### **Return of Organization Exempt From Income Tax**

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

and ending

OMB No. 1545-0047 2020

Open to Public Inspection

06/30/2021

Department of the Treasury Internal Revenue Service

07/01/2020

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

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

For the 2020 calendar year, or tax year beginning C Name of organization CROSSLAKE COMMUNITY SCHOOL INC D Employer identification number Check if applicable: R Doing business as 41-1961541 Address change Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change Room/suite PO BOX 1020 / 35808 COUNTY ROAD 66 218-692-5437 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return CROSSLAKE, MN 56442 G Gross receipts \$ 5.130.619 **H(a)** Is this a group return for subordinates? ☐ **Yes** ✓ **No** Application pending F Name and address of principal officer: Cinda Jensen PO BOX 1020, CROSSLAKE, MN 56442 **H(b)** Are all subordinates included? Yes No Tax-exempt status: 501(c)(3) 4947(a)(1) or 501(c) ( ) ◀ (insert no.) If "No." attach a list. See instructions Website: ► www.crosslakekids.org **H(c)** Group exemption number ▶ Form of organization: Corporation Trust Association L Year of formation: 2000 M State of legal domicile: MN Part I **Summary** 1 Briefly describe the organization's mission or most significant activities: Taking on students from Preschool through 12th Grade to grow environmentally literate, community impacting learners of excellence. Activities & Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 3 5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 92 6 6 200 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . . 8 3,838,902 5,082,803 Revenue 9 Program service revenue (Part VIII, line 2g) 65,981 47,294 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . 321 522 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 29,189 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3.934.393 5.130.619 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 2,676,611 3,127,027 Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . 16a 0 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,524,371 1,775,328 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 4,200,982 4,902,355 19 Revenue less expenses. Subtract line 18 from line 12 . . . . . -266,589 228,264 Assets or designation of designation of the designa **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 3,683,171 3,753,768 21 Total liabilities (Part X, line 26) . 4.501.878 4.203.017 22 Net assets or fund balances. Subtract line 21 from line 20 -748,110 -519,846 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Cinda Jensen, Chair Type or print name and title Print/Type preparer's name Preparer's signature Date Check | if **Paid** self-employed Robert Procaccini P01890510 **Preparer** Firm's name ► Robert Reese Procaccini CPA Firm's EIN ▶ Use Only Firm's address ► 2151 Hamline Avenue North Suite 212, Roseville, MN 55113 Phone no. 952-992-0995 May the IRS discuss this return with the preparer shown above? See instructions ✓ Yes No

Part		Accomplishments esponse or note to any line in this Pa	rt III	
1	Briefly describe the organization's mission Taking on students from Preschool through the careful and the care	on:	erate, community impacting lear	ners of
2	Did the organization undertake any sign prior Form 990 or 990-EZ?			
_	If "Yes," describe these new services on			
3	Did the organization cease conducting services?		w it conducts, any program	☐ Yes
4	Describe the organization's program se expenses. Section 501(c)(3) and 501(c)(4) the total expenses, and revenue, if any, 1	4) organizations are required to report		
4a		,413,975 including grants of \$		47,294 )
	To provide an educational program and of	her educational services to its students i	n grades K through 12. During tl	ne fiscal year
	ended June 30, 2021 Crosslake Communit			
4b	(Code:) (Expenses \$			
4c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program services (Describe on Sc		~ \	
4e	(Expenses \$ 0 including g  Total program service expenses ▶	rants of \$ 0 ) (Revenue \$ 4,413,975	0)	

Part	IV Checklist of Required Schedules			ugo
	<u> </u>		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	<b>,</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		~
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		,
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		-
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		-
6	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		v
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		,
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		,
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? <i>If "Yes," complete Schedule D, Part IV </i>	9		,
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		,
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	,	
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		,
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		-
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? <i>If "Yes," complete Schedule D, Part IX </i>	11d	~	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
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		,
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	~	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	~	<u></u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		,
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		-
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		,
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		,
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
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		,

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

2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements, flied for the calendar year ending with or within the year covered by this return 1	
Statements, filed for the calendar year ending with or within the year covered by this returm	No
Statements, filed for the calendar year ending with or within the year covered by this returm	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation or Schedule O.  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5a Was the organizations party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6b If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Did the organization soll, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  7 If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If the organization make a distribution sunder section 4966?  8 Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organizations maintain	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6b If "Yes," do the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  a Did the organization a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5b If "Yes," idid the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  5c 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?  5c If "Yes," indicate the number of Forms 8282 filed during the year  7d If "Yes," indicate the number of Forms 8282 filed during the year  9b Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did	
3a bid the organization have unrelated business gross income of \$1,000 or more during the year?  3b if "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If "Yes," enter the name of the foreign country be see instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6l "Yes" to line 5a or 5b, did the organization file Form 886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," did the organization merelive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?  8 If "Yes," did the organization neceive a payment in excess of \$75 made party as a contribution and partly for which it was required to file Form 8282?  9 If the organization merelive a payment in excess of \$75 made party as a contribution and partly for which it was required to file Form 8282?  10 If the organization neceived a contribution of undiffed furing the year  10 If the organization in the mumber of Forms 8282 filed during the year  11 If the organization in the mumber of Forms 8282 filed during the year  12 If the organization furing	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If "Yes," enter the name of the foreign country \( \) See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?  7c If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization may a service and the organization file forms 8893 are required?  7f If the organization for eceived a contribution of qualified intellectual property, did the organization file Form 8893 are required?  7h If the organization may not a service should be a form 1098-0.?  8 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxab	~
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 (such as a bank account, socurities account, or other financial account)?  b if "Yes," enter the name of the foreign country."  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," indicate the number of Forms 8282 filed during the year  C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0?  7 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organizations make any taxable distributions under section 4966?  9 Sponsoring organizations make any taxable distributions under section 4966?  9 Section 501(	1
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b   f "Yes," enter the name of the foreign country ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a   Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b   Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c   f "Yes" to line 5a or 5b, did the organization file Form 8886-T?  6a   Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit ary contributions that were not tax deductible as charitable contributions?  b   f "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7   Organizations that may receive deductible contributions under section 170(c).  a   Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b   f "Yes," did the organization notify the donor of the value of the goods or services provided?  c   Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d   f "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f   Did the organization may funds, directly or indirectly, to pay premiums on a personal benefit contract?  f   Te   Te   Te   Te   Te   Te   Te    f   The organization received a contribution of oras, botas, aniplanes, or other vehicles, did the organization file a Form 1098-C?  7   Sponsoring organizations maintaining donor advised funds.  a   Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9   Did the	
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a porhibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization file Form 8886-T?  c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  6b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7a If "Yes," indicate the number of Forms 8282 filed during the year  7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6c If "Yes," indicate the number of Forms 8282 filed during the year  7c Did the organization during the year, pay premiums, directly or indirectly, no a personal benefit contract?  7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8399 as required?  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?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 490 (a)	1
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the organization is licensed to issue qualified health plans	
c Enter the amount of reserves on hand	
14a Did the organization receive any payments for indoor tanning services during the tax year?	\ <u>\</u>
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . 14b	+-
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1
excess parachute payment(s) during the year?	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
If "Yes," complete Form 4720, Schedule O.	Ť

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

Part VI

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year . . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . 1b 3 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 ~ Did the organization delegate control over management duties customarily performed by or under the direct 3 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 4 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 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a ~ Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? . . . . . . . . . . . 13 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official . . . . . . . . . . . . . . . 15a 1 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ MN 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website ✓ Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ DIECI SCHOOL FINANCE, (651)309-2233

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

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

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

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

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

☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	ensa	ated any current	officer, director,	or trustee.
	(C)									
(A)	(B)	, ,			ition			(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated amount
	hours	officer and a director/trustee)			tee)	compensation from the	compensation	of other		
	per week (list any	or o	Ins	Officer	<u>8</u>	em Hig	Former	organization	from related organizations	compensation from the
	hours for	Individual trustee or director	titut	icer	Key employee	hes	mer	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related organizations	of all t	iona		oldt	ee cor	Ι.			related organizations
	below	rust	ŧ		yee	npe				
	dotted line)	ee	Institutional trustee			Highest compensated employee				
			L			ed				
Lance Swanson	40.00									
Vice Chair	0.00	~		~				56,349	0	15,146
Ronda Veit	40.00									
Member	0.00	~						44,083	0	12,764
Beverly Loeffler	40.00									
Treasurer	0.00	~		~				48,684	0	7,915
Heidi O'Brien	40.00									
Secretary	0.00	~		~				39,966	0	12,920
Annette Klang	40.00									
Interim Executive Director	0.00			~				42,856	0	7,303
Cinda Jensen	2.00									
Chair	0.00	~						0	0	0
Kysa Corbett	2.00									
Member	0.00	~						0	0	0
Maggie Heggerston	2.00									
Member	0.00	~						0	0	0
		_								
			<u> </u>							
		_								
						1				

Part	Section A. Officers, Directors, 7	rustees,	Key I	Em	plo	yee	s, an	d F	lighest Compe	nsated Emplo	yees (c	ontinued)
						C)						
	(A)	(B)	(do n	ot ch		ition more	e than	one	(D)	(E)		(F)
	Name and title	Average hours	box,	unles	ss pe	erson	is both	n an	Reportable compensation	Reportable compensation	1	ed amount other
		per week	_		_	_	or/trus	<u> </u>	from the	from related	comp	ensation
		(list any hours for	ndivi dir	nstit	Officer	(ey e	lighe	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	1	m the zation and
		related	Individual to	tion	"	mpl	st co	<u> </u>		(	"	rganizations
		organizations below	Individual trustee or director	altr		Key employee	omp					
		dotted line)	tee	Institutional trustee			Highest compensated employee					
							e d					
			_									
			_									
			-									
1b	Subtotal	 VII Sootia	 n A					<b>&gt;</b>	231,938	0		56,048
c d								•	231,938	0		56,048
2	Total number of individuals (including but	t not limited					above	e) w		e than \$100,000	) of	
	reportable compensation from the organi	zation >							0			×   N
3	Did the organization list any former of	officar dire	octor	tri	ıcto	ر ا	·0\/ 0	mnl	lovoo or highos	et componento	4	Yes No
3	employee on line 1a? If "Yes," complete s							•		•	3	~
4	For any individual listed on line 1a, is the	sum of re	portal	ble	con	npe	nsatio	n a	nd other comper	nsation from the	e 📄	
	organization and related organizations	•						-	•	dule J for sucl		
_	individual										. 4	
5	Did any person listed on line 1a receive of for services rendered to the organization						-		•		u 5	
Sect	ion B. Independent Contractors		, , , , , , , , , , , , , , , , , , ,					-				
1	Complete this table for your five high											
	compensation from the organization. Rep	ort compen	satio	1 fo	r the	e ca	lenda	r ye		within the orga		s tax year.
	<b>(A)</b> Name and business add	ress							<b>(B)</b> Description of serv	vices	(C) Compensa	ation
Crost	oly Ironton Transportation, 849 8th St NE, Cro	sby, MN 56	441					TR	ANSPORTATION			226,735
2	Total number of independent contractor	•	-					th	nose listed abov	e) who		
	received more than \$100,000 of compens	ation from	ine or	gan	ıızat	ıon	<u> </u>		1			

# Part VIII Statement of Revenue

		Check if Schedule O contains a response	onse or note to ar	y line in this Pa	rt VIII		🗆
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
इ इ	1a	Federated campaigns 1a	0				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b	0				
ري ۾	С	Fundraising events 10	0				
r A	d	Related organizations 10	0				
ੂੰ ਲੋ	е	Government grants (contributions) 16	5,054,374				
ns,	f	All other contributions, gifts, grants,					
er S		and similar amounts not included above 11	28,429				
혈美	g	Noncash contributions included in					
	•	lines 1a–1f 1g	\$ 0				
್ರಿ ಕೃ	h	Total. Add lines 1a–1f		5,082,803			
			Business Code				
e c	2a	STUDENT PROGRAM FEES	611710	44,431	44,431	0	0
اه ≧َ	b	Food Service	411710	2,863	2,863	0	0
gram Ser Revenue	С			,			
E S	d						
20 8	е						
Program Service Revenue	f	All other program service revenue		0	0	0	0
_	g	Total. Add lines 2a–2f	•	47,294			
	3	Investment income (including dividend					
		other similar amounts)	_	522	522	0	0
	4	Income from investment of tax-exempt b	ond proceeds ►	0	0	0	0
	5	Royalties	. i <b>&gt;</b>	0	0	0	0
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c	0 0				
	d	Net rental income or (loss)	•				
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
<u>o</u>	b	Less: cost or other basis					
Revenue		and sales expenses . <b>7b</b>					
ě	С	Gain or (loss) <b>7c</b>	0 0				
_	d	Net gain or (loss)	🕨				
Other	8a	Gross income from fundraising					
Ò		events (not including \$0					
		of contributions reported on line					
		1c). See Part IV, line 18 <b>8a</b>	1				
	b	Less: direct expenses 8b	)				
	С	Net income or (loss) from fundraising ev	/ents ▶				
	9a	Gross income from gaming					
		activities. See Part IV, line 19 . 9a					
		Less: direct expenses 9b					
	С	Net income or (loss) from gaming activity	ties <b>&gt;</b>				
	10a	Gross sales of inventory, less					
		returns and allowances 10					
	b	Less: cost of goods sold 10					
	С	Net income or (loss) from sales of inven	tory <b>&gt;</b>				
Sn			Business Code				
e e	11a						
scellaneo Revenue	b						
Miscellaneous Revenue	С						
i§ ⊣	d	All other revenue					
_		Total. Add lines 11a–11d	<u> ▶</u>	0			
	12	Total revenue. See instructions	•	5 130 610	47 816	0	1 0

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must compl	lete all columns. All	other organizations	s must o	compl	ete col	umn	(A).		
Check if Schedule O contains a response	or note to any line	in this Part IX .							

	of include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .				·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	329,493	213,110	116,383	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .				
7	Other salaries and wages	2,221,452	2,174,782	46,670	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	202,137	188,807	13,330	
9	Other employee benefits	190,167	167,688	22,479	
10	Payroll taxes	183,778	172,237	11,541	
11	Fees for services (nonemployees):	.55,.76	,,	,	
a	Management	156,194		156,194	
b	Legal	100/171		100/171	
C	Accounting	61,339		61,339	
d	Lobbying	01,007		01,007	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	81,366	81,366		
12	Advertising and promotion	61,300	61,300		
13	- ·	153		152	
	· · · · · · · · · · · · · · · · · · ·		102 (2)	153	
14	Information technology	145,034	102,636	42,398	
15	Royalties	-/			
16	Occupancy	567,398	567,398		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	27,154	26,808	346	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	60,556	60,556		
23	Insurance	13,154	13,154		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Food Service	43,899	26,352	17,547	0
b	Instructional Materials	98,932	98,932	0	0
С	Transportation	214,341	214,341	0	0
d					
е	All other expenses	305,808	305,808		
25	Total functional expenses. Add lines 1 through 24e	4,902,355	4,413,975	488,380	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				
					Form <b>990</b> (2020)

Part X Balance Sheet

		Check if Schedule O contains a response or	note	to any line in this Par	t X		
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			884,838	1	1,185,372
	2	Savings and temporary cash investments		[	0	2	0
	3	Pledges and grants receivable, net		[	569,853	3	503,315
	4	Accounts receivable, net			0	4	0
	5	Loans and other receivables from any current of trustee, key employee, creator or founder, substacontrolled entity or family member of any of thes	antial	contributor, or 35%		_	
	6	Loans and other receivables from other disqual	ified	persons (as defined	0	5	0
	7	under section 4958(f)(1)), and persons described			0	6 7	0
ets	7	Notes and loans receivable, net		<b>F</b>	0	8	0
Assets	8 9			t t		9	
•	9 10a	Land, buildings, and equipment: cost or other			15,023	9	4,436
		basis. Complete Part VI of Schedule D	Complete Part VI of Schedule D 10a 347,33				
	b	Less: accumulated depreciation			201,076		146,731
	11	• •			0		0
	12	Investments—other securities. See Part IV, line 1		<b>⊢</b>	0	_	0
	13	Investments—program-related. See Part IV, line		<b>⊢</b>	0		0
	14	Intangible assets			0		0
	15	Other assets. See Part IV, line 11			2,082,978		1,843,317
	16	Total assets. Add lines 1 through 15 (must equa			3,753,768		3,683,171
	17	Accounts payable and accrued expenses			376,628		461,260
	18 19	Grants payable	<b>F</b>	0		0	
	20	Deferred revenue	0		2,160		
	21	Tax-exempt bond liabilities	0		0		
s	22	Loans and other payables to any current or		h	U	21	U
Liabilities	22	trustee, key employee, creator or founder, substacontrolled entity or family member of any of thes	antial	contributor, or 35%		00	
iat-	23	Secured mortgages and notes payable to unrela	•		0	22	0
_	23 24	Unsecured notes and loans payable to unrelated			451,800		0
	25	Other liabilities (including federal income tax,		T	451,800		0
	25	parties, and other liabilities not included on lines of Schedule D	17–2	24). Complete Part X	3,673,450	25	2 720 507
	26	<b>Total liabilities.</b> Add lines 17 through 25	I	4,501,878		3,739,597 4,203,017	
S		Organizations that follow FASB ASC 958, che			4,501,070	20	4,203,017
nce		and complete lines 27, 28, 32, and 33.	J				
ala	27	Net assets without donor restrictions				27	
d B	28					28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 99 and complete lines 29 through 33.	58, cl	neck here ▶ ☑			
0.0	29	Capital stock or trust principal, or current funds		[	-949,186	29	-666,577
ets	30	Paid-in or capital surplus, or land, building, or ec	uipm	ent fund	201,076		146,731
Ass	31	Retained earnings, endowment, accumulated inc	come	or other funds	0	31	0
et/	32			[	-748,110	32	-519,846
Ž	33	Total liabilities and net assets/fund balances .			3,753,768	33	3,683,171

Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				. 🔲		
1		1		5,13	0,619		
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,90	2,355		
3	Revenue less expenses. Subtract line 2 from line 1	3	228,26				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		-74	8,110		
5	3						
6							
7		7			0		
8	- P	8			0		
9	Carrier criaing control according to the control contr	9			0		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	- , ( )/	0		-51	9,846		
Part	Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	olain	in				
_	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .				~		
	If "Yes," check a box below to indicate whether the financial statements for the year were completely and the statement of the year were completely and the statement of the year were completely and the statement of the year were completely and year were completely and the year were completely and year were completely and the year were completely and year were completely and the year were completely and year were completely and year were completely and year were completely and	iled	or				
	reviewed on a separate basis, consolidated basis, or both:						
<b>L</b>	Separate basis Consolidated basis Both consolidated and separate basis		2b	~			
D	Were the organization's financial statements audited by an independent accountant?			-			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited separate basis, consolidated basis, or both:	a on	ı a				
	Separate basis, consolidated basis, or both.  Separate basis Consolidated basis Both consolidated and separate basis						
_	<u> </u>	iabt	of				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs the audit, review, or compilation of its financial statements and selection of an independent accountant			<b>/</b>			
	If the organization changed either its oversight process or selection process during the tax year, expl						
	Schedule O.	Ialli	OII				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	ı in t	he				
	Single Audit Act and OMB Circular A-133?		3a		~		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such aud	dits .	3b	000			

Form **990** (2020)

#### **SCHEDULE A** (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047 2020

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.

Open to Public

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection **Employer identification number** Name of the organization **CROSSLAKE COMMUNITY SCHOOL INC** 41-1961541 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12d, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (v) Amount of monetary (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

(E) **Total** 

Part	• • • • • • • • • • • • • • • • • • • •						
	(Complete only if you checked the Part III. If the organization fails to						ality under
Secti	on A. Public Support	quanty arran		, , , , , , , , , , , , , , , , , , ,			
	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(-)	(4)	(5)	(4)	(4)	(4)
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	on B. Total Support				( 0 00 10		
	dar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
7 8	Amounts from line 4						
9	similar sources						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12 13	Gross receipts from related activities, etc.  First 5 years. If the Form 990 is for the	organization'	s first, second		-		
Casti	organization, check this box and <b>stop he</b>		· · · · ·				
5ecu 14	on C. Computation of Public Suppor Public support percentage for 2020 (line 6			11 column (4)		14	%
15 16a	Public support percentage from 2019 Sch 331/3% support test—2020. If the organi box and stop here. The organization qua	nedule A, Part zation did not	II, line 14 . check the box	on line 13, ar	 nd line 14 is 33	15 3 <sup>1</sup> / <sub>3</sub> % or more,	% check this
b	331/3% support test—2019. If the organithis box and stop here. The organization	zation did not	check a box o	n line 13 or 16	Sa, and line 15	is 33 <sup>1</sup> /3% or m	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization ment VI how the organization meets the organization	eets the facts	-and-circumst	ances test, ch	eck this box a	and <b>stop here</b> .	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	n meets the fa facts-and-cir	acts-and-circu	mstances test, est. The organi	check this bo zation qualifie	x and <b>stop he</b>	re. Explain
18	Private foundation. If the organization					check this bo	x and see

# 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.)

	ii trie organization falls to qualify	under the te	ists listed bei	ow, piease co	implete Fart	11.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a							
	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Secti	on B. Total Support		•	•	•		
Calen	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	organization'	s first, second	, third, fourth,	or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop her	re					▶ 🗆
Secti	on C. Computation of Public Suppor	t Percentag	je				
15	Public support percentage for 2020 (line 8	B, column (f), c	divided by line	13, column (f))		15	%
16	Public support percentage from 2019 Sch	edule A, Part	III, line 15 .			16	%
Secti	on D. Computation of Investment Inc	come Perce	ntage				
17	Investment income percentage for 2020 (I	ine 10c, colur	nn (f), divided l	oy line 13, colu	ımn (f))	17	%
18	Investment income percentage from 2019	Schedule A,	Part III, line 17			18	%
19a	331/3% support tests-2020. If the organi						
	17 is not more than 331/3%, check this box a	and <b>stop here</b>	. The organizati	on qualifies as	a publicly supp	orted organizat	ion . ▶ 🗆
b	331/3% support tests-2019. If the organiz	ation did not d	check a box on	line 14 or line	19a, and line 16	is more than 3	33 <sup>1</sup> /3%, and
	line 18 is not more than 331/3%, check this b	oox and <b>stop h</b>	<b>nere.</b> The organ	ization qualifies	as a publicly s	upported orgar	nization 🕨 🗌
20	Private foundation If the organization did	d not check a	hay on line 1/	10a or 10h	shock this hov	and see instru	ctions -

### Part IV Supporting Organizations

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

#### **Section A. All Supporting Organizations**

	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.			
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	4c		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5a		
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
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 <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
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).	8		
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 <b>Part VI.</b>	9a		
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 <b>Part VI.</b>	9b		
С	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 <b>Part VI.</b>	9c		
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
L	supporting organizations)? If "Yes," answer line 10b below.	10a		
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.)	10b		

Part I	V Supporting Organizations (continued)		-	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
0 1: -	detail in Part VI.	11c		
Secu	on B. Type I Supporting Organizations		V	NI.
			Yes	NO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on 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).	4		
Section	on D. All Type III Supporting Organizations	1		
occur	71 D. All Type III oupporting organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
Casti	supported organizations played in this regard.	3		
	on E. Type III Functionally Integrated Supporting Organizations  Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	notru	otion	2)
1 a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	เเอเเน	CHOIR	s).
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity	(see in	struct	ions).
2	Activities Test. <i>Answer lines 2a and 2b below.</i>	,000	Yes	
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI identify</b></i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	0-		
		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	2h		

(see instructions).

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	izations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
<u>u</u>	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
е	(explain in detail in <b>Part VI</b> ):	1e		
	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C—Distributable Amount	0		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
<del>_</del>	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	Ť		
	emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-function	ally i	integrated Type III suppor	ting organization

Section D—Distributions			<b>Current Year</b>		
1	Amounts paid to supported organizations to accomplish	exempt purposes		1	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity		orted	2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in <b>Part</b>	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	sponsive	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E—Distribution Allocations (see instructions)	(ii)		าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d					
_	Evenes from 2020				

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

Part VI	Ill, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name o	f the or	ganization		Employer identification number
CROS	SLAKE	COMMUNITY SCHOOL INC		41-1961541
Par	t I	<b>Organizations Maintaining Donor Advi</b>	sed Funds or Other Similar Fund	s or Accounts.
		Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2		egate value of contributions to (during year) .		
3		egate value of grants from (during year)		
4		egate value at end of year		
5	Did th	ne organization inform all donors and donor as are the organization's property, subject to the		
6	Did the	ne organization inform all grantees, donors, are organization inform all grantees, donors, are for charitable purposes and not for the benefit rring impermissible private benefit?	nd donor advisors in writing that grant t of the donor or donor advisor, or for	funds can be used rany other purpose
Par		Conservation Easements.		
		Complete if the organization answered "		
1		ose(s) of conservation easements held by the c		
		eservation of land for public use (for example, recre		
		otection of natural habitat	☐ Preservation of	f a certified historic structure
		eservation of open space		
2		plete lines 2a through 2d if the organization hel	ld a qualified conservation contribution	
		ment on the last day of the tax year.		Held at the End of the Tax Year
а				. <b>2a</b>
b	Total	acreage restricted by conservation easements	8	. 2b
С	Numb	per of conservation easements on a certified hi	istoric structure included in (a)	. 2c
d		per of conservation easements included in (ric structure listed in the National Register .	c) acquired after 7/25/06, and not o	n a
3	Numb tax ye	per of conservation easements modified, trans ear ►	ferred, released, extinguished, or term	ninated by the organization during the
4	-	per of states where property subject to conserv	vation easement is located ►	
5		the organization have a written policy regions, and enforcement of the conservation eas		
6		and volunteer hours devoted to monitoring, inspec		
7	Amou ▶\$	int of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservation easements during the year
8	Does and s	each conservation easement reported on line 2 ection 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of s	section 170(h)(4)(B)(i)
9	In Pai balan	rt XIII, describe how the organization reports or ce sheet, and include, if applicable, the text of dization's accounting for conservation easemer	onservation easements in its revenue at the footnote to the organization's fina	and expense statement and
Part	Ш	Organizations Maintaining Collections Complete if the organization answered "		Other Similar Assets.
1a	of art	organization elected, as permitted under FAS t, historical treasures, or other similar assets be, provide in Part XIII the text of the footnote t	held for public exhibition, education,	or research in furtherance of public
b 2	art, hi provid (i) Re (ii) As	organization elected, as permitted under FAS istorical treasures, or other similar assets held de the following amounts relating to these item evenue included on Form 990, Part VIII, line 1 issets included in Form 990, Part X organization received or held works of art,	for public exhibition, education, or res is: 	earch in furtherance of public service,  • \$
2 a	follow	ving amounts required to be reported under FA	ASB ASC 958 relating to these items:	•
b	Asset	nue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$

	le D (Form 990) 2020									Page 2
	Organizations Maintaining Co									
3	Using the organization's acquisition, acc collection items (check all that apply):	ession, and ot						significa	nt use	e of its
а	Public exhibition				or exchang					
b	Scholarly research		е	Other						
С	☐ Preservation for future generations									
4	Provide a description of the organization XIII.	's collections a	and expl	ain how t	hey further	the org	anization's exe	mpt pur	pose	in Part
5	During the year, did the organization sol assets to be sold to raise funds rather that								Yes	☐ No
Part	IV Escrow and Custodial Arrang	ements.								
	Complete if the organization an 990, Part X, line 21.	swered "Yes	" on Fo	m 990, F	Part IV, line	9, or	reported an a	mount (	on Fo	orm
1a	Is the organization an agent, trustee, cu included on Form 990, Part X?								<b>fes</b>	☐ No
b	If "Yes," explain the arrangement in Part 2	XIII and comple	ete the fo	ollowing to	able:					
							, A	Amount		
С	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount o									☐ No
	If "Yes," explain the arrangement in Part	XIII. Check her	e if the e	xplanatio	n has been	provide	ed on Part XIII .			
Par										
	Complete if the organization an	swered "Yes	" on Fo	m 990, F	Part IV, line	e 10.				
	(	a) Current year	<b>(b)</b> Pr	ior year	(c) Two year	s back	(d) Three years bad	ck <b>(e)</b> Fo	ur year	rs back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the	current year en	id baland	ce (line 1g	j, column (a	)) held a	as:			
а	Board designated or quasi-endowment	<b>&gt;</b>	%							
b	Permanent endowment ▶	%								
С	Term endowment ▶%									
	The percentages on lines 2a, 2b, and 2c s	should equal 1	00%.							
3a	Are there endowment funds not in the poorganization by:	ossession of th	ne organ	zation tha	at are held	and ad	ministered for t	he	Va	s No
	(i) Unrelated organizations							3a(	_	3 140
	400 D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							3a(i	_	
h	If "Yes" on line 3a(ii), are the related organ			· · ·	 shodulo D2			3b		
ь 4	Describe in Part XIII the intended uses of		•					30		
 Part			JII S EIIU	JWITIETIL II	unus.					
rait	Complete if the organization an		" on Fo	m 000 I	Dart IV line	110	See Form 900	Dort Y	' lino	10
	Description of property	(a) Cost or ot			or other basis		Accumulated		ook val	
	Description of property	(a) Cost or of (investm		1 ' '	or other basis other)		epreciation	(u) B	JUK Väl	ue
1a	Land		0		0					0
b	Buildings		0		40,854		40,666			188
С	Leasehold improvements		0		0		0			0
d	Equipment		0		306,484		159,941		1	46,543

0

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

0

0

146,731

0

. ▶

Part VII	Investments - Other Securities.		, <u> </u>
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 11b. See	Form 990, Part X, line 12.
	(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) Financia	derivatives		
. ,	neld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			_
(H)			
	mn (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, Page 1990, P	ort IV line 11e Coe l	Form 000 Port V line 12
	(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)	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶		
Part IX	Other Assets.		
raitix	Complete if the organization answered "Yes" on Form 990, Pa	art IV. line 11d. See l	Form 990. Part X. line 15.
	(a) Description	,	(b) Book value
(1) DEFERE	RED PENSION OUTFLOWS		1,843,317
(2)			72.272
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		. 1,843,317
Part X	Other Liabilities.		
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 11e or 11i	f. See Form 990, Part X,
_	line 25.		
1.	(a) Description of liability		(b) Book value
(1) Federal in			0
	NSION LIABILITY		2,404,423
	RED PENSION INFLOWS		1,335,174
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	mn (b) must equal Form 990, Part X, col. (B) line 25.)		. > 3,739,597
	r uncertain tax positions. In Part XIII, provide the text of the footnote to the o		
	s liability for uncertain tax positions under FASB ASC 740. Check here if the		

Schedule D (Form 990) 2020

Page 4

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

rait	Complete if the organization answered "Yes" on Form 990, F			netaii.	
1	Total revenue, gains, and other support per audited financial statements			1	5,130,619
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				3,130,017
² a	Net unrealized gains (losses) on investments	2a	0		
a b	Donated services and use of facilities	2b	0	-	
		2c	0		
C	Recoveries of prior year grants	2d	0	-	
d	Other (Describe in Part XIII.)	<b>2</b> u	0	-	
e	Add lines <b>2a</b> through <b>2d</b>			2e 3	5 400 (40
3				3	5,130,619
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	-	
b	Other (Describe in Part XIII.)	4b	0		_
c	Add lines 4a and 4b			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	5,130,619
Part	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, F			er Keturi	1.
1	Total expenses and losses per audited financial statements			1	4,902,355
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	4,902,333
² a	Donated services and use of facilities	2a	0		
		2b	0	-	
b	Prior year adjustments		0	1	
C	Other losses	2c 2d	0		
d	Other (Describe in Part XIII.)	<b>2</b> u	0	-	
e	Add lines 2a through 2d			2e	0
3	Subtract line <b>2e</b> from line <b>1</b>			3	4,902,355
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	40	•		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	0	-	
b	Other (Describe in Part XIII.)		0		
с 5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line			4c	4,002,255
_	XIII Supplemental Information.	<del>e 10.) .</del>	<del></del>	3	4,902,355
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part t	to provid	le any additional in	formation	

#### SCHEDULE E (Form 990 or 990-EZ)

**Schools** 

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

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

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

Name of the organization Employer identification number
CROSSLAKE COMMUNITY SCHOOL INC 41-1961541

			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	٧	
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 scholarships?	2	٧	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	٧	
	ON THEIR WEBSITE	3	V	
4	Does the organization maintain the following?			
a b	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a 4b	\ \ \ \	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing	75		
d	with student admissions, programs, and scholarships?	4c 4d	<i>V</i>	
ŭ	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	1.4		
5 a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		V
b	Admissions policies?	5b		~
С	Employment of faculty or administrative staff?	5c		~
d	Scholarships or other financial assistance?	5d		~
е	Educational policies?	5е		~
f	Use of facilities?	5f		~
g	Athletic programs?	5g		•
h	Other extracurricular activities?	5h		~
62	Does the organization receive any financial aid or assistance from a governmental agency?	63	~	
6a b	Has the organization's right to such aid ever been revoked or suspended?	6a 6b		~
_	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	7	~	

Part II	<b>Supplemental Information.</b> Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.
Schedule E	, Part I, Line 6 - RECEIVES STATE AND FEDERAL AID

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020 Open to Public

Inspection

**Employer identification number** Name of the organization **CROSSLAKE COMMUNITY SCHOOL INC** 41-1961541 Form 990, Part VI, Section B, Line 11b - FORM 990 REVIEWED AT A BOARD MEETING PRIOR TO FILING Form 990, Part VI, Section B, Line 12c - POSSIBLE CONFLICTS ARE ADDRESSED AT BOARD MEETINGS WITH THE APPROPRIATE **ACTIONS TAKEN TO RESOLVE THEM** Form 990, Part VI, Section B, Line 15 - COMPENSATION IS ESTABLISHED BY THE BOARD OF DIRECTORS Form 990, Part VI, Section C, Line 19 - AVAILABLE TO PUBLIC UPON REQUEST

Schedule O, Statement 1

#### **CROSSLAKE COMMUNITY SCHOOL INC**

Form: Form 990 (2020) EIN: 41-1961541

Page: 1 Header Section

#### **Reasonable Cause Explanations**

#### Explanation

An extension was filed due to extra time needed to complete the 990. The return will be submitted by the extension deadline.