Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A	For the	2020 calendar y	ear, or tax year begin	ning	07-01 ,2	020, and endi	ng	06-	30 ,2021
В	Check if a	pplicable:	C Name of organizationSU	GAR VALLEY RURAL CH	ARTER SCHOOL	L	D	Employe	er identification number
	Address c	hange	Doing business as					2	23-3014365
=				O, box if mail is not delivered to street a	oddraes)	Room/sui	ite E	Telephor	ne number
=	Name cha		DESCRIPTION OF THE PROPERTY OF	O, box if mail is not delivered to sireet a	iduressy	1.0011200			(570) 725-7822
=	Initial retu		236 E MAIN ST		2: 700				1)
	Final retur	n/terminated	Co. 22 Co. 240 Co. 240	vince, country, and ZIP or foreign posta	I code		G	Gross re	55, 950
	Amended	return	Loganton, PA 1					\$	9,528,854
	Application	n pending	F Name and address of pri	ncipal officer: TRACIE KENNE	ΣΥ		H(a) Is this a grou		
			BIG ROCK LANE	Loganton PA 17747			H(b) Are all sub-	ordinates i	ncluded? Yes No
ı	Tax-exem	pt status: X 501	(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527		If "No," atta	ich a list. S	See instructions
J	Website:	1673	vrcs.org				H(c) Group exer	nption nur	mber ►
0.00		rganization: X Corp		ociation Other ►	L Year of	f formation: 200	00 M Stat	e of legal of	domicile: PA
_	rt I	Summary							
0.11116	_		the organization's miss	ion or most significant activitie	s: EDUCATIO	N			
		Briefly describe	anc organizations miss	ion or moot organicant activities					
ø									
Governance									
ern		<u> </u>	П :еп :	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		than 25% of i	to not consts		
ò				discontinued its operations of				3	7
9	3			rning body (Part VI, line 1a)				- T	
Se	4			s of the governing body (Part				4	2
ıţį.	5			ı calendar year 2020 (Part V, I				5	134
Activities &	6	Total number of	volunteers (estimate if	necessary)				6	
V	7a	Total unrelated b	ousiness revenue from	Part VIII, column (C), line 12			L	7a	0
	b	Net unrelated bu	usiness taxable income	from Form 990-T, Part I, line	11			7b	0
Φ				:			Prior Year		Current Year
	8	Contributions an	d grants (Part VIII. line	1h)			781,	224	917,792
	9						8,411,	A-01-7	8,471,700
Revenue								999	102,256
eve	10						15,		37,106
Ř	11		and the second s	nes 5, 6d, 8c, 9c, 10c, and 11e					
_	12			must equal Part VIII, column (9,356,	142	9,528,854
	13		. 17	X, column (A), lines 1-3)					
	14	Benefits paid to	or for members (Part I)	K, column (A), line 4)		• • • •			0
	15	Salaries, other c	ompensation, employee	benefits (Part IX, column (A)	, lines 5-10) .		7,583,	548	7,751,193
ses	16a	Professional fun	draising fees (Part IX,	column (A), line 11e)					0
en	b	Total fundraising	expenses (Part IX, co	lumn (D), line 25) ▶		0			
Expenses	17		(Part IX, column (A), lin				1,837,	988	1,989,680
-			No. 100 and 10	equal Part IX, column (A), line	25)		9,421,	536	9,740,873
	5:05-5		10 ² c.	18 from line 12			(65,	094)	(212,019)
		110101100100000	portossi subtrast mis		S. F. (F.) F. (F.) S. (F.) S. (F.)		nning of Current		End of Year
s or	E 20	Total assets (Da	rt X, line 16)				13,253,		15,561,792
sset	8 24		Part X, line 26)				14,809,	Alexander III	17,279,422
Net Assets or	21			line 21 from line 20			(1,556,		(1,717,630)
				inezi nom inezo		• • • • •	(1,550,	123/	(1,717,000)
Line	art II	Signature		rn, including accompanying schedules	and statements, and to t	the best of my know	wledge and belief.	it is	
true	, correct, a	and complete. Declarate	tion of preparer (other than off	icer) is based on all information of whic	h preparer has any knov	wledge.			
e:		DEBRA N						Date	
Sig		Signature of						Date	
He	re		AUCK, BUSINESS	MANAGER					
		Type or print	name and title	1				, ,	
		Print/Type prepare	r's name	Preparer's signature	Date		Check	if P	TIN
Pai	id	Stephanie	M Budman	Stephanie M Budman	05-0	9-2022	self-emplo	yed	P00235798
Pre	parer	Firm's name ▶	Stephani	e M Budman CPA PC	-0-1	F	irm's EIN ▶		
	e Only		427 Broa	d Street		F	hone no.		
1900000000		on the second record of the second	Montours	ville PA 17754			5	70-36	8-2066
May	the IRS	S discuss this retu		own above? (see instructions					X Yes No

Form 990 (2020) SUGAR VALLEY RURAL CHARTER SCHOOL

23-3014365

Page 2

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X Is the organization required to complete Schedule B, Schedule of Contributors See instructions? 2 X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 4 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 X 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 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X 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 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 10 Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more X 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 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a X Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 X 13 14a X 14a 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 14b X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 Х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 X 20a X 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 21 X

Pai	t IV 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24a		x
	through 24d and complete Schedule K. If "No," go to line 25a	24b		Λ_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		
C	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
omene et	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part.II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
-1	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
28				
	IV instructions, for applicable filing thresholds, conditions, and exceptions):	10000110	RHINIPORT	
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		х
	"Yes," complete Schedule L, Part IV	28b		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		17
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
30	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Da	t V Statements Regarding Other IRS Filings and Tax Compliance			
rdi	Check if Schedule O contains a response or note to any line in this Part V			
-	Chook ii Conodulo C Conduno d Tooponeo di Noto to dily ano ii dila i di Ci. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Yes	No
4-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
1a	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
С	reportable gaming (gambling) with backup with induling rules for reportable payments to vendors and	1c	x	

23-3014365 Page 5 Form 990 (2020) SUGAR VALLEY RURAL CHARTER SCHOOL Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return 2a 134 2b X Did the organization have unrelated business gross income of \$1,000 or more during the year?...... 3a X 3a 3b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O........ b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X 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 X 5a 5b X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? b 5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.............. C Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions? 6a X If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a X b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C 7c X d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?....... 7f X f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.... 7g a If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 8 Sponsoring organizations maintaining donor advised funds. 9a a 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? h Section 501(c)(7) organizations. Enter: 10 Initiation fees and capital contributions included on Part VIII, line 12 a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b Section 501(c)(12) organizations. Enter: 11 a Gross income from other sources (Do not net amounts due or paid to other sources b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . 12a 12a 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a Is the organization licensed to issue qualified health plans in more than one state? а Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which C 14a X

Did the organization receive any payments for indoor tanning services during the tax year?

excess parachute payment(s) during the year?

If "Yes," complete Form 4720, Schedule O.

If "Yes," see instructions and file Form 4720, Schedule N.

If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

X

X

14b

15

16

.

16

14a

15

b

Part VI

23-3014365 SUGAR VALLEY RURAL CHARTER SCHOOL

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

Sec	tion A. Governing Body and Management			
-	n i		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			22
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		11.15.15	
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	1000		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			800051
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	401		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	duning.	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		Tolly and
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c		
	describe in Schedule O how this was done	13		x
13	Did the organization have a written whistleblower policy?	14	v	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	х	
a	The organization's CEO, Executive Director, or top management official	15b	X	
b	Other officers or key employees of the organization	135	A	
	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	BASICHES	x
	with a taxable entity during the year?	104		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16b	CENTER OF	Property laws
	organization's exempt status with respect to such arrangements?	100		
756,775	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed 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.			
10	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			
20	DERPA MATICK (570) 725-7822. 236 E MAIN ST. Loganton, PA 17747			

Section A.

23-3014365 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **Independent Contractors**

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

Crieck tris box in flettier the organization flor any folder	l organiza		.,,		C)	,				
(A)	(B)	(B) Position (do not check more than one Average box, unless person is both an						(D)	(E)	(F)
Name and title	Average						,	Reportable	Reportable	Estimated amount
	hours	officer and a director/trustee)				(trustee)		compensation from the	compensation from related	of other compensation
	per week (list any						_	organization	organizations	from the
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	lighe imple		(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	· related	ecto	ution	9	mpl	Highest compensated employee	Former			1316.05
	organizations below	trus	al tru		oyee	ompo				
	dotted line)	ee	stee			ensa				
						ed	0			
(1) TRACIE KENNEDY	45.00									F1 017
CEO				Х	-			76,802	0	51,917
(2) JEREMY ROSSMAN	40.00									4E E10
BOARD MEMBER & EMPLOYEE		X			-			58,146	0	45,518
(3) HEIDI DOYLE	40.00	200000						20 441	0	39,102
ASSOC DIRECTOR & EMPLOYEE		Х						39,441	U	39,102
(4) SONYA DOWNING	40.00							35,951	0	37,905
BOARD MEMBER & EMPLOYEE		X		_	-			35,951	0	31,303
(5) MARY JUDE WEAVER	40.00			x				35,847	0	12,362
BOARD SECRETARY & EMPLOYEE	5.00			^				33,647	J	12/002
(6) SANDRA GAVERICK	5.00	х						2,040	0	0
DIRECTOR & EMPLOYEE	5.00	3134311						2,010		,
(7) BRENDA MITCHELL		x						120	0	0
BOARD MEMBER & EMPLOYEE	5.00									
(8) KARL RUHL BOARD MEMBER	5:00	x						0	0	0
	5.00									
(9) ANDREA MEIXEL BOARD MEMBER		x						0	0	0
(10)					-					
(10)										
(11)										
<u>(12)</u>										
(13)										
<u>(14)</u>										

(A) Name and title		(B) Average hours per week	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee			an one both an		(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the		
		, (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organiza	ation and ganizations
<u>(15)</u>	** ** ***											
<u>(16)</u>												
(17)												
<u>(18)</u>												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
	Subtotal							ſ				
	Total (add lines 1b and 1c)								248,347	0	18	6,804
2	Total number of individuals (including but not limit		isted a	bove	e) wh	no re	ceive	d mo	ore than \$100,000	of		C
,	reportable compensation from the organization										_ Y	es No
3	Did the organization list any former officer, direct											
4	employee on line 1a? If "Yes," complete Schedu For any individual listed on line 1a, is the sum of re										3	X
•	organization and related organizations greater th	nan \$150,000)? <i>If "</i> Y	es,"	com	plet	e Sch	edul	le J for such			
	individual										4	x
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes										5	x
Section	on B. Independent Contractors	s, complete	Scried	uie .	3 101	Suci	i pers	OII				
1	Complete this table for your five highest compensa	ted independ	dent co	ntra	ctors	that	recei	ved	more than \$100,00	00 of		
,	compensation from the organization. Report comp	pensation for	the cal	enda	ar ye	ar e	nding	with		nization's tax year.	0.5	
	(A)								(B) Description of service	00	(C) Compensati	on
HOFFM	Name and business address AN LEAKEY ARCHITECTS LLC, 101 N		ST Be	11	efo	nte	PA	DE6				26,181
	INC, 565 BEAUTYS RUN RD Cogan								STRUCTION CO	I	14	9,145
2	Total number of independent contractors (including				se lis	ted a	above)) wh	0		X-100	
	received more than \$100,000 of compensation from	om the organ	ization	•	<u> </u>					2	Form 00	n (2020)

Form 990 (2020)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded Total revenue Related or exempt Unrelated from tax under function revenue business revenue sections 512-514 1a Federated campaigns 1b b Contributions, Gifts, Grants and Other Similar Amounts 1c c Fundraising events 1d d Related organizations e Government grants (contributions) . . 1e 852,031 f All other contributions, gifts, grants, and similar amounts not included above 65,761 g Noncash contributions included in 1g 917,792 h Total. Add lines 1a-1f ▶ **Business Code** 8,471,700 8,471,700 2a EDUCATION 611110 Program Service Revenue f All other program service revenue 8,471,700 g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and 102,256 102,256 Income from investment of tax-exempt bond proceeds (i) Real (ii) Personal 6a 6a Gross rents b Less: rental expenses . . c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis and sales expenses . . 7b Other Revenue c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a 8b b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 9a 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 10a returns and allowances 10b b Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 611110 37,106 37,106 11a MISC RECEIPTS 37,106 e Total. Add lines 11a-11d ▶ 8,611,062 12 Total revenue. See instructions ▶ 9,528,854

23-3014365

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to a	any line in this Part IX		(4) 4 (4) 4	
Do no	of include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic		25 00 10 27		
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	438,819	186,659	252,160	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,692,733	3,412,036	280,697	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	2,037,138	1,851,151	185,987	
9	Other employee benefits	1,290,556	1,225,175	65,381	
10	Payroll taxes	291,947	260,026	31,921	
11	Fees for services (nonemployees):				
а	Management				
b	Legal	39,080		39,080	
С	Accounting	54,943		54,943	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	9,577		9,577	
13	Office expenses	9,260	9,070	190	
14	Information technology	85,611	74,729	10,882	
15	Royalties				
16	Occupancy	713,892	713,892		
17	Travel	43,623	43,623		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		0.700		
20	Interest	2,788	2,788		
21	Payments to affiliates	244 070	011 270		
22	Depreciation, depletion, and amortization	211,379	211,379	906	
23	Insurance	(1,539)	(2,445)	906	
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.)	015 750	105 016	19,943	
а	PURCH PROF/TECH SVCS	215,759	195,816 546,521	22,681	
b	SUPPLIES	569,202	9,625	4,825	
С	OTHER PURCH SVCS	14,450	8,174	3,064	
d	DUES, FEES, OTHER	11,238 10,417	10,417	3,004	
e	All other expenses	9,740,873	8,758,636	982,237	0
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	3,140,013	0,730,030	502,257	
20	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 990 (2020)

23-3014365 Form 990 (2020) SUGAR VALLEY RURAL CHARTER SCHOOL Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 Cash - non-interest-bearing 1 2 5,733,870 6,418,873 2 3 154,607 135,083 3 1,334,502 4 26,749 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 7 4,036 10,866 8 8 44,421 25,080 9 10a Land, buildings, and equipment cost or other 8,071,897 basis. Complete Part VI of Schedule D 10a 6,506,610 2,334,946 10c Less: accumulated depreciation 10b b 1,565,287 11 11 12 12 Investments - other securities. See Part IV, line 11 13 13 14 14 3,091,499 2,994,214 15 15 15,561,792 Total assets. Add lines 1 through 15 (must equal line 33) 13,253,564 16 16 180,363 17 248,668 17 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, 22 _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 1,320,467 23 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 14,629,324 15,710,287 26 17,279,422 14,809,687 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 27 Net assets without donor restrictions 27 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ 🗓 and complete lines 29 through 33. 29

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building, or equipment fund

15,561,792 Form 990 (2020)

5,186,143

(6,903,773)

(1,717,630)

2,334,946

(3,891,069)

(1,556,123)

13,253,564

30

31

32

33

29

30

31

32

orm	990 (2020) SUGAR VALLEY RURAL CHARTER SCHOOL 23-3014.	303	Гс	ige 12
	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	9	,528,	854
2	Total expenses (must equal Part IX, column (A), line 25)	9	,740,	873
3	Revenue less expenses. Subtract line 2 from line 1		(212,	019)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	(1	,556,	123)
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments		50,	512
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	(1	,717,	630)
Pai	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			. 🗆
_	Chlorit Contours of Contains and Contours of Contours		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			
ā	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
22	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		Х
20	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
h	Were the organization's financial statements audited by an independent accountant?	2b	x	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	B 100 100 100 100 100 100 100 100 100 10		
	separate basis, consolidated basis, or both:	1644		
	X Separate basis Consolidated basis Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
×	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		X
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.		Res	
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
Ja	Single Audit Act and OMB Circular A-133?	3a		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
S	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		
	Toguinou dudit or duditor original titry on october of and	For	n 990 ((2020)

EEA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

Open to Public Inspection

23-3014365 SUGAR VALLEY RURAL CHARTER SCHOOL 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). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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 9 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 1/3% 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 1/3% 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). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 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 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. 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. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) 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. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (v) Amount of monetary (vi) Amount of (iv) Is the organization (iii) Type of organization (i) Name of supported organization (ii) EIN listed in your governing support (see other support (see (described on lines 1-10 instructions) document? instructions) above (see instructions)) Yes (A) (B) (C) (D) (E)

23-3014365 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not	22					
	include any "unusual grants.")						
2	Tax revenues levied for the	(2)					
-	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						
	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				in our		
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4			Randria, na sara bina s			
	tion B. Total Support						
_	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,	27					
	rents, royalties, and income from						
	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets	.5					
	(Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	ee instructions	s)			12	
13	First five years. If the Form 990 is for the or	rganization's fi	rst, second, thi	rd, fourth, or fif	th tax year as	a section 501(d	:)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Suppo	rt Percentag	е				
	Public support percentage for 2020 (line 6, c					14	%
15	Public support percentage from 2019 Sched	ule A, Part II, I	ine 14			15	%
16a	33 1/3% support test - 2020. If the organization	ation did not ch	neck the box or	line 13, and li	ne 14 is 33 1/3	3% or more, che	eck this
	box and stop here. The organization qualified						
b	33 1/3% support test - 2019. If the organiza	ation did not ch	neck a box on li	ne 13 or 16a, a	and line 15 is 3	33 1/3% or mor	e, check
	this box and stop here. The organization qu	alifies as a pu	blicly supported	dorganization			▶ 🛚
17a	10%-facts-and-circumstances test - 2020.						
	10% or more, and if the organization meets						
	Part VI how the organization meets the facts	-and-circumst	ances test. The	organization	qualifies as a p	oublicly support	ed
	organization						
b	10%-facts-and-circumstances test - 2019.	If the organiza	ation did not ch	eck a box on l	ine 13, 16a, 16	Sb, or 17a, and	line
	15 is 10% or more, and if the organization m	eets the facts-	-and-circumsta	nces test, chec	k this box and	stop here. Ex	plain
	in Part VI how the organization meets the fa						
	organization		* * * * * * * * *				▶ □
18	Private foundation. If the organization did r						
	instructions						▶

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

Support Schedule for Organizations Described in Section Section (-/(-/
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support				T		(D. T. 1
Cale	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose	8					
3	Gross receipts from activities that are not an				~		
	unrelated trade or business under section 513.	9591					
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						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3	¥1				1	
	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					-	
	Add lines 7a and 7b				The state of the state of		
8	Public support. (Subtract line 7c from						
_	line 6.)				V page 1995		
	ction B. Total Support	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
0.000	endar year (or fiscal year beginning in)▶	(a) 2010	(b) 2017	(6) 2010	(u) 2010	(6) 2020	(1)
9	Amounts from line 6			-			
10a	Gross income from interest, dividends,	1					
	payments received on securities loans, rents, royalties, and income from similar sources						
h	royalties, and income from similar sources Unrelated business taxable income (less						
D	section 511 taxes) from businesses						
	acquired after June 30, 1975	12					
c	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					Ÿ	
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,	*					
	and 12.)		<u> </u>				<u> </u>
14	First 5 years. If the Form 990 is for the orga						
_	organization, check this box and stop here			• • • • • • •			
Se	ction C. Computation of Public Suppo	rt Percentag	ge	[(6) \		15	%
15	Public support percentage for 2020 (line 8, o	column (f), divi	ided by line 13,	column (I)) .	• • • • • • •	16	%
	Public support percentage from 2019 Sched			*** * *** * *** * *		10	70
	ction D. Computation of Investment In Investment income percentage for 2020 (line	o 10c column	(f) divided by	line 13 colum	n (f))	17	%
17		chadula A Pa	ort III line 17	iiile 15, colaitii			%
18	investment income percentage from 2019 Size 133 1/3% support tests - 2020. If the organization	zation did not	check the box	on line 14 and	l line 15 is mor	e than 33 1/3%.	
198	17 is not more than 33 1/3%, check this box	and ston her	e. The organiz	ation qualifies	as a publicly s	upported organi	zation ▶ □
L	33 1/3% support tests - 2019. If the organic	zation did not	check a hox or	line 14 or line	19a, and line	16 is more than	33 1/3%, and
D	line 18 is not more than 33 1/3%, check this	box and ston	here. The ora	anization quali	fies as a public	cly supported or	ganization ►
20	Private foundation. If the organization did	not check a bo	ox on line 14, 1	9a, or 19b, che	eck this box an	d see instruction	ns 🕨 🗌
	The state of the s					Schedule A (Fo	rm 990 or 990-EZ) 2020

Part IV Support

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.)

	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	Part \	/.)	
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		e securences
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a	and the second	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination.	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 Part VI 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 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 Part VI 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 Part VI what controls the organization used		LU SIVE	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;	金属用		
	(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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	THE OWNER OF	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	100000000	
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		MIRTO
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		BID OKS
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		BASILLA	
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	Name of the last	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	5 E196332717-1	nemin
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	DESI		Billionni
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		ESTERVI
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	40		
	supporting organizations)? If "Yes," answer 10b below.	10a		and the second
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	401	TE SHE	parent
	determine whether the organization had excess business holdings.)	10b		

Part	IV Supporting Organizations (continued)		- T	-
		- 1980	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
c	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
1	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
7	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	ion C. Type II Supporting Organizations			
Seci	ion C. Type ii Supporting Organizations		Yes	No
4	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	The state of the s	1	DESCRIPTION ASSESSMENT	N. S.
	the supported organization(s). ion D. All Type III Supporting Organizations			
Sect	ion D. All Type III Supporting Organizations		Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
1	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			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1	7544410019	KENNEY COLUMN
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	TERMINA	ALCOHOL:	(SEEDING)
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		consistence in the
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3	PICA-HOLD	HEREFIE
	supported organizations played in this regard.			
Sect	ion E. Type III Functionally Integrated Supporting Organizations	etruc	tions)	
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:			1.51
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	 The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ir	struct	tions)
С		,00	Yes	No
2	Activities Test. Answer lines 2a and 2b below.		District.	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2a	an extend	Laborat Hills
	that these activities constituted substantially all of its activities.			
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	2b	Stranging	
526	these activities but for the organization's involvement.	20		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a	ELEMENT SE	1000
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	Ja	250	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	21-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	zations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 <i>(explai</i>	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organization	zation	s must complete Section	ns A through E.
Section A - Adjusted Net Income			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ction 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		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
-51	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	/ integ	grated Type III supporting	g organization
	(see instructions).			

EEA

Sched	ule A (Form 990 or 990-EZ) 2020 SUGAR VALLEY RURAL CHART	ER SCHOOL		3014	365 Page 7
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	ations (continue	d)	
Sec	ction D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2		t purposes of supported			
	organizations, in excess of income from activity			2	
3		es of supported organizati	ons	3	
4				4	
5		provide details in Part VI)		5	
6				6	
7	The state of the s			7	
8	Distributions to attentive supported organizations to which the	ne organization is respons	ive		
	(provide details in Part VI). See instructions.			8	
9				9	
10	Line 8 amount divided by line 9 amount			10	
Sec	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(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 Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
-	From 2015				
_	From 2016				
	From 2017				
	From 2018				
_	From 2019				
-	Total of lines 3a through 3e				
_	Applied to underdistributions of prior years		100		
	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
\div	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	The first of the f				
4	Section D, line 7: \$				
	Applied to underdistributions of prior years				
	Applied to underdistributions of prior years Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.	UD E HALIO TERRATORI O PER HURLAMENDO DE RETURNADA NEL DE			
	Remaining underdistributions for years prior to 2020, if		ATTENDED OF THE PROPERTY OF TH		
5	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
_	Remaining underdistributions for 2020. Subtract lines 3h				
О	and 4b from line 1. For result greater than zero, explain in				
-	Part VI. See instructions. Excess distributions carryover to 2021. Add lines 3j				
7					
_	and 4c.				
8					
-	Excess from 2016				
_	Excess from 2017			10 10 10	
	Excess from 2018				
_	Excess from 2019				
е	Excess from 2020			antoni tana	

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

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.

2020

OMB No. 1545-0047

. . . .

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	or the organization		23-3014365
	AR VALLEY RURAL CHARTER SCHOOL	unde ou Other Similar Friede ou Ace	
Pa	organizations Maintaining Donor Advised Fu		counts.
	Complete if the organization answered "Yes" on		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		-
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w		
	funds are the organization's property, subject to the organization		
6	Did the organization inform all grantees, donors, and donor ad		
	only for charitable purposes and not for the benefit of the dono	r or donor advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	cation) Preservation	of a historically important land area
	Protection of natural habitat	☐ Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a	conservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		
			2d
3	Number of conservation easements modified, transferred, rele		
200	tax year ▶		
4	Number of states where property subject to conservation ease	ement is located ▶	
5	Does the organization have a written policy regarding the peri		
-	violations, and enforcement of the conservation easements it h		
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing conserv	ation easements during the year
· ·	>	<u>.</u>	
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation	n easements during the year
(10)	► \$.9	•
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservation		
•	balance sheet, and include, if applicable, the text of the footnot		
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections	of Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes"		
1a	If the organization elected, as permitted under FASB ASC 956		d balance sheet works
	of art, historical treasures, or other similar assets held for publ		
	service, provide, in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 956		
D	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	and the state of t	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea	sures or other similar assets for financial of	nain provide the
2			gain, provide the
Spile	following amounts required to be reported under FASB ASC 9		• ¢
a	Revenue included on Form 990, Part VIII, line 1		2) (20)
h	Assets included in Form 990 Part X	the state of their art and the state of their art that are their art than the state of their state of	

	# III Organizations Maintaining	Collections of	Art Hist	orical T	reasures.	or Otl	ner Similar As	sets (co	ntinued)
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)									
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its								
	collection items (check all that apply):		 [7 Loop o	or exchange p	rogram			
а	Public exhibition		a L			rogram	•		
b	Scholarly research		e	Other					
C	Preservation for future generations						in Dort		
4	Provide a description of the organization's coll	ections and explain	how they fu	irther the o	organization's	exempt	purpose in Part		
	XIII.		DI OW WHI AV CO	UMINO.	0.04 T 00000400	55 -4 6-5500			
5	During the year, did the organization solicit or i	receive donations of	f art, historic	al treasure	es, or other sir	nilar			TI No.
	assets to be sold to raise funds rather than to	be maintained as p	art of the or	ganization'	s collection?.			Yes	∐ No
Par	t IV Escrow and Custodial Arrar	ngements.				N n			121 E00221
	Complete if the organization a	answered "Yes'	on Form	990, Pa	irt IV, line 9	, or re	ported an amo	unt on F	Offi
	990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodian	or other intermedia	ary for contri	butions or	other assets r	not		П.,	
								. Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table	:		_			
							Amo	ount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on For	m 990, Part X, line	21, for escre	ow or custo	odial account l	iability?		Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	xplanation ha	as been pr	ovided on Par	t XIII .			
182+94-1113	t V Endowment Funds.	7							
DELLI BRO	Complete if the organization a	answered "Yes'	on Form	990, Pa	art IV, line 1	0.			
		(a) Current year	(b) Prid		(c) Two years	33 64	(d) Three years back	(e) Four	years back
1a	Beginning of year balance								
b	Contributions								*
C	Net investment earnings, gains, and								
·	losses								
ч	Grants or scholarships								
e	Other expenditures for facilities and								
C	programs	N.							
e	Administrative expenses								
. ~	End of year balance								
g 2	Provide the estimated percentage of the curre	nt vear end halance	e (line 1a. co	lumn (a))	held as:				
	Board designated or quasi-endowment	%		\-//					
a									
D	Term endowment ▶ %	•							
С	The percentages on lines 2a, 2b, and 2c shoul	ld equal 100%							
20	Are there endowment funds not in the posses		ation that are	e held and	administered 1	for the			
3a	organization by:	Sion of the organiz	auorr a lac are	J 11010 0110					Yes No
	(i) Unrelated organizations					72 2 2		. 3a(i)	
	(ii) Related organizations	• • • • • • • • •						. 3a(ii)	
1.	If "Yes" on line 3a(ii), are the related organiza	tions listed as regu	ired on Sche	dule R?				. 3b	
b	Describe in Part XIII the intended uses of the					150 W SEE			
4			OWITIGHT						
Pa	rt VI Land, Buildings, and Equip Complete if the organization	ment. encuered "Vec	" on Form	000 P	art IV/ line 1	11a S	ee Form 990 F	Part X Iii	ne 10.
				1			Accumulated	(d) Book	
	Description of property	(a) Cost or o		*****	or other basis other)	97975	epreciation	(4) 500	
_									280,357
1a	Land	· ·			280,357		101 713		82,045
b	Buildings	• •			083,758		101,713		95,626
С	Leasehold improvements	• •			748,424		552,798		
d	Equipment				878,800		593,994		284,806 763,776
е	Other				080,558		316,782		06,610
Tota	I. Add lines 1a through 1e. (Column (d) must	equal Form 990, P	art X, colum	ırı (B), Ilne	10c.)			0,5	,,,,,,,,

Schedule D (Form 990) 2020 SUGAR VALLEY RURA	AL CHARTER SCHOOL	OL	23-3014365	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered	d "Yes" on Form 99	0, Part IV, line 11	b. 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	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.	.) ▶			
Part VIII Investments - Program Related.				
Complete if the organization answered	d "Yes" on Form 99	0, Part IV, line 11	c. See Form 990, Part X	, line 13.
(a) Description of investment		b) Book value	(c) Method of valuation	
/ U U			Cost or end-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.	(.) ▶			
Part IX Other Assets. Complete if the organization answered	"Voc" on Form 00	0 Part IV line 11	d See Form 990 Part X	line 15
WATER THE PARTY OF	15000000.13	o, raitiv, ille i		ook value
	escription			2,746,48
(1)DEF OUTFLOWS RELATED TO PENSION OBL				345,01
(3)				,
(4)				
(6)		(1)		
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.	i.)		>	3,091,49
Part X Other Liabilities.				
Complete if the organization answered line 25.	d "Yes" on Form 99	0, Part IV, line 11	e or 11f. See Form 990,	Part X,
(a) Description of liability	(b) Book value			
(1) Federal income taxes	1-/ 55511 14140			
(2NET PENSION LIABILITY	12,851,	000		
(3NET OPEB LIABILITY	1,529,			
(4ACCR SALARY & BENEFITS	493,			
(5PAYROLL DEDUCTIONS & BENEFITS DUE	400,			
(6pef inflows related to pension obii	308,			
(7DEF INFLOWS RELATED TO OPEB OBLIG		855		
(8\u00fcnearned revenue		467		
(90THER LIABILITIES		007		

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

15,710,287

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) . ▶

Pai	Reconciliation of Revenue per Audited Financial Statements with Revenue p		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	9,528,854
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities	-	
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d Add lines 2a through 2d	2e	
e	Subtract line 2e from line 1	3	9,528,854
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		9,520,054
⁴ a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
C		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		9,528,854
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expense	s per Re	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	9,740,873
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	9,740,873
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	5 7		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIII.)		
b c	Other (Describe in Part XIII.) 4b Add lines 4a and 4b	4c	
b c 5	Other (Describe in Part XIII.)	4c 5	9,740,873
b c 5 Pai	Other (Describe in Part XIII.)	5	
b c 5 Pai	Other (Describe in Part XIII.)	5	
b c 5 Pai	Other (Describe in Part XIII.)	5	
b c 5 Pai	Other (Describe in Part XIII.)	5	
b c 5 Pai	Other (Describe in Part XIII.)	5	
b c 5 Pai	Other (Describe in Part XIII.)	5	
b c 5 Pai	Other (Describe in Part XIII.)	5	
b c 5 Pai	Other (Describe in Part XIII.)	5	
b c 5 Pai	Other (Describe in Part XIII.)	5	
b c 5 Pai	Other (Describe in Part XIII.)	5	
b c 5 Pai	Other (Describe in Part XIII.)	5	
b c 5 Pai	Other (Describe in Part XIII.)	5	
b c 5 Pai	Other (Describe in Part XIII.)	5	
b c 5 Pai	Other (Describe in Part XIII.)	5	
b c 5 Pai	Other (Describe in Part XIII.)	5	
b c 5 Pai	Other (Describe in Part XIII.)	5	
b c 5 Pai	Other (Describe in Part XIII.)	5	
b c 5 Pai	Other (Describe in Part XIII.)	5	
b c 5 Pai	Other (Describe in Part XIII.)	5	
b c 5 Pai	Other (Describe in Part XIII.)	5	
b c 5 Pai	Other (Describe in Part XIII.)	5	
b c 5 Pai	Other (Describe in Part XIII.)	5	
b c 5 Pai	Other (Describe in Part XIII.)	5	
b c 5 Pai	Other (Describe in Part XIII.)	5	

SCHEDULE O (Form 990 or 990-EZ)

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.

2020

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

SUGAR VALLEY RURAL CHARTER SCHOOL 23-3014365 01. Committee meeting documentation (Part VI, line 8b) THERE ARE NO COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY. 02. Form 990 governing body review (Part VI, line 11) THE BUSINESS MANAGER REVIEWS THE 990 BEFORE IT IS FILED. 03. CEO, executive director, top management comp (Part VI, line 15a) ALL EMPLOYEES COMPENSATION IS REVIEWED BY THE FINANCE COMMITTEE WHO USE COMPARABILITY DATA FROM LOCAL SCHOOL DISTRICTS. 04. Other officer or key employee compensation (Part VI, line 15b ALL EMPLOYEES COMPENSATION IS REVIEWED BY THE FINANCE COMMITTEE WHO USE COMPARABILITY DATA FROM LOCAL SCHOOL DISTRICTS. 05. Governing documents, etc, available to public (Part VI, line 19) THERE WERE NO REQUESTS FORM THE PUBLIC TO MAKE GOVERNING DOCUMENTS OR FINANCIAL STATEMENT AVAILABLE. THESE DOCUMENTS AND STATEMENTS WOULD BE AVAILABLE UPON REQUEST.

8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2020, or fiscal year beginning $\frac{07-01-2020}{}$, and ending $\frac{06-30-2021}{}$

▶ Do not send to the IRS. Keep for your records.

2020

OMB No. 1545-0047

Department of the Treasury

▶ Go to www.irs.gov/Form8879EO for the latest information

internal Revenue Service Sold Www.irs.gov/ Offico/1920 for the latest mormation.	
Name of exempt organization or person subject to tax	Taxpayer identification number
SUGAR VALLEY RURAL CHARTER SCHOOL	23-3014365
Name and title of officer or person subject to tax	
DEBRA MAUCK, BUSINESS MANAGER	
Part I Type of Return and Return Information (Whole Dollars Only)	
Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any,	
check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for the return being filed	
blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if yo	u entered -0- on the
return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.	
1a Form 990 check here ► 🗵 b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 9,528,854
2a Form 990-EZ check here ▶ □ b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here ► b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b
5a Form 8868 check here ▶ □ b Balance due (Form 8868, line 3c)	1002 N
6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here ▶ □ b Total tax (Form 4720, Part III, line 1)	
Part II Declaration and Signature Authorization of Officer or Person Subject to	
Under penalties of perjury, I declare that	
	nave examined a copy
of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge ar	
true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of	
I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the	
to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the	
processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and	
Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in	
software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this	
a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days p	
(settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of	
confidential information necessary to answer inquiries and resolve issues related to the payment. I have selecte	
identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic f	50-C-00*CF-00-00-00-00*CF
definition (1 114) as my signature for the discussion rotal and, it applicable, the sense in the discussion is	
PIN: check one box only	
X authorize Stephanie M Budman CPA PC to enter my PIN 14523	as my signature
ERO firm name Enter five numbers, but	
do not enter all zeros	
on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return.	
state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforem PIN on the return's disclosure consent screen.	entioned ERO to enter my
File of the retains disclosure consent screen.	
As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature	re on the tax year 2020
electronically filed return. If I have indicated within this return that a copy of the return is being filed with	a state agency(ies)
regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure	consent screen.
Signature of officer or person subject to tax Date	▶ 05-09-2022
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification	
	7431 82911
Trainbor (El III) Ioliotrou by your into digit con concert inti	Do not enter all zeros
I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indic	
that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) In	formation for Authorized
IRS e-file Providers for Business Returns.	
ERO's signature ▶ Stephanie M Budman Date	05-09-2022
Encougnation Properties of Patenties	
ERO Must Retain This Form - See Instructions	
De Not Submit This Form to the IDS Unless Deguested To	Do So