroll       Noncash         Noncash       (Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X         Payroll       (Complete Part II for noncash contributions.)         (d)       Type of contribution         Person       X         Payroll       (Complete Part II for noncash contributions.)         Person       X         Payroll       (Complete Part II for noncash         Noncash       (Complete Part II for noncash contributions.)
4 	(b) Name, address, and ZIP + 4	Total contributions	Type of contribution         Person       X         Payroll       Image: Contribution         Noncash       Image: Contribution         (Complete Part II for noncash contributions.)       Person       X         Payroll       Image: Complete Part II for noncash contributions.)       Complete Part II for noncash contributions.)         (d)       Type of contributions.)         (Complete Part II for noncash contributions.)       Person       X         Payroll       Image: Complete Part II for noncash contribution       Person       X         Payroll       Image: Complete Part II for noncash       Image: Complete Part II for noncash       Image: Complete Part II for noncash         (complete Part II for noncash       Image: Complete Part II for noncash       Image: Complete Part II for noncash

Name	of	orga	nization
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46-3662061

#### MONUMENT ACADEMY, INC.

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Part I	Contributors (See instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>12</u> 623452 10-18	3-16	\$\$,000. Schedule B (Form	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016)

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#### Name of organization

Employer identification number

46-3662061

#### MONUMENT ACADEMY, INC.

07320423 793927 17545

Part I	Contributors (See instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$105,851.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$40,000.	PersonXPayrollImage: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>18</u> 623452 10-18	-16 24	\$\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.) 990, 990-EZ, or 990-PF) (2016)

17545\_\_1

2016.05070 MONUMENT ACADEMY, INC.

#### Name of organization

Employer identification number

46-3662061

### MONUMENT ACADEMY, INC.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
<u>   19                                 </u>		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
20		\$\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II for noncash contributio
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribu
		\$	Person Payroll Noncash (Complete Part II for noncash contribution 990, 990-EZ, or 990-PF

46-3662061

#### MONUMENT ACADEMY, INC.

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	990, 990-EZ, or 990-PF

NUMEN	T ACADEMY, INC.		46-3662061
art III		tributions to organizations described in	section 501(c)(7), (8), or (10) that total more than \$1,000 fo
	completing Part III, enter the total of exclusively religiou	is, charitable, etc., contributions of \$1,000 or les	ss for the year. (Enter this info. once.)
a) No.	Use duplicate copies of Part III if addition		
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			_
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
=			
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
-		[	
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_			
-		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
-			
-			
n) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
=			
-		(e) Transfer of gift	
	Transferee's name, address, a		Relationship of transferor to transferee
-			
-			
154 10-18-16			Schedule B (Form 990, 990-EZ, or 990-PF) (

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			al Financial Statements		OMB No. 1545-0047
(Forn	ו 990)	Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b		<b>LUIU</b> Open to Public
	nent of the Treasury Revenue Service		Attach to Form 990. m 990) and its instructions is at www.irs.	.aov/form990.	
-	e of the organizati				over identification number
		MONUMENT ACADEMY,			46-3662061
Par		-	ed Funds or Other Similar Funds	or Accour	Its.Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lir	e 6. (a) Donor advised funds	(h) Europh	
	<b>-</b>		(a) Donor advised funds	(D) Funds	s and other accounts
		nd of year			
2 3		f contributions to (during year) f grants from (during year)			
		t end of year			
5			writing that the assets held in donor advise	ed funds	
•	-		exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be u		
	for charitable purp	ooses and not for the benefit of the donor of	or donor advisor, or for any other purpose o	conferring	
	impermissible priv				Yes No
Par	t II Conserv	ation Easements. Complete if the or	ganization answered "Yes" on Form 990, P	art IV, line 7.	
1		servation easements held by the organizat			
		n of land for public use (e.g., recreation or e			
		f natural habitat	Preservation of a certif	ied historic st	ructure
•		n of open space			
2	-		fied conservation contribution in the form c		lend at the End of the Tax Year
	day of the tax year				ieiu al liie ciiu oi liie tax feat
			ucture included in (a)		
			after 8/17/06, and not on a historic structu		
			leased, extinguished, or terminated by the		during the tax
	year 🕨	, , ,	, , , ,	5	5
4		where property subject to conservation ea	sement is located		
5	Does the organiza	tion have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enf	orcement of the conservation easements	t holds?		Yes 🗌 No
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation ease	ments during the year
	►				
7		ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easement	s during the year
-	►\$				
8		1 ( )	ve satisfy the requirements of section 170(h		
0			on easements in its revenue and expense		
9		-	tion's financial statements that describes t		
	conservation ease		tion's intancial statements that describes t	ne organizatio	in saccounting for
Par			f Art, Historical Treasures, or Ot	her Simila	r Assets.
		f the organization answered "Yes" on Form			
1a	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statem	ent and balan	ce sheet works of art,
	historical treasures	s, or other similar assets held for public ex	nibition, education, or research in furtheran	ce of public s	ervice, provide, in Part XIII,
	the text of the foot	tnote to its financial statements that descr	bes these items.		
b	If the organization	elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement	and balance s	heet works of art, historical
	treasures, or other	r similar assets held for public exhibition, e	ducation, or research in furtherance of pub	lic service, pr	ovide the following amounts
	relating to these it				
2	•		asures, or other similar assets for financial	gain, provide	
	-	unts required to be reported under SFAS 1		<b>.</b> .	
-			- for Form 000		
	-	eduction Act Notice, see the Instruction	s tor form 990.	S	chedule D (Form 990) 2016
632051	08-29-16		28		

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Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets         0       Using the organization acquisition, accession, and other records, check any of the following that are a significant use of its collection items         (index all that apply):          a       Public exhibition        d       Loan or exchange programs          b       Scholary research        e       Other         c       Preservation for future generations        o       Other         c       Preservation for future generations        o       Other       No         Partition as during the regarization solution or addition and append the organization collection?       Yes       No         Partition for methon the maintained as pard the organization collection?       Yes       No         Partition and Custodial Arrangements. Complete the following table:       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Yes       No         b       If "Yes," explain the arrangement in Part XIII and complete the reganzion include an anount on Form 990, Part X, line 21, for scrow or custodial account lability?       Yes       No         b       If Yes," explain the arrangement in Part XIII check here if the explanation include an anount on Form 990, Part X, line 21, for scrow or custodial account lability?       Yes       No </th <th>-</th> <th>1 /</th> <th>T ACADEMY,</th> <th></th> <th>· <b></b></th> <th></th> <th></th> <th></th> <th></th> <th>- Page</th> <th>2</th>	-	1 /	T ACADEMY,		· <b></b>					- Page	2
cleack all flar apply:       d       Loan or exchange programs         a       Police exhibition       d       Loan or exchange programs         b       Scholarly research       e       Other										,	_
a       Public exhibition       d       □ can or exchange programs         b       Scholarly research       e       Other	3		on, and other record	ls, check a	ny of the following t	hat are a s	ignificant u	se of its	collectior	i items	
b       Scholarly research       e       Other         c       Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       Uning the year, did the organization solicit or receive donations of art, historical treasures, or other similar assots       to esciption of the organization solicit or receive donations of art, historical treasures, or other similar assots         10       Is the organization on form 909, Part X, line 21.       Yes       No         11       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on form 909, Part X, line 21.       Intermediation of the organization answered 'Yes' on Form B90, Part X, line 21.         12       Is the organization include an amount on Form 900, Part X, line 21.       Intermediation or organization include an amount on Form 900, Part X, line 21.       Intermediation or organization include an amount on Form 900, Part X, line 21.       Intermediation on Part XIII         20       Did the organization include an amount on Form 900, Part X, line 21.       Intermediation part XIII       Intermediation part XIII         21       Ves       No       If Yes' explain the arrangement in Part XIII. Check here if the organization back on Part XIII       Inter years back (o) Four years back         23       Did the organization include an amount on Form 900, Part X, line 21.       Inter year back       Inter years back (o) Four years back	_										
c       Preservation for future generations         4       Provide a description of the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?       Ves       No         Part IV       Escrive and Custodial Arrangements. Compute if the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X, line 21.       In the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X?       No         b       If 'Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       Intelling table         d       Additions during the year       Intelling         f       Ending balance       Intelling table         d       Additions during the year       Intelling         f       Ending balance       Intelling table         d       Additions during the year       Intelling         f       Ending balance       Intelling table       No         d       Additions during the year and the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         d       Additions of the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liabilit			d			-					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization solicit or receive donations of art, historical reasures, or other similar assets     to be sold to raise funds rather than to be maintained as part of the organization is collection?     Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 900, Part X2     Is difficult and complete the following table:         C Beginning balance         C Beginning of year balance			e		ner						_
S During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?     Part IV Escrow and Custodial Arrangements. Complete if the organization arewered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.     Is the organization an agent, fustske, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.     Is the organization and part X in the 21.     Is the organization agent, fustske, custodial or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.     Segmining balance .     Is defining balance .     Is defining balance .     Is defining balance .     Is defining the year .     Is defining balance .     Is defining balance .     Is defining balance .     Is defining the year .     Is defining balance .     Is defining the year .     Is defini		-			. <b>6</b>						
to be sold to raise funds rather than to be maintained as part of the organization sciencion?       Yes       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 21.       14       Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Yes       No         c       Beginning balance       1d	_							se in Par	t XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X // Explain the arrangement in Part XIII and complete the following table:       Image: Image	5								Vaa		
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         1d       1d       1d         1d       1d       1d         1d       1d       1d         1d       1d       1d         2d       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Pert V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       If the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Pror year (c) Two years back (d) Three years back (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Pror year       (c) Two years back id)         1a       Beginning of year balance       (a) Current year       (b) Pror year       (c) Two years back id)         1a <th>Pa</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th><u>'</u></th>	Pa										<u>'</u>
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount       Image: Complete Comple					ganization answere		1 FOITH 990,	Fart IV,	iii le 9, 0i		
on Form 990, Part X?       Yes       No         b If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         e Distributions during the year       1d         2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If 'Yes,'' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V       Endowment Funds. Complete if the organization inswered 'Yes' on Form 990, Part IV, line 10.         f a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         a Orther expenditures for facilities       1       1       1       1         c Ontributons       1       1       1       1         a Board designated or quasi-endowment b       %       %       9       1       1         c Temporarity restricted endowment b       %       %       %       3       1       1       1       3       3       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1	12			hiary for co	ntributions or other	assets not	included				-
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	ia								Ves		,
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         f       Ending balance       If         a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Check here if the organization answered 'Yes' on Form 990, Part X, line 10.         f       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back.       (e) Four years back.         f       Administrative expenditures for facilities	b							·····			,
c       Beginning balance       id         id       id       id       id         id       id       id       id         id       id       id       id         id       id       id       id         id       id       id       id         id       id       id       id       id         id       id       id       id       id         id       id       id       id       id         id       id       id       id       id         id       id       id       id       id       <				nowing tac					Amount		-
d Additions during the year       1d         e Distributions during the year       1d         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Complete if the organization answered "Yes" on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Three years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (c) Three years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a doministrative expensitions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a drain to scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Prior year       (e) Four years back         2 Provide the estintated percentage of the current year end balance (l	с	Beginning balance					1c		,		-
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Image: Contributions											-
f       Ending balance											_
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	-										_
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6       Cher expenditures for facilities       (c) Current year       (c) Two years back       (c) Two years back<	2a								Yes	No	<u>_</u>
Ia       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (c) Two years back for the organizations       (c) Two years back for the organization       (c) Two years back for tw	b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	planation	has been provided o	on Part XIII					
1a Beginning of year balance   b Contributions   c Net investment earnings, gains, and losses   d Grants or scholarships   e Other expenditures for facilities   and programs Image: Contribution of year balance   f Administrative expenses   g End of year balance   2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:   a Board designated or quasi-endowment ▶  %   b Permanent endowment ▶  %   b   Permanent endowment ▶  %   b   b   c   1   designated or quasi-endowment ▶  %   b   b   permanent endowment ▶  %   b   b   c   terre endowment funds not in the possession of the organization that are held and administered for the organization by:   (i)   (ii) unrelated organizations   (iii) related organizations   (iii) related organizations   (iii) related organizations   (iii) related organizations and every endowment funds.   Part VI   Land, Buildings, and Equipment.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.   Description of property   (a) Cost or other   (b) Cost or other   (c) Accumulated   desingingent <th>Pai</th> <th>t V Endowment Funds. Complete i</th> <th>f the organization an</th> <th>swered "Y</th> <th>es" on Form 990, Pa</th> <th>art IV, line</th> <th>10.</th> <th></th> <th></th> <th></th> <th></th>	Pai	t V Endowment Funds. Complete i	f the organization an	swered "Y	es" on Form 990, Pa	art IV, line	10.				
b       Contributions			(a) Current year	<b>(b)</b> Prio	r year <b>(c)</b> Two y	ears back	(d) Three ye	ars back	(e) Four	years back	
c       Net investment earnings, gains, and losses											
d Grants or scholarships	b	Contributions									
e       Other expenditures for facilities and programs	с	Net investment earnings, gains, and losses									
and programs	d	Grants or scholarships									
f       Administrative expenses	е	Other expenditures for facilities									
g End of year balance		and programs									
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Temporarily restricted endowment ▶%         a       Are there endowment ▶%         inthe percentages on lines 2a, 2b, and 2c should equal 100%.       Sa         a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:         (i)       unrelated organizations         (ii)       related organizations         (ii)       related organizations         (ii)       related organizations         3a(ii)       Sa(ii)         3b       Sa(ii)         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other         basis (investment)       basis (other)         depreciation       depreciation         1       Land         buildings	f	Administrative expenses									
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Temporarily restricted endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> Quescription of property     (a) Cost or other     (b) Cost or other     (c) Accumulated               basis (investment) <li>basis (other)</li> <li>depreciation</li> 1a Land	g	-									
b       Permanent endowment ▶      %         c       Temporarily restricted endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2		rent year end baland	e (line 1g,	column (a)) held as:						
c       Temporarily restricted endowment ▶       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i)       (i)         (i)       unrelated organizations       3a(i)       3a(i)         (ii)       related organizations       3a(ii)       3a(ii)         (iii)       related organizations       3a(ii)       3a(ii)         (iii)       related organizations       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value basis (other)         0       Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       b       Buildings       a       a         c       Leasehold improvements       86, 322.       25, 503.       60, 819.         e       Other       1, 452, 271.       26, 072.       1, 426, 199.		-		_%							
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> </ul> <ul> <li>Part VI</li> <li>Land</li> <li>(a) Cost or other</li> <li>(b) Cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(e) Other</li> <li>(f) Accumulated</li> <li>(f) Book value</li> <li>(f) Book value</li> <li>(g) Cost or other</li> <li>(g) Cost or other</li> <li>(g) Cost or other</li> <li>(g) Cost or other&lt;</li></ul>		· · · · · · · · · · · · · · · · · · ·									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i) unrelated organizations       3a(i)	с										
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements d Equipment e Other e Other b State Sta	-										
(i) unrelated organizations       3a(i)         (ii) related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.       3b         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         b       Buildings	За		ession of the organization	ation that a	are held and adminis	stered for t	he organiza	ation	Г		_
(ii) related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         It a Land       It a Colspan= 2"       It a Colspan= 2"		-									—
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (c) Accumulated depreciation         1a       Land											—
4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings       (d) Book value         c Leasehold improvements       86, 322.         d Equipment       86, 322.         e Other       1, 452, 271.         26, 072.       1, 426, 199.	h	(ii) related organizations	tiona liotad oo kagui		adula D2				3a(II)		_
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land									30		-
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land	<u> </u>				105.						-
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land				). Part IV. I	ine 11a. See Form 9	90. Part X.	line 10.				
basis (investment)         basis (other)         depreciation           1a Land             b Buildings             c Leasehold improvements             d Equipment         86,322.         25,503.         60,819.           e Other         1,452,271.         26,072.         1,426,199.				<u>, , , , , , , , , , , , , , , , , , , </u>		-1 <u>́</u>		4 I		value	-
1a Land		Description of property	• •								
b Buildings	1a	Land			· · · · /						-
c Leasehold improvements         86,322.         25,503.         60,819.           e Other         1,452,271.         26,072.         1,426,199.											-
d Equipment         86,322.         25,503.         60,819.           e Other         1,452,271.         26,072.         1,426,199.						1					-
e Other 1,452,271. 26,072. 1,426,199.					86,322	•	25,50	3.	60	,819	•
					1,452,271	•	<u>26,</u> 07	2.			
				X, column	(B), line 10c.)				1,487	7,018	•

Schedule D (Form 990) 2016

632052 08-29-16

Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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, line	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

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

#### Part IX Other Assets.

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

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

#### Other Liabilities. Part X

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	

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

#### Schedule D (Form 990) 2016

632053 08-29-16

	dule D (Form 990) 2016 MONUMENT ACADEMY, INC.				3662061 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	n Revenue per R	eturr	ı.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ι.			
1	Total revenue, gains, and other support per audited financial statements			1	6,296,658.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments				
b	Donated services and use of facilities	_ 2b	164,323.		
С	Recoveries of prior year grants	_ 2c			
d	Other (Describe in Part XIII.)	2d	650.		
е	Add lines 2a through 2d			2e	164,973.
3	Subtract line 2e from line 1			3	6,131,685.
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	6,131,685.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	nents Wit	h Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	5,607,640.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	_ 2a	164,323.		
b	Prior year adjustments	_ 2b			
с	Other losses	_ 2c			
d	Other (Describe in Part XIII.)	2d	650.		
е	Add lines 2a through 2d			2e	164,973.
3	Subtract line 2e from line 1			3	5,442,667.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	4b			-
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,442,667.
	rt XIII Supplemental Information.				
<b>D</b>					

T 3 7 0

1 0 1 5 5 7 0 7

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

#### PART X, LINE 2:

MONUMENT	ACADEMY	BELIE	VES 1	THAT I	T HAS	APPRO	PRIAT	E SUP	PORT	FOR	ANY	TA	X
POSITION	S TAKEN,	AND A	S SU	CH, DO	ES NOI	HAVE	ANY I	UNCER	TAIN	TAX	POSI	TIC	ONS
THAT ARE	MATERIA	стот	HE F	INANCI	AL STA	TEMEN	IS OR	THAT	WOUI	D HA	VE A	NI	EFFECT
ON ITS T	AX-EXEMP	r stat	US. '	THERE .	ARE NC	UNRE	COGNI	ZED T.	AX BE	ENEFI	TS O	R	
LIABILIT	IES THAT	NEED	TO BI	E RECO	RDED.								

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES

#### PART XII, LINE 2D - OTHER ADJUSTMENTS:

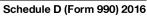
#### FUNDRAISING EXPENSES

632054 08-29-16

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650.



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		Schedule D (I	

SC		01	MB No.	1545-00	47
(For	n 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990,		20	16	
	Part IV, line 13, or Form 990-EZ, Part VI, line 48.		20	IU	•
	hent of the Treasury ► Attach to Form 990 or Form 990-EZ.	_	pen to spect	Publi	ic
	Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.     Employe		-		mhor
Name		46-3			mber
Pa		±0-3	002	001	
1 0				YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,				
-	other governing instrument, or in a resolution of its governing body?		1	x	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,				
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholars	hips?	2		X
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the	·			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes				
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.				
	If you need more space, use Part II		3		X
	THE SCHOOL IS A PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER	R			
	A CONTRACT WITH THE DC GOVERNMENT. THEREFORE, REVENUE				
	PROCEDURE 75-50 DOES NOT APPLY TO PUBLIC CHARTER SCHOOLS.				
4	Does the organization maintain the following?				
а	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	X	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory bas		4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with stud				
	admissions, programs, and scholarships?		4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	X	
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.				
	REVENUE PROCEDURE 75 - 50 DOES NOT APPLY TO PUBLIC CHARTER SCHOOLS.				
	SCHOOLS.				
F	Does the organization discriminate by race in any way with respect to:				
5	Students' rights or privileges?		5a		x
			5b		X
	Employment of faculty or administrative staff?		5c		x
о Ь	Scholarships or other financial assistance?		5d		x
e	Educational policies?		5e		X
f	Use of facilities?		5f		X
a	Athletic programs?		5g		X
	Other extracurricular activities?		5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.				
6a	Does the organization receive any financial aid or assistance from a governmental agency?		6a	Х	
b	Has the organization's right to such aid ever been revoked or suspended?		6b		X

If you answered "Yes" on either line 6a or line 6b, explain on Part II.

7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

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

7 Schedule E (Form 990 or 990-EZ) 2016

632061 10-10-16

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**Part II** Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.

LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:

THE SCHOOL RECEIVES GOVERNMENT FINANCIAL ASSISTANCE FROM THE DISTRICT OF

COLUMBIA, FEDERAL DEPARTMENT OF AGRICULTURE SCHOOL LUNCH PROGRAM, AND

FEDERAL CONGRESSIONAL APPROPRIATIONS.

LINE 7 - EXPLANATION OF RACIAL NONDISCRIMINATION COMPLIANCE:

THE SCHOOL IS A PUBLIC CHARTER SCHOOL AND IS OPERATING UNDER A CONTRACT

WITH THE DC GOVERNMENT. THEREFORE, REVENUE PROCEDURE 75-50 DOES NOT APPLY

TO PUBLIC CHARTER SCHOOLS.

632062 10-10-16

(Form 990 or 990-EZ) Complete	e if the oi	ntal Information Regarding organization answered "Yes" on rganization entered more than \$1 Attach to Form 990 bout Schedule G (Form 990 or 990-EZ)	Form 5,000 ( ) or Fo	990, F on Fo rm 99	Part IV, line 17, 18, o rm 990-EZ, line 6a. 0-EZ.	or 19	, or if the orm990. Employer ic	OMB No. 1545-0047
		T ACADEMY, INC.	1.05	<u> </u>	- 000 D + N/ /		46-366	
Part I required to complete th		Complete if the organization answe	ered "Y	es" oi	n Form 990, Part IV, I	line 1	7. Form 990-	=2 filers are not
<ul> <li>a Mail solicitations</li> <li>b Internet and email solicit</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a wr key employees listed in Form S</li> </ul>	ations itten o 990, Pa d indiv	f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with p riduals or entities (fundraisers) pursu	tion of tion of fundra (inclue	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Ye	
(i) Name and address of individu or entity (fundraiser)	al	(ii) Activity	(iii) fundr have ci or con contribu	aiser ustody	(iv) Gross receipts from activity	tò (o	Amount paid or retained by fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total						J :4 :-	average from	
3 List all states in which the organ or licensing.	nizatior	n is registered or licensed to solicit	contrib	outions	s or has been notified	d it is	exempt from	registration
			000 -	000		Sek -		
LHA For Paperwork Reduction Ac	I NOTI	ce, see the instructions for Form	ອອບ or	aan-1	EZ. 8	sche	uule G (Form	990 or 990-EZ) 2016

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#### Schedule G (Form 990 or 990-EZ) 2016 MONUMENT ACADEMY, INC.

46-3662061 Page 2

Part II	

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List	events with gross recei	ots greater than \$5,000.
			(a) Event #1 PROGRESSIVE DINNER	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
Ð			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	21,500.			21,500.
	2	Less: Contributions	20,850.			20,850.
	3	Gross income (line 1 minus line 2)	650.			650.
	4	Cash prizes				
es	5	Noncash prizes				
xpens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				650
	9	Other direct expenses				650. 650.
	10					0.
Pa		Net income summary. Subtract line 10 from li III Gaming. Complete if the organization		990 Part IV line 19 or		0.
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			<b>(a)</b> Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses		Mar of	<b>N</b> 0/	
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a		states?		Yes No
		No," explain:				
10a	We	ere any of the organization's gaming licenses re	evokea, suspenaea, or te	erminated during the tax	year?	. Ves No

632082 09-12-16

Schedule G (Form 990 or 990-EZ) 2016

		46-3662061	Page 3
	e organization conduct gaming activities with nonmembers?		No
12 Is the or	ganization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		<b>□</b>
	nister charitable gaming?	Yes	└── No
	the percentage of gaming activity conducted in: anization's facility	120	%
	de facility		<u> </u>
	e name and address of the person who prepares the organization's gaming/special events books and record		
Name	•		
Address			
15a Does th	e organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
	enter the amount of gaming revenue received by the organization $\blacktriangleright$ and the amoung revenue retained by the third party $\triangleright$ $\$$	unt	
	enter name and address of the third party:		
<b>C</b> II 163,	enter hame and address of the third party.		
Name	•		
Address	▶		
16 Gamino	manager information:		
i o olan i i g			
Name	•		
Gaming	manager compensation		
Doscrip	ion of sonvices provided		
Descrip	ion of services provided		
	irector/officer Employee Independent contractor		
	bry distributions:		
	ganization required under state law to make charitable distributions from the gaming proceeds to e state gaming license?	Yes	
	e amount of distributions required under state law to be distributed to other exempt organizations or spent i		
	tion's own exempt activities during the tax year 🕨 \$		
Part IV	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lines 9, 9b, 10	b, <b>1</b> 5b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
632083 09-12-16		G (Form 990 or 990-	
	Sebadula	G (Form dun or dun	FZ) 2016

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632084 04-01-16	Schedule G (Form 990 or 990-E
)7320423 793927 17545	38 2016.05070 MONUMENT ACADEMY, INC. 17545

SCHEDULE O	Supplemental Information to Form 990 or 990	-EZ
(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.	2016
Department of the Treasury Internal Revenue Service	Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/fd	Open to Public orm990. Inspection
Name of the organizatio		Employer identification number 46-3662061
FORM 990, PA	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
FOSTER CARE	SYSTEM, WITH THE REQUISITE ACADEMIC, SOCIAL, 1	EMOTIONAL, AND
LIFE SKILLS	TO BE SUCCESSFUL IN COLLEGE, CAREER, AND COMM	UNITY, AND TO
CREATE AN OU	TSTANDING SCHOOL THAT ATTRACTS, SUPPORTS, AND	RETAINS
EXCEPTIONAL	AND CARING STAFF	
FORM 990, PA	RT III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
ATTRACTS, SU	PPORTS, AND RETAINS EXCEPTIONAL AND CARING ST	AFF
FORM 990, PA	RT VI, SECTION A, LINE 6:	
THE MONUMENT	ACADEMY FOUNDATION IS THE SOLE MEMBER OF MON	UMENT PCS. TWO
SEATS ON THE	MONUMENT PCS BOARD MAY BE HELD BY PERSONS WHO	O ARE TRUSTEES OF
THE FOUNDATI	ON.	
FORM 990, PA	RT VI, SECTION A, LINE 7A:	
THE FOUNDATI	ON HAS LIMITED RIGHT TO REMOVE A DIRECTOR.	
	RT VI, SECTION B, LINE 11B:	
THE ORGANIZA	TION'S FORM 990 IS REVIEWED BY THE CEO AND THE	E BOARD PRIOR TO
APPROVAL AND	SUBMISSION.	

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

THE ORGANIZATION HAS A WRITTEN PROCESS TO ENSURE NO CONFLICTS OF INTEREST

EXIST BEFORE THE BOARD VOTES ON EACH CONTRACT.

FORM	990,	PART	VI,	SECTION	c,	LINE	19:				
LHA For	Paperwo	ork Reduc	tion Ac	t Notice, see the	e Inst	ructions fo	or Form	990 or 990-EZ.	Sc	hedule O (F	orm 990 or 990-EZ) (2016)
632211 08-	25-16							2.0			
								39			
0732042	3 793	927 1	7545		20	16.05	070 1	MONUMENT	ACADEMY,	INC.	175451

thedule O (Form 990 or 990-EZ) (2016) ame of the organization MONUMENT ACADEMY , INC •	P: Employer identification num 46-3662061
HE GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPO	ON REQUEST.
ORM 990, PART XII, LINE 2C:	
HE ORGANIZATION HAS NOT CHANGED ITS AUDIT OVERSIGHT PF	ROCESS OR PROCESS
F SELECTION OF AN INDEPENDENT ACCOUNTANT DURING THE TA	AX YEAR.
2212 08-25-16 S	chedule O (Form 990 or 990-EZ) (
40 20423 793927 17545 2016.05070 MONUMENT ACADEMY	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service	► Com			201 pen to Prinspecti	6 ublic				
Name of the organizat							nployer identifi 46-3662(		umber
Part I Identificati	ion of Disregarded Entities. Comple	ete if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.					
	<b>(a)</b> Iress, and EIN (if applicable) disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	or Total inco	(e) ome End-of-yea		Direct c	<b>(f)</b> controlling ntity	g
		_							
		-							
		-							
		_							
	ion of Related Tax-Exempt Organize ns during the tax year.	zations. Complete if the organizatio	n answered "Yes" on Form 990	0, Part IV, line 34 I	pecause it had one	or more	related tax-exe	mpt	
	(a) ne, address, and EIN related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		<b>(f)</b> ct controlling entity	contr	<b>g)</b> 512(b)(13) rolled tity?
					501(c)(3))			Yes	No
500 19TH STREET,	FOUNDATION INC - 47-422860'	7 TO SUPPORT MONUMENT PCS AND CHARTER SCHOOL							
WASHINGTON, DC 2		EDUCATION.	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	N/A			x
		_							
								+	

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

Schedule R (Form 990) 2016

OMB No. 1545-0047

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate ations?	Code V-UBI amount in box 20 of Schedule	Genera manag partn	<sup>Il or</sup> Percentag <sup>ing</sup> ownership er?
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	ło
											_
											_

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512( cont ent	(i) ction (b)(13) trolled tity?
		country)		or trusty		233013		Yes	No
									┼──
									<del>                                     </del>
									$\square$

#### Schedule R (Form 990) 2016 MONUMENT ACADEMY, INC.

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this sch	nedule.					Yes	No
1 During the tax year, did the organization engage in any of the follow	wing transaction	s with one or more r	elated organizations listed	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a	controlled entity	/			1a		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)							Х
c Gift, grant, or capital contribution from related organization(s)					1c		X
d Loans or loan guarantees to or for related organization(s)							Σ
e Loans or loan guarantees by related organization(s)							Σ
f Dividends from related organization(s)					1f		2
g Sale of assets to related organization(s)					1g		2
h Purchase of assets from related organization(s)					1h		Σ
i Exchange of assets with related organization(s)					1i		2
j Lease of facilities, equipment, or other assets to related organization							2
k Lease of facilities, equipment, or other assets from related organize	ation(s)				1k		2
I Performance of services or membership or fundraising solicitations	for related orga	inization(s)			11		2
m Performance of services or membership or fundraising solicitations	by related orga	nization(s)			1m		2
n Sharing of facilities, equipment, mailing lists, or other assets with re	elated organizati	on(s)			1n		2
o Sharing of paid employees with related organization(s)					10		
p Reimbursement paid to related organization(s) for expenses					1p		2
<b>q</b> Reimbursement paid by related organization(s) for expenses					1q		2
r Other transfer of cash or property to related organization(s)					1r		
s Other transfer of cash or property from related organization(s)					1s		
2 If the answer to any of the above is "Yes," see the instructions for						-	-
(2)							

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>	43		Schedule B (Form 990) 2016

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501 (c org: Yes	e) all s sec. c)(3) s.?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(F Dispr tior alloca <b>Yes</b>	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managin partner Yes N	(k) or Percentage ownership
				Tes	NO			105	NO			

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MONUMENT ACADEMY, INC.

Dort VII	
Part VII	Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

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