



# Crossroads Charter Schools

## April Board Meeting

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### **Date and Time**

Monday April 23, 2018 at 4:15 PM CDT

### **Location**

Crossroads Charter Schools 1011 Central Street Kansas City, MO 64105

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*Posted Friday, April 20th, 2018 at 4:15 p.m.*

Notice of Meeting

Board of Directors

### **Crossroads Charter Schools Monthly Board Meeting**

Monday, April 23rd at 4:15 p.m.

### **Meeting Location:**

Crossroads Academy-Central Street  
1011 Central  
Kansas City, MO 64105

**This is an open public meeting.**

*Representatives of the media may obtain copies of this notice by contacting Crossroads Charter Schools at the address listed above, or by calling (816) 221-2600.*

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## Agenda

### I. Opening Items

Opening Items

**A.** Record Attendance and Guests

**B.** Call the Meeting to Order

**C.** Approve Minutes

Approve minutes for March Board Meeting on March 19, 2018

### II. Finance

Finance

**A.** March Financials

**B.** March Register

**C.** Draft 2018-2019 Budget

Budget provided at meeting.

**D.** Draft 990 Report

**III. Facilities**

- A. Thayer Building Update

**IV. Development Committee**

- A. Development Update

**V. Governance**

- A. Long-Term Board Planning
- B. Missouri Ethics Commission
- C. Board Policies Update  
Policies will be provided at meeting.

**VI. Closed Session**

- A. Pursuant to 610.021. (1)

**VII. Closing Items**

- A. Adjourn Meeting

# Coversheet

## Call the Meeting to Order

**Section:** I. Opening Items  
**Item:** B. Call the Meeting to Order  
**Purpose:** FYI  
**Submitted by:**  
**Related Material:** Admin. Board Report - April 2018.pdf



Crossroads Charter Schools

# Administrative Board Report

Presented: April 23rd, 2018

Reporting on: March, 2018

## 2017 – 2018 SMART Goals

Goal	SMART GOAL	CURRENT STATUS
#1	Students will master <b>85%</b> of targeted learning goals by June 2018	73.1%
#2	2018 MAP Test Proficiency/Advanced goal: ELA : 64% Math: 59% Science: 55%	2017 ELA score: 64% 2017 Math score: 42% 2017 Science score: 51%
#3	Students will maintain an attendance rate of <b>95%</b> during the 2016-2017 school year	CACS - 94.61% (398.34) CAQH - 94.42% (216.74) CAHS - 93.12% (33.45) Total 94.05 <b>2017-2018 Results</b>
#4	Have a cash balance of <b>\$137,000</b> on June 30, 2018	<b>\$605,227</b>
#5	Raise <b>\$1,432,000</b> to fully fund Supplemental Operating Expenses by June 30, 2018	<b>\$1,035,584</b>

## Academic Report

### Academic Program

- Many staff at all three schools attended the Amplify Kansas City 2018 conference on March 2 and 3, an event held annually that engages educators of color who will amplify their voice in Kansas City, and to support diversity in our nation's classroom.
- Students in grades 2-8th took the Anet 3 Assessment during the week of March 12. We had very strong results in both math and ela. Our scores are compared with over 200 schools across the country who take the same Anet assessment. In every class except two, our students outperformed the Anet network average in Math. In every class except one, our students outperformed the Anet network average in ELA.

## Operations Report

Student Enrollment	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE
<b>CACS: Goal 424</b>	424	424	425	425	426	423	422	426			
<b>CAQH: Goal 230</b>	229	228	231	231	232	231	231	232			
<b>CHS: Goal 35</b>	34	34	35	38	38	36	36	36			

INCOME	EXPENSES	Income/Expense
<b>\$7,370,007</b>	<b>\$7,353,561</b>	<b>\$16,446</b>

### Facilities Updates

- The Crossroads administration and Facilities Committee, with the support of the Downtown Council and our construction team of MC Realty, BNIM and Turner Construction, have identified the Thayer Building at 816 Broadway to serve as the permanent site for Crossroads Preparatory Academy. The 71,000 square foot building, plus approximately 36,000 square feet of undeveloped land is under contract to be purchased, with an anticipated closing date of June 30, 2018. The Crossroads Administration and Facilities Committee are working with several lenders to secure a loan to complement the philanthropic contributions to the project

### Enrollment

- SchoolMint software provides convenient online enrollment and reenrollment for new students and returning

students.

- Crossroads is currently enrolling for the 18-19 enrollment period and currently have 790 Applicants

## Human Resources

- Recruiting for the following positions for the 18/19 School Year
  - Classroom Teacher (Elementary)
  - Classroom Teacher (High School)
  - Assistant Principal (High School)
  - Instructional Coach (High School)
  - ELL Teacher
  - SPED Teacher
  - Speech and Language Pathologist (Part Time)
  - Reading Specialist
  - STEM Teacher (Elementary)
  - Teacher Paraprofessional
  - School Nurse

## Development Report

### Significant Contacts/Activities:

3/1/18: Hosted Carey Wilkerson Looney, H&R Block Foundation at QH to discuss grant opportunities and plans for CPA

3/1/18: Submitted proposal to the W.T. Kemper Foundation

3/5/18: Hosted Whitney Hosty and Dwight Arn, Durwood Foundation to discuss plans for CPA

3/5/18: Submitted proposal to School Smart KC

3/9/18: Hosted a group of State of Missouri Representatives for school tour and informational presentation

3/21/18: Presented 5 year technology proposal to Beth Sweetman and the Committee for Grantmaking at DST Systems

FY18 Development Report	Operational	Off Budget	CPA Capital	QH Capital	Future Commitments
<b>Grants Received FY18</b>					
Sherman Family Foundation				\$250,000	
DST (restricted-Tech)	\$127,000				
Oppenstein Brothers Foundation		\$57,339			
Kauffman Foundation	\$224,975				\$224,975
SchoolSmartKC (pymt 1of2)	\$110,000				\$970,000
Kirk Family Foundation	\$15,000				
Stanley H. Durwood Foundation	\$50,000				
George K. Baum Family Foundation	\$75,000				
McGowan Charitable Foundation	\$25,000				
Francis Family Foundation	\$5,000		\$50,000		\$200,000
Royals Charities		\$11,000			
Early Education Grant Fund (pace)	\$50,000				\$50,000
Yoss Foundation		\$3,000			
<b>Grants Committed FY18</b>					
SchoolSmartKC (pymt 2of2)	\$120,000				
11th St. Neighborhood TIF fund (FY 18 reimb)	\$143,941				
Healthcare Foundation (2018 app)	\$11,235				
<b>Fundraisers</b>					
Fall Fundraiser	\$154,993				
<b>Other Giving</b>					
Individuals (non fundraiser)	\$23,280				
<b>Totals</b>	<b>\$1,135,424</b>	<b>\$71,339</b>	<b>\$50,000</b>	<b>\$250,000</b>	<b>\$1,244,975</b>
<b>Pending Requests</b>					
Stanley H. Durwood Foundation (CHS)			X		
Gary Dickinson Family Foundation (CHS)			X		

Jedel Foundation	X		X		
Charter School Growth Fund			X		
Sherman Family Foundation			X		
Hall Family Foundation			X		
W.T.Kemper Family Foundation			X		
School Smart KC	X				
					<i>as of 3/31/18</i>

# Coversheet

## Approve Minutes

**Section:** I. Opening Items  
**Item:** C. Approve Minutes  
**Purpose:** Approve Minutes  
**Submitted by:**  
**Related Material:** Minutes for March Board Meeting on March 19, 2018



APPROVED



## Crossroads Charter Schools

### Minutes

#### March Board Meeting

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**Date and Time**

Monday March 19, 2018 at 4:15 PM

**Location**

Crossroads Charter Schools 1011 Central Street Kansas City, MO 64105

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*Posted Friday, March 16th, 2018 at 4:15 p.m.*

Notice of Meeting

Board of Directors

**Crossroads Charter Schools  
Monthly Board Meeting**

Monday, March 19th at 4:15 p.m.

**Meeting Location:**

Crossroads Academy-Central Street  
1011 Central  
Kansas City, MO 64105

**This is an open public meeting.**

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**Trustees Present**

C. Hughley, D. Charity, D. Francis, P. Crawford, R. Cattelino, R. Moore

**Trustees Absent**

B. Sweetman

**Guests Present**

A. Nichols, D. Johnson, Kristen Brown, EdOps, R. Uptergrove

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**I. Opening Items**

**A. Record Attendance and Guests**

**B. Call the Meeting to Order**

C. Hughley called a meeting of the board of trustees of Crossroads Charter Schools to order on Monday Mar 19, 2018 at 4:19 PM.

**C. Approve Minutes**

D. Francis made a motion to approve minutes from the February Board Meeting on 02-26-18 February Board Meeting on 02-26-18.

R. Cattelino seconded the motion.

The board **VOTED** unanimously to approve the motion.

**II. Finance**

**A.**

### **February Financials**

YTD Total Revenue: \$6,658,316.00

YTD Total Expense: \$6,559,014.00

### **B. February Register**

R. Cattelino made a motion to Approve.

R. Moore seconded the motion.

The board **VOTED** unanimously to approve the motion.

### **C. 2018-2019 Student Transportation Update**

Anne Nichols, Chief Operating Officer, announced to the Board that Apple Bus Company has been awarded the contract for transportation services from the RFP. The contract is in the review process at this time. Crossroads has partnered with Kauffman, University Academy and Kipp to offer tiered routes for the 18-19 school.

## **III. Facilities**

### **A. Thayer Building Update**

Dean Johnson, Director, discussed updates to the Thayer building. Weekly meetings are now taking place architects and the construction company. Plans are in place to close on the building and quickly begin minor renovations to be ready for August 2018.

## **IV. Governance**

### **A. Charter Board Partners**

Courtney Hughley discussed the training opportunities Charter Board Partners has to offer and encouraged Board members to attend.

## **V. Closing Items**

### **A. Adjourn Meeting**

D. Francis made a motion to adjourn the meeting.

D. Charity seconded the motion.

The board **VOTED** unanimously to approve the motion.

#### **Roll Call**

R. Moore Aye

C. Hughley Aye

B. Sweetman Absent

P. Crawford Aye

D. Charity Aye

D. Francis Aye

R. Cattelino Aye

There being no further business to be transacted, and upon motion duly made, seconded and approved, the meeting was adjourned at 5:18 PM.

Respectfully Submitted,  
R. Uptergrove

# Coversheet

## March Financials

<b>Section:</b>	II. Finance
<b>Item:</b>	A. March Financials
<b>Purpose:</b>	FYI
<b>Submitted by:</b>	
<b>Related Material:</b>	2018 03 Finance Report.pdf 2018 03 Dashboard.pdf



# Crossroads Charter Schools

## MONTHLY FINANCE REPORT

March 2018

# Contents

- March Snapshot
- Dashboard
- Check Register

# March Snapshot

## Revenue

- 712K received in March
- Local Revenue at 73K, including 11K in unrestricted donations, and Prop C at 52K
- State Revenue paid at 570K
- Medicaid reimbursement of 17K received
- 450K remains in unrestricted donations
- Overall revenue at 77% of YTD budget target; a positive 2% variance

## Expenditures

- March expenditures at 755K, putting 3 month average at 817K
- YTD spending remains 3% over YTD budget target
- Decrease in classroom spending from previous months
- Food services forecast 20K under budget; transportation forecast 73K over budget with homeless/alternative transportation costs for the year
- Teachers and staff appear to be executing budget cuts as planned

## The Big Picture

- Ran at a 43K loss in March; currently operating at 16K surplus
- Cash Balance at 605K; have tied cash to actuals including adjustments for Thayer expenses
- ADA has been updated to 649 with DESE; current actual ADA is 648.53
- Forecasting a 63K surplus, including 150K increase in fundraising forecast and 40K decrease in PD and instructional materials spending
- Continuing to execute planned budget cuts will be crucial in the final quarter of the fiscal year

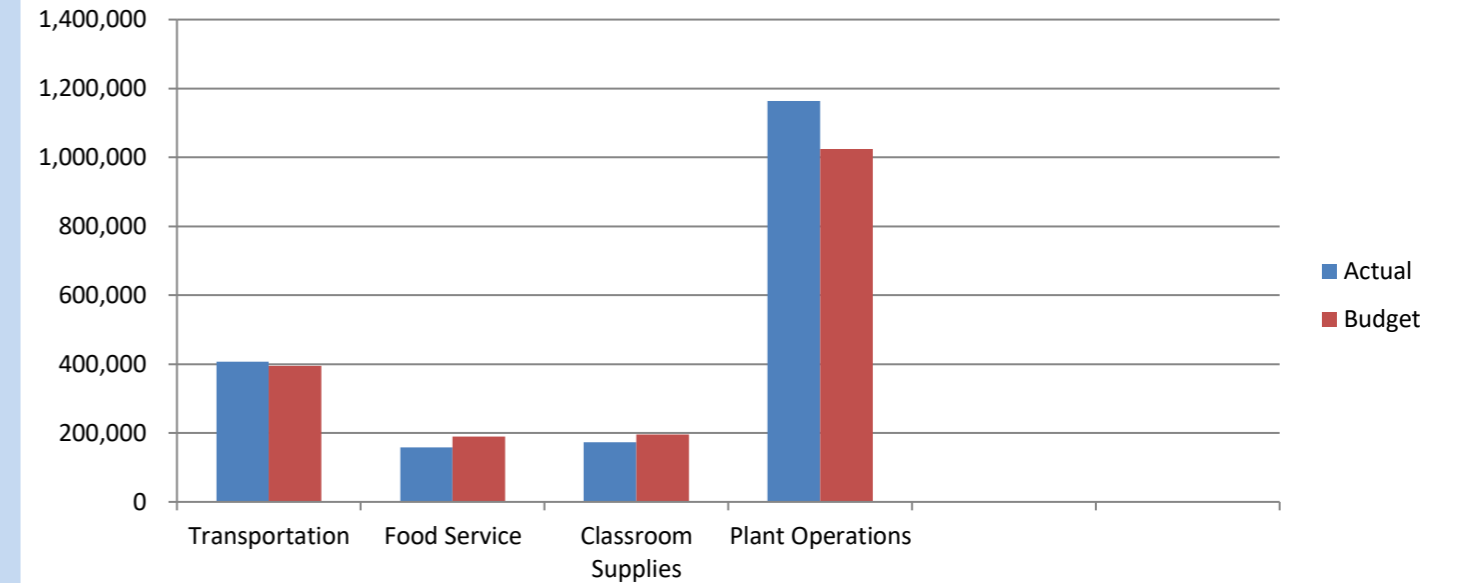


**Crossroads Academy Kansas City  
As of 3/31/2018**

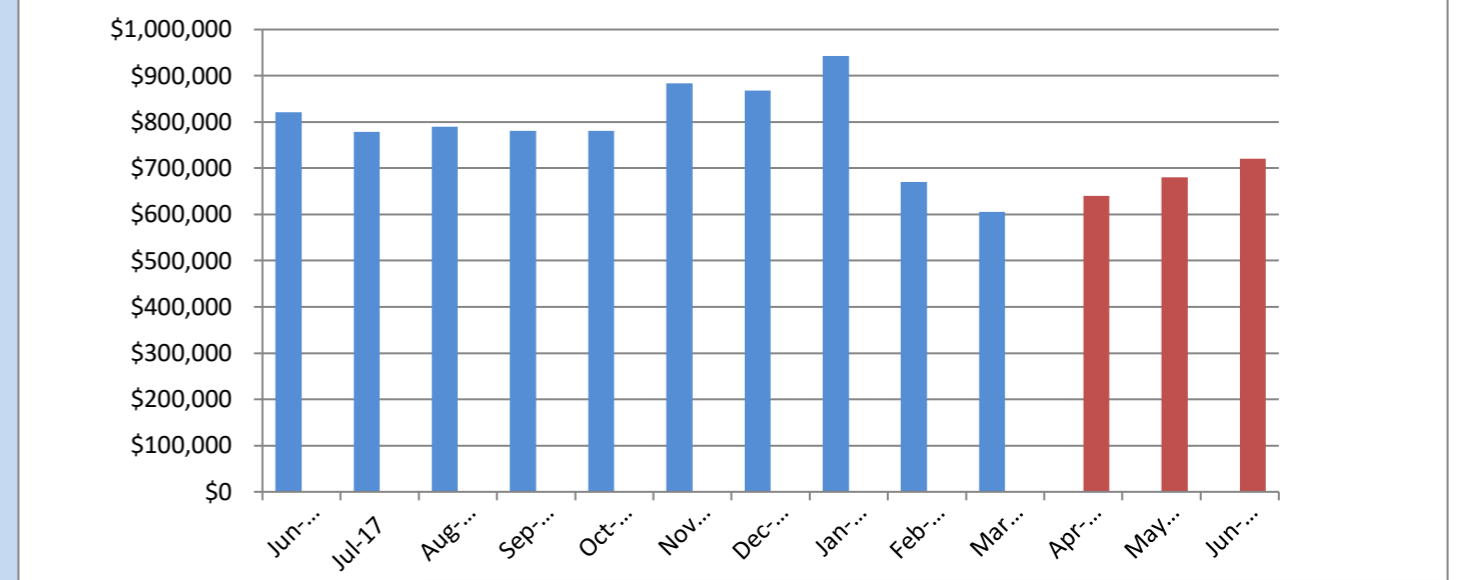
**STATEMENT OF ACTIVITIES**

	YTD		FY18		
	ACTUAL	BUDGET	FORECAST	BUDGET	VARIANCE
<b>REVENUE</b>					
5100 · Local Revenue	1,894,541	1,614,145	2,527,654	2,152,193	375,461
5300 · State Revenue	5,080,909	5,154,782	6,785,071	6,873,043	(87,972)
5400 · Federal Revenue	394,557	435,581	556,636	580,775	(24,139)
<b>TOTAL REVENUE</b>	<b>7,370,007</b>	<b>7,204,508</b>	<b>9,869,361</b>	<b>9,606,011</b>	<b>263,350</b>
<b>EXPENSES</b>					
6100 · Salaries	3,433,782	3,377,583	4,584,343	4,503,445	80,898
6200 · Benefits	944,608	1,038,244	1,263,433	1,384,325	(120,892)
6300 · Purchased Services	2,524,375	2,220,253	3,385,831	2,950,337	435,494
6400 · Supplies & Materials	450,796	472,733	572,364	630,310	(57,946)
6500 · Equipment	-	-	-	-	-
6600 · Debt Service and Other	-	-	-	-	-
<b>TOTAL EXPENSE</b>	<b>7,353,561</b>	<b>7,037,062</b>	<b>9,805,970</b>	<b>9,468,416</b>	<b>337,554</b>
<b>NET CHANGE IN ASSETS</b>	<b>16,446</b>	<b>167,446</b>	<b>63,390</b>	<b>137,594</b>	<b>(74,204)</b>
<b>June 30, 2017 Cash Balance:</b>	<b>\$821,459</b>				
<b>March 31, 2018 Cash Balance:</b>	<b>\$605,227</b>				
<b>Capital Improvement Adjustments:</b>	<b>\$159,171</b>				
<b>June 30, 2018 Cash Forecast:</b>	<b>\$725,678</b>				

**YTD EXPENSES - ACTUAL vs BUDGET BREAKOUT FOR PRIORITY ITEMS**



**PROJECTED MONTH-END CASH**



**Fundraising Tracking**

	FY 18 Budget	YTD Budget	YTD Actual
Fall Fundraiser	175,000.00	175,000.00	151,004.00
Spring Event	25,000.00	-	-
Other Interest	-	-	32,090.21
Leverage Loan Interest	43,752.00	32,817.00	32,817.00
CAKC Real Estate Donation	172,697.00	172,697.00	175,010.00
CAKC Real Estate Maintenance Fund	41,200.00	-	-
Other Giving	20,000.00	-	89,688.70
Grants	986,000.00	575,166.67	554,974.00
<b>Totals</b>	<b>1,463,649</b>	<b>955,681</b>	<b>1,035,584</b>

**PRIMARY REVENUE DRIVERS**

	FORECAST	BUDGETED	VARIANCE
Enrollment	689.00	687.00	2
Regular Term ADA	649.00	649.00	
Summer ADA	45.34	46.08	(1)
Remedial ADA	40.69	40.69	-
FRL	27.60	34.86	(7)
LEP	34.64	28.71	6
Total Wada	797.27	799.34	(2)
Per Wada Payment	8,601	8,670	(69)
Prior Year Adjustment	(32,434)		
State Revenue Projection	\$ 6,722,020	\$ 6,826,324	(104,303)

# Coversheet

## March Register

**Section:** II. Finance  
**Item:** B. March Register  
**Purpose:** Vote  
**Submitted by:**  
**Related Material:** 2018 03 Check Register.pdf

Crossroads Academy of Kansas City, Inc.  
04/18/2018 9:09 AM

**Check Register by Type**

Page: 1  
User ID: SAS

<b>Payee Type: Vendor</b>		<b>Check Type: Automatic Payment</b>				<b>Checking Account ID: 1</b>	
<u>Check Number</u>	<u>Check Date</u>	<u>Cleared</u>	<u>Void</u>	<u>Void Date</u>	<u>Entity ID</u>	<u>Entity Name</u>	<u>Check Amount</u>
1603563	03/23/2018	X			ATT	AT&T	756.85
1603564	03/28/2018	X			UHCBS	UHCBS REIMBURSEMENT	1,606.24
1603565	03/29/2018	X			UNITED	UNITED HEALTH CARE INSURANCE COMPANY	610.99
1603566	03/29/2018	X			BCBS	BLUE CROSS AND BLUE SHELDF OF KANSAS CITY	51,430.36
1603567	03/07/2018	X			UNUM	UNUM LIFE INSURANCE COMPANY OF AMERICA	1,368.39
1603568	03/02/2018	X			HVH	HISTORIC VIRGINIA HOTEL	24,166.67
1603569	03/02/2018	X			KCPL	KCP&L	7,283.91
1603570	03/21/2018	X			HARTFORD	THE HARTFORD INSURANCE COMPANY	1,140.63
1603571	03/21/2018	X			HANOVER	THE HANOVER INSURANCE CO	3,695.20
1603572	03/30/2018	X			AFLAC	AFLAC	2,417.88
1603573	03/28/2018	X			REPUBLIC	REPUBLIC SERVICES #468	0.00
1603574	03/01/2018	X			CAKCESTAT	CROSSROADS REAL ESTATE COMPANY	27,899.00
1603575	03/05/2018	X			COMMERCECC	COMMERCE BANK - COMMERCIAL CARDS	11,236.85
Checking Account ID: 1					Void Total:	0.00	Total without Voids: 133,612.97
Check Type Total: Automatic Payment					Void Total:	0.00	Total without Voids: 133,612.97

<b>Payee Type: Vendor</b>		<b>Check Type: Check</b>				<b>Checking Account ID: 1</b>	
<u>Check Number</u>	<u>Check Date</u>	<u>Cleared</u>	<u>Void</u>	<u>Void Date</u>	<u>Entity ID</u>	<u>Entity Name</u>	<u>Check Amount</u>
71533713	03/06/2018	X			PARALLEL	Parallel Employment Group	96.60
71533714	03/06/2018	X			METAL	METAL DOORS & FRAME COMPANY	74.00
71533715	03/06/2018	X			YARDI	YARDI MARKETPLACE	373.13
71533716	03/06/2018	X			ONVOLUNTEER	ONVOLUNTEER SOFTWARE	626.40
71533717	03/06/2018	X			CUMULUS	CUMULUS KANSAS CITY	1,239.00
71533718	03/06/2018	X			SHAW	SHAW ELECTRIC COMPANY	315.00
71533719	03/06/2018	X			SEALIFE	SEA LIFE	450.00
71533720	03/06/2018	X			CALL	THE CALL	654.00
71533721	03/06/2018	X			GREENEXPEC	GREEN EXPECTATIONS LANDSCAPING	260.00
71533722	03/06/2018	X			RAMAIR	RAM AIR	11.22
71534151	03/06/2018	X			SOLI	SOLI AND SOLI INC	364.00
71534152	03/06/2018	X			NORTHEAST	NORTHEAST NEWS	138.00
71534153	03/06/2018	X			OTIS	OTIS ELEVATOR	499.83
71534154	03/06/2018	X			MEDELLIN	Medellin Landscaping & Gardening	750.00
71534155	03/06/2018	X			QHA	QUALITY HILL ASSOCIATES LLC	1,200.00
71534156	03/06/2018	X			DOS	DOS MUNDOS	600.00
71534157	03/06/2018	X			AMERDINING	AMERICAN FOOD & VENDING CORP	16,666.38
71534414	03/06/2018	X			LISEKAT	KATIE LISEO	17.35
71534415	03/06/2018	X			ZETMIR	VIRGINIA ZETMEIR	141.19
71534416	03/06/2018	X			POPEMIL	MILDRED POPE	666.67
71534417	03/06/2018	X			MIDCON	MID-CON MANAGEMENT-DST	3,690.00
71534418	03/06/2018	X			DONALD	DONALD E MAXWELL, LLC	5,459.50
71534419	03/06/2018	X			EDOPS	EdOps	10,750.00
71534420	03/06/2018	X			TIERNEY	TIERNEY OFFICE PRODUCTS	550.35
71534421	03/06/2018	X			KELLY	KELLY SERVICES, INC	4,727.00
71541291	03/13/2018	X			PARALLEL	Parallel Employment Group	265.65
71541292	03/13/2018	X			KENTON	KENTON BROTHER'S INC	19.75
71541293	03/13/2018	X			ISS	ISS FACILITY SERVICES - KC	445.53
71541294	03/13/2018	X			ISS	ISS FACILITY SERVICES - KC	208.80
71541698	03/13/2018	X			KCTG	DBA KANSAS CITY TRANSPORTATION GROUP INC	6,357.00
71542039	03/13/2018	X			DATAMAX	DATAMAX, INC	1,692.35
71542040	03/13/2018	X			JAMF	JAMF SOFTWARE LLC	1,984.00
71542041	03/13/2018	X			TIERNEY	TIERNEY OFFICE PRODUCTS	88.05
71551879	03/20/2018	X			DEFFEN	DEFFENBAUGH DISPOSAL SERV	320.52
71551880	03/20/2018	X			K12ITC	K12 ITC, INC.	3,903.74
71551881	03/20/2018	X			PLAZAACADE	THE PLAZA ACADEMY	2,100.00
71551882	03/20/2018	X			CITYOFKC	CITY OF KANSAS CITY	910.00
71551883	03/20/2018	X			SUPERIOR	SUPERIOR MOVING AND STORAGE	500.00

Crossroads Academy of Kansas City, Inc.  
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**Check Register by Type**

Page: 2  
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71552335	03/20/2018	X			ATT	AT&T	172.99
71552336	03/20/2018	X			NORTHEAST	NORTHEAST NEWS	138.00
71552337	03/20/2018	X			MEDELLIN	Medellin Landscaping & Gardening	82.50
71552338	03/20/2018	X			STASON	STASON, LLC	398.68
71552339	03/20/2018	X			AMMICRO	American Micro Digital Document Management	45.00
71552340	03/20/2018	X			WESTPORT	WESTPORT ROANOKE	525.00
71552341	03/20/2018	X			AGUIRRECC	TONY AGUIRRE COMMUNITY CENTER	2,180.00
71552684	03/20/2018	X			ATRONIC	ATRONIC ALARMS INC	126.00
71552685	03/20/2018	X			PARKDAN	DANIELLE PARKER	666.00
71552686	03/20/2018	X			DATAMAX	DATAMAX, INC	2,030.23
71552687	03/20/2018	X			TIERNEY	TIERNEY OFFICE PRODUCTS	585.11
71552688	03/20/2018	X			KELLY	KELLY SERVICES, INC	928.00
71561542	03/26/2018	X			MORIEN	Jennifer Moriarty	41.59
71561543	03/26/2018	X			SEARMAR	MARIKATE SEARS	45.00
71561544	03/26/2018	X			KENNMAR	MARY KENNEDY	365.61
71561545	03/26/2018	X			BROWKIR	KIRSTEN BROWN	450.69
71562353	03/27/2018	X			BOARD	BOARD OF POLICE COMMISSIONERS	260.00
71562354	03/27/2018	X			KCAV	KANSAS CITY AUDIO-VISUAL	1,235.00
71562355	03/27/2018	X			MIDWEST	MIDWEST TECHNOLOGY CONNECTION	40.00
71562356	03/27/2018	X			IRESQ	IResQ	219.60
71562357	03/27/2018	X			NORTHEAST	NORTHEAST NEWS	1,068.00
71562358	03/27/2018	X			AMERDINING	AMERICAN FOOD & VENDING CORP	13,626.30
71562667	03/27/2018	X			TIERNEY	TIERNEY OFFICE PRODUCTS	90.04
71562668	03/27/2018	X			ATRONIC	ATRONIC ALARMS INC	113.00
71562669	03/27/2018	X			DATAMAX	DATAMAX, INC	189.00
71562670	03/27/2018	X			COMMSCHLMA	Communities in Schools of Mid-America	3,187.50
71562671	03/27/2018	X			HIGENE	HI-GENE'S JANITORIAL	3,992.00
71562672	03/27/2018	X			HIGENE	HI-GENE'S JANITORIAL	5,952.63
71562673	03/27/2018	X			PARKU	Park University	10,000.00
71562674	03/27/2018	X			APPLEBUS	APPLE BUS COMPANY	44,982.17
71562675	03/27/2018	X			FERGUSON	Ferguson Enterprises Inc # 215	491.79
71562676	03/27/2018	X			KELLY	KELLY SERVICES, INC	8,649.25
71563003	03/27/2018	X			VEOLIA	VEOLIA ENERGY	2,005.01
71563004	03/27/2018	X			SCHOLASTIC	SCHOLASTIC INC.	227.45
71563005	03/27/2018	X			MARSHM	MARSH & MCLENNAN AGENCY, LLC INC	250.00
71563006	03/27/2018	X			SCIENCETEA	SCIENCE TEACHERS OF MISSOURI	100.00
71563007	03/27/2018	X			PARALLEL	Parallel Employment Group	259.32
71563008	03/27/2018	X			MCREALTY	MC REALTY GROUP, LLC	4,923.75
71563009	03/27/2018	X			THYSSELEV	THYSSENKRUPP ELEVATOR CORP	321.06
71563010	03/27/2018	X			GREENEXPEC	GREEN EXPECTATIONS LANDSCAPING	130.00
71563011	03/27/2018	X			RAMAIR	RAM AIR	155.25
71563012	03/27/2018	X			RAMAIR	RAM AIR	94.56
71563013	03/27/2018	X			BNIM	BNIM, INC	17,001.32
71563014	03/27/2018	X			K12ITC	K12 ITC, INC.	4,508.58
71563015	03/27/2018	X			COTERIE	COTERIE THEATER	357.50
71563016	03/27/2018	X			MOCAPS	MO CAPS	75.00
71563017	03/27/2018	X			KCWATER	KCMO WATER SERVICES DEPARTMENT	11.12
71563018	03/27/2018	X			CARTER	CARTER BROADCAST GROUP	1,080.00
71563019	03/27/2018	X			ACCESS	ACCESS ELEVATOR & LIFTS, INC.	210.00
71563020	03/27/2018	X			GROUND	GROUND PENETRATING RADAR SYSTEMS, LLC	1,100.00
71563021	03/27/2018	X			OUTFRONT	OUTFRONT MEDIA	1,018.00
71563022	03/27/2018	X			SEALIFE	SEA LIFE	500.00
71563023	03/27/2018	X			OGLETREE	OGLETREE, DEAKINS, NASH, SMOAK & STEWART, P.C.	2,574.45
71563024	03/27/2018	X			MODIVEMPLY	MISSOURI DIVISION OF EMPLOYMENT	3,063.45
71563025	03/27/2018	X			KCWATER	KCMO WATER SERVICES DEPARTMENT	7.70
71563026	03/27/2018	X			IBPA	IBPA	50.00
71563027	03/27/2018	X			OUTFRONT	OUTFRONT MEDIA	382.00

Crossroads Academy of Kansas City, Inc.  
04/18/2018 9:09 AM

**Check Register by Type**

Page: 3  
User ID: SAS

<b>Payee Type: Vendor</b>		<b>Check Type: Check</b>			<b>Checking Account ID: 1</b>		
<u>Check Number</u>	<u>Check Date</u>	<u>Cleared</u>	<u>Void</u>	<u>Void Date</u>	<u>Entity ID</u>	<u>Entity Name</u>	<u>Check Amount</u>
71563028	03/27/2018	X			KCWATER	KCMO WATER SERVICES DEPARTMENT	509.43
71563029	03/27/2018	X			ONEBEAT	ONE BEAT CPR	96.00
71563642	03/28/2018	X			CUMULUS	CUMULUS KANSAS CITY	291.00
71563912	03/28/2018	X			AMMICRO	American Micro Digital Document Management	45.00
71564155	03/28/2018	X			MORIEN	Jennifer Moriarty	27.00
71564156	03/28/2018	X			ZETMIR	VIRGINIA ZETMEIR	34.75
71564157	03/28/2018	X			MIDCON	MID-CON MANAGEMENT-DST	3,780.00
Checking Account ID: 1					Void Total:	0.00	Total without Voids: 217,180.39
Check Type Total: Check					Void Total:	0.00	Total without Voids: 217,180.39
Payee Type Total: Vendor					Void Total:	0.00	Total without Voids: 350,793.36
Grand Total:					Void Total:	0.00	Total without Voids: 350,793.36

# Coversheet

## Draft 990 Report

**Section:** II. Finance  
**Item:** D. Draft 990 Report  
**Purpose:** Vote  
**Submitted by:**  
**Related Material:**  
01619100\_Crossroads Academy of Kansas\_990E\_PreparerCopyTaxReturn\_2016\_06....pdf

Form **990**

Department of the Treasury  
Internal Revenue Service

### Return of Organization Exempt From Income Tax

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

**A** For the 2016 calendar year, or tax year beginning **07/01/16**, and ending **06/30/17**

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C** Name of organization **CROSSROADS ACADEMY OF KANSAS CITY, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1015 CENTRAL**

City or town, state or province, country, and ZIP or foreign postal code  
**KANSAS CITY MO 64105**

**D** Employer identification number  
**45-3005772**

**E** Telephone number  
**816-221-2600**

**G** Gross receipts \$ **8,995,909**

**F** Name and address of principal officer:  
**DEAN JOHNSON**  
**1015 CENTRAL**  
**KANSAS CITY MO 64105**

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No

If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( )  t (insert no.)  4947(a)(1) or  527

**J** Website: **CROSSROADSACADEMYKC.ORG**

**H(c)** Group exemption number **u**

**K** Form of organization:  Corporation  Trust  Association  Other **u**

**L** Year of formation: **2011**

**M** State of legal domicile: **MO**

#### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PREPARE AND INSPIRE STUDENTS TO BUILD A BETTER TOMORROW BY PROVIDING AN ACADEMICALLY RIGOROUS K-12 EDUCATION IN A CREATIVE, COLLABORATIVE, COMMUNITY-FOCUSED ENVIRONMENT.</b>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)		<b>3</b>	<b>8</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)		<b>4</b>	<b>8</b>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)		<b>5</b>	<b>86</b>
	<b>6</b> Total number of volunteers (estimate if necessary)		<b>6</b>	<b>257</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12		<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34		<b>7b</b>	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	<b>1,823,033</b>	Current Year <b>1,796,143</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)		<b>4,814,404</b>	<b>7,155,242</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)			<b>44,524</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>8,701</b>	<b>0</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>6,646,138</b>	<b>8,995,909</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)			<b>0</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>3,043,112</b>	<b>4,875,083</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b>		<b>0</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<b>3,985,930</b>	<b>3,855,017</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<b>7,029,042</b>	<b>8,730,100</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		<b>-382,904</b>	<b>265,809</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	<b>555,687</b>	End of Year <b>821,496</b>
	<b>21</b> Total liabilities (Part X, line 26)		<b>0</b>	<b>0</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		<b>555,687</b>	<b>821,496</b>

#### Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: **DEAN JOHNSON** Date: **EXECUTIVE DIRECTOR**

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: **JON CUMMINGS, CPA** Preparer's signature: **JON CUMMINGS, CPA** Date: **04/13/18** Check  if self-employed PTIN: **P01780554**

Firm's name: **KPM CPAS, PC** Firm's EIN: **43-1109768**

Firm's address: **1445 E REPUBLIC RD SPRINGFIELD, MO 65804** Phone no.: **417-882-4300**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

**TO PREPARE AND INSPIRE STUDENTS TO BUILD A BETTER TOMORROW BY PROVIDING AN ACADEMICALLY RIGOROUS K-12 EDUCATION IN A CREATIVE, COLLABORATIVE, COMMUNITY-FOCUSED ENVIRONMENT.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **7,507,886** including grants of \$ ) (Revenue \$ **7,155,242** )  
**CROSSROADS ACADEMY SERVED 562 CHILDREN IN KINDERGARTEN THROUGH 8TH GRADE.**

DRAFT

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **u 7,507,886**



**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<b>X</b>
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>		<b>X</b>
<b>22</b>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b>	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? <i>If "Yes," complete Schedule J</i>		<b>X</b>
<b>24a</b>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		<b>X</b>
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b>	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):		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b>	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 "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>	<b>X</b>	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>36</b>	<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>		<b>X</b>
<b>37</b>	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>		<b>X</b>
<b>38</b>	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.	<b>X</b>	

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
<b>4a</b>	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)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>u</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	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?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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 in Schedule O		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<b>X</b>	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **u NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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: **u**

**ANNE NICHOLS**  
**KANSAS CITY**

**1015 CENTRAL**

**MO 64105**

**816-221-2600**

**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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) COURTNEY HUGHLEY	3.00									
PRESIDENT	0.00	X		X			0	0	0	
(2) PATSY VICHARELI	1.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(3) RICHARD MOORE	1.00									
TREASURER	0.00	X		X			0	0	0	
(4) BETH SWEETMAN	1.00									
MEMBER	0.00	X					0	0	0	
(5) CHRIS SWEENEY	1.00									
MEMBER	0.00	X					0	0	0	
(6) DIANE CHARITY	1.00									
MEMBER	0.00	X					0	0	0	
(7) DAVID FRANCIS	1.00									
MEMBER	0.00	X					0	0	0	
(8) RON CATTELINO	1.00									
MEMBER	0.00	X					0	0	0	
(9) DEAN JOHNSON	40.00									
EXECUTIVE DIRECTOR	0.00			X			100,724	0	18,296	
(10) LAURA LACROIX	40.00									
PRINCIPAL	0.00			X			93,063	0	17,295	
(11) TYSIE MCDOWELL-RAY	40.00									
CHIEF ACADEMIC OFFIC	0.00			X			91,176	0	17,220	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ANNE NICHOLS CHIEF OPERATING OFFI	40.00 0.00			X				77,365	0	18,162
(13) LINDSAY YATES PRINCIPAL	40.00 0.00			X				72,577	0	14,400
(14) KIRSTEN BROWN PRINCIPAL	40.00 0.00			X				70,180	0	12,555
<b>1b Sub-total</b> u								<b>505,085</b>		<b>97,928</b>
<b>c Total from continuation sheets to Part VII, Section A</b> u										
<b>d Total (add lines 1b and 1c)</b> u								<b>505,085</b>		<b>97,928</b>

DRAFT

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
AMERICAN FOOD AND VENDING CORP LEES SUMMIT MO 64086	777 NW BLUE PARKWAY FOOD SERVICE	227,588
K12 ITC, INC. KANSAS CITY MO 64151	5904 NW 63RD TERRACE TECHNOLOGY	174,892
HI-GENE'S JANITORIAL NORTH KANSAS CITY MO 64116	P.O. BOX 12385 JANITOR/CUSTODI	119,293

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 3**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>1,796,143</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>		<b>1,796,143</b>			
<b>Program Service Revenue</b>	<b>2a</b> GOVERNMENT GRANTS	Busn. Code <b>611710</b>	<b>7,026,636</b>	<b>7,026,636</b>			
	<b>b</b> MISCELLANEOUS	<b>611710</b>	<b>69,224</b>	<b>69,224</b>			
	<b>c</b> FEES AND SERVICES	<b>611710</b>	<b>59,382</b>	<b>59,382</b>			
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f	<b>u</b>		<b>7,155,242</b>			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	<b>44,524</b>			<b>44,524</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	(i) Real					
		(ii) Personal					
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)						
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	<b>b</b> Less: cost or other basis & sales exps.						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)	<b>u</b>					
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events	<b>u</b>						
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
<b>b</b> Less: direct expenses	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
<b>b</b> Less: cost of goods sold	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>						
Miscellaneous Revenue	Busn. Code						
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d	<b>u</b>						
<b>12 Total revenue.</b> See instructions.	<b>u</b>		<b>8,995,909</b>	<b>7,155,242</b>	<b>0</b>	<b>44,524</b>	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	498,644	428,834	69,810	
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	3,304,300	2,841,698	462,602	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	328,101	282,167	45,934	
9 Other employee benefits	462,055	397,367	64,688	
10 Payroll taxes	281,983	242,505	39,478	
11 Fees for services (non-employees):				
a Management				
b Legal	31,387		31,387	
c Accounting	8,909		8,909	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	655,003	563,303	91,700	
12 Advertising and promotion	224,613	112,059	112,554	
13 Office expenses	10,293		10,293	
14 Information technology				
15 Royalties				
16 Occupancy	1,185,272	1,019,334	165,938	
17 Travel	15,422	15,422		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	19,510	19,510		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	53,360	45,890	7,470	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>BUILDINGS</b>	623,718	623,718		
b <b>GENERAL SUPPLIES</b>	582,774	471,323	111,451	
c <b>STUDENT BUS TRANSPORTATIO</b>	433,951	433,951		
d <b>TUITION</b>	10,805	10,805		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,730,100	7,507,886	1,222,214	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				



**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest bearing	<b>555,687</b>	<b>1</b>	<b>821,496</b>
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)		<b>555,687</b>	<b>16</b>	<b>821,496</b>
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses		<b>17</b>	
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25		<b>0</b>	<b>26</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	<b>555,687</b>	<b>27</b>	<b>783,241</b>
	<b>28</b> Temporarily restricted net assets		<b>28</b>	<b>38,255</b>
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	<b>555,687</b>	<b>33</b>	<b>821,496</b>	
<b>34</b> Total liabilities and net assets/fund balances	<b>555,687</b>	<b>34</b>	<b>821,496</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>8,995,909</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>8,730,100</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>265,809</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	<b>555,687</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	<b>821,496</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	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 compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	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 on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		<b>X</b>
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

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

**u Attach to Form 990 or Form 990-EZ.**

**u** Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

**CROSSROADS ACADEMY OF KANSAS  
CITY, INC.**

Employer identification number

**45-3005772**

**Part I 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.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: .....
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  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.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  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: .....
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 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.)
- 11  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 12g.
  - a  **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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2016

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

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

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12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2015 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) <b>u</b>	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17	<b>18</b>	%

- 19a 33 1/3% support tests—2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<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?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> 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? <i>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.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>			
<b>2</b> Activities Test. <i>Answer (a) and (b) below.</i>			
<b>a</b> 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>2a</b>			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
<b>a</b> 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>Provide details in Part VI.</i>			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>3b</b>			

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

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

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4).	8	
<b>Section B - Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		



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

<b>Section D - Distributions</b>	<b>Current Year</b>
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013 .....			
<b>d</b> From 2014 .....			
<b>e</b> From 2015 .....			
<b>f</b> <b>Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013 .....			
<b>c</b> Excess from 2014 .....			
<b>d</b> Excess from 2015 .....			
<b>e</b> Excess from 2016 .....			

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

**u Attach to Form 990, Form 990-EZ, or Form 990-PF.**

**u Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2016**

<b>Name of the organization</b> <b>CROSSROADS ACADEMY OF KANSAS</b> <b>CITY, INC.</b>	<b>Employer identification number</b> <b>45-3005772</b>
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**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( **3** ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

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

**Special Rules**

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

PAGE 1 OF 2

Page 2

Name of organization

CROSSROADS ACADEMY OF KANSAS

Employer identification number

45-3005772

**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	EWING MARION KAUFFMAN FOUNDATION 4801 ROCKHILL ROAD KANSAS CITY MO 64110	\$ 233,435	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	GEORGE K. BAUM FAMILY FOUNDATION 4801 MAIN STREET STE 500 KANSAS CITY MO 64112	\$ 75,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	LOUETTA M. COWDEN FOUNDATION P.O. BOX 219119 KANSAS CITY MO 64121	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	STANLEY DURWOOD FOUNDATION 4756 OAK STREET APT 711 KANSAS CITY MO 64112	\$ 170,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	FRANCIS FAMILY FOUNDATION 800 W. 47TH STREET STE 717 KANSAS CITY MO 64112	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	DST SYSTEMS 333 W. 11TH STREET KANSAS CITY MO 64105	\$ 234,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

PAGE 2 OF 2

Page 2

Name of organization <b>CROSSROADS ACADEMY OF KANSAS</b>	Employer identification number <b>45-3005772</b>
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	MATTHEW AND JUDITY FLYNN 3415 COLEMAN ROAD KANSAS CITY MO 64111	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ENTERPRISE BANK 12695 METCALF AVENUE OVERLAND PARK KS 66123	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	HALL FAMILY FOUNDATION P.O. BOX 410247 KANSAS CITY MO 64141	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	GARY DICKINSON FAMILY CHARITABLE FOUNDATION P.O. BOX 26158 KANSAS CITY MO 64196	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	H&R BLOCK 4400 MAIN STREET KANSAS CITY MO 64111	\$ 30,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	JOHN AND MARNY SHERMAN 2000 SHAWNEE MISSION PARKWAY MISION WOODS KS 66205	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

u 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. u Attach to Form 990.

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

u Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

CROSSROADS ACADEMY OF KANSAS CITY, INC.

Employer identification number

45-3005772

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, and questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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 are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance, d Additions during the year, e Distributions during the year, f Ending balance

Table with 2 columns: Description, Amount. Rows: 1c, 1d, 1e, 1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %, b Permanent endowment %, c Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations, (ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a-1e

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

**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part 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) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) <b>u</b>		

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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



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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>8,995,909</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>8,995,909</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>8,995,909</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>8,730,100</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>8,730,100</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>8,730,100</b>

**Part XIII Supplemental Information.**

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

**PART X - FIN 48 FOOTNOTE**

THE SCHOOL COMPLIES WITH THE PROVISIONS OF FASB ASC 740-10-25. UNDER THIS STANDARD, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH THE TAX TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THE POSITION WILL BE SUSTAINED. THE IMPLEMENTATION OF FASB ASC 740-10-25 HAD NO IMPACT ON THE SCHOOL'S FINANCIAL STATEMENTS. THE SCHOOL DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. NO INTEREST OR PENALTIES WERE ACCRUED AS OF JUNE 30, 2017, AS A RESULT OF THE ADOPTION OF THIS STANDARD.

**Part XIII Supplemental Information** *(continued)*

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Schools**

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

u Information about Schedule E (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

**CROSSROADS ACADEMY OF KANSAS**  
**CITY, INC.**

Employer identification number  
**45-3005772**

**Part I**

		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?	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II <b>IT IS POSTED ON OUR WEBSITE AND STUDENT APPLICATIONS.</b>	X	
4	Does the organization maintain the following?		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		X
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II. <b>SCHOLARSHIPS ARE NOT AWARDED OR PROVIDED.</b>	X	
5	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		X
b	Admissions policies?		X
c	Employment of faculty or administrative staff?		X
d	Scholarships or other financial assistance?		X
e	Educational policies?		X
f	Use of facilities?		X
g	Athletic programs?		X
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		X
6a	Does the organization receive any financial aid or assistance from a governmental agency?	X	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II.		X
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	X	

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

**SCH E - FINANCIAL AID OR GOVERNMENT ASSISTANCE EXPLANATION**

**THE ORGANIZATION RECEIVED \$611,545 IN FEDERAL GRANTS FROM THE U.S. DEPARTMENT OF AGRICULTURE AND THE U.S. DEPARTMENT OF EDUCATION.**

**SCH E - ADDITIONAL INFORMATION**

**THE ORGANIZATION IS NOT REQUIRED TO FILE SCHEDULE E. THE ORGANIZATION IS A CHARTER SCHOOL; A PUBLIC SCHOOL; THEREFORE IT IS NOT A PRIVATE SCHOOL AND SCHEDULE E IS NOT REQUIRED TO BE COMPLETED.**

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

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

OMB No. 1545-0047

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

**2016**

Department of the Treasury  
Internal Revenue Service

u Attach to Form 990 or 990-EZ.

**Open to Public Inspection**

u Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **CROSSROADS ACADEMY OF KANSAS CITY, INC.**

Employer identification number  
**45-3005772**

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
THE BOARD OF DIRECTORS WILL REVIEW AND APPROVE THE FORM 990 PRIOR TO  
IT BEING FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
EACH BOARD MEMBER SIGNS THE CONFLICT OF INTEREST POLICY AT THE BEGINNING OF  
EACH FISCAL YEAR.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
BOARD MEMBERS REVIEW SALARY COMPENSATION FOR SUPERINTENDENTS AND PRINCIPALS  
IN MISSOURI.

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FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
BOARD MEMBERS REVIEW SALARY COMPENSATION FOR SUPERINTENDENTS AND PRINCIPALS  
IN MISSOURI.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
ALL DOCUMENTS REQUIRED BY SECTION 1604 FOR PUBLIC INSPECTION ARE AVAILABLE  
UPON REQUEST AT OUR OFFICE LOCATION.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

u Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

u Attach to Form 990.

u Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

**CROSSROADS ACADEMY OF KANSAS  
CITY, INC.**

Employer identification number

**45-3005772**

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					

**Part II Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) <b>CROSSROADS REAL ESTATE COMPANY 4700 BETTERVIEW AVENUE, SUITE 404 47-5066158 KANSAS CITY MO 64112</b>			<b>509A3</b>	<b>12A</b>	<b>N/A</b>		<b>X</b>
(2) .....							
(3) .....							
(4) .....							
(5) .....							

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

Schedule R (Form 990) 2016

DAA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....												
(2) .....												
(3) .....												
(4) .....												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) .....									
(2) .....									
(3) .....									
(4) .....									

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		<b>X</b>
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>X</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		<b>X</b>
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		<b>X</b>
<b>e</b> Loans or loan guarantees by related organization(s) .....		<b>X</b>
<b>f</b> Dividends from related organization(s) .....		<b>X</b>
<b>g</b> Sale of assets to related organization(s) .....		<b>X</b>
<b>h</b> Purchase of assets from related organization(s) .....		<b>X</b>
<b>i</b> Exchange of assets with related organization(s) .....		<b>X</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		<b>X</b>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>X</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		<b>X</b>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		<b>X</b>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		<b>X</b>
<b>o</b> Sharing of paid employees with related organization(s) .....		<b>X</b>
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		<b>X</b>
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		<b>X</b>
<b>r</b> Other transfer of cash or property to related organization(s) .....		<b>X</b>
<b>s</b> Other transfer of cash or property from related organization(s) .....		<b>X</b>

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**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> CROSSROADS REAL ESTATE COMPANY	<b>K</b>	<b>332,329</b>	<b>COST</b>
<b>(2)</b> CROSSROADS REAL ESTATE COMPANY	<b>B</b>	<b>210,952</b>	<b>COST</b>
<b>(3)</b>			
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			



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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													

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**Part VII**

**Supplemental Information**

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

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Form <b>990</b>		<b>Two Year Comparison Report</b>			<b>2015 &amp; 2016</b>
Name		For calendar year 2016, or tax year beginning <b>07/01/16</b> , ending <b>06/30/17</b>			Taxpayer Identification Number
<b>CROSSROADS ACADEMY OF KANSAS CITY, INC.</b>					<b>45-3005772</b>
			<b>2015</b>	<b>2016</b>	<b>Differences</b>
<b>Revenue</b>	1. Contributions, gifts, grants	1.	<b>1,823,033</b>	<b>1,796,143</b>	<b>-26,890</b>
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.	<b>4,814,404</b>	<b>7,155,242</b>	<b>2,340,838</b>
	5. Investment income	5.		<b>44,524</b>	<b>44,524</b>
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.	<b>8,701</b>		<b>-8,701</b>
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>12.</b>	<b>6,646,138</b>	<b>8,995,909</b>	<b>2,349,771</b>
<b>Expenses</b>	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	<b>88,849</b>	<b>498,644</b>	<b>409,795</b>
	16. Salaries, other compensation, and employee benefits	16.	<b>2,954,263</b>	<b>4,376,439</b>	<b>1,422,176</b>
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	<b>459,825</b>	<b>695,299</b>	<b>235,474</b>
	19. Occupancy, rent, utilities, and maintenance	19.	<b>356,323</b>	<b>1,185,272</b>	<b>828,949</b>
	20. Depreciation and Depletion	20.			
	21. Other expenses	21.	<b>3,169,782</b>	<b>1,974,446</b>	<b>-1,195,336</b>
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>22.</b>	<b>7,029,042</b>	<b>8,730,100</b>	<b>1,701,058</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>23.</b>	<b>-382,904</b>	<b>265,809</b>	<b>648,713</b>
<b>Other Information</b>	24. Total exempt revenue	24.	<b>6,646,138</b>	<b>8,995,909</b>	<b>2,349,771</b>
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	<b>4,823,105</b>	<b>7,199,766</b>	<b>2,376,661</b>
	27. Total assets	27.	<b>555,687</b>	<b>821,496</b>	<b>265,809</b>
	28. Total liabilities	28.			
	29. Retained earnings	29.	<b>555,687</b>	<b>821,496</b>	<b>265,809</b>
	30. Number of voting members of governing body	30.	<b>8</b>	<b>8</b>	
	31. Number of independent voting members of governing body	31.	<b>8</b>	<b>8</b>	
	32. Number of employees	32.	<b>66</b>	<b>86</b>	
	33. Number of volunteers	33.	<b>120</b>	<b>257</b>	

Form <b>990</b>	<b>Tax Return History</b>	<b>2016</b>
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Name <b>CROSSROADS ACADEMY OF KANSAS CITY, INC.</b>	Employer Identification Number <b>45-3005772</b>
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	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants .....				1,823,033	1,796,143	
Membership dues .....						
Program service revenue .....				4,814,404	7,155,242	
Capital gain or loss .....						
Investment income .....					44,524	
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....				8,701		
<b>Total revenue</b> .....				<b>6,646,138</b>	<b>8,995,909</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....				88,849	498,644	
Other compensation .....				2,954,263	4,376,439	
Professional fees .....				459,825	695,299	
Occupancy costs .....				356,323	1,185,272	
Depreciation and depletion .....						
Other expenses .....				3,169,782	1,974,446	
<b>Total expenses</b> .....				<b>7,029,042</b>	<b>8,730,100</b>	
<b>Excess or (Deficit)</b> .....				<b>-382,904</b>	<b>265,809</b>	
<b>Total exempt revenue</b> .....				<b>6,646,138</b>	<b>8,995,909</b>	
Total unrelated revenue .....						
Total excludable revenue .....				4,823,105	7,199,766	
Total Assets .....				555,687	821,496	
Total Liabilities .....						
Net Fund Balances .....				555,687	821,496	

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 44,524		14			
TOTAL	<u>\$ 44,524</u>					

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01619100 Crossroads Academy of Kansas  
 45-3005772  
 FYE: 6/30/2017

## Federal Statements

### Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
STUDENT/INSTRUCTIONAL SERVICE	\$ 655,003	\$ 563,303	\$ 91,700	\$
TOTAL	\$ 655,003	\$ 563,303	\$ 91,700	\$ 0

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# Coversheet

## Long-Term Board Planning

**Section:** V. Governance  
**Item:** A. Long-Term Board Planning  
**Purpose:** Discuss  
**Submitted by:**  
**Related Material:** Draft Board Member Agreement - April 2018.docx.pdf  
Board Master Calendar DRAFT.pdf

## Draft

### Crossroads Charter Schools

#### Board of Directors

#### Board Member Agreement

- signed by all new board members prior to joining the board
- signed by all existing board members annually

## Our Mission

Crossroads Charter Schools prepare and inspire students to build a better tomorrow by providing an academically rigorous K-12 education in a creative, collaborative, community-focused environment.

## Our Vision

Crossroads Charter Schools will be the premier school system in Kansas City and a destination for other educators seeking inspiration and best practices. Graduates of Crossroads Charter Schools will be scholarly, culturally literate and service-oriented individuals who will pursue their dreams relentlessly and have a positive impact on their family their community and the world.

## Board Member Expectations:

1. Support the Mission and Vision of the School
2. Prepare for and attend scheduled board meetings
3. Maintain a working knowledge of the financial and academic performance of the school
4. Serve on a minimum of one board committee or task force
5. Make an annual financial contribution
6. Complete 16 hours of training in the first year and 4 hours each year thereafter
7. Spend a half-day each year observing or volunteering in a class room
8. Attend at least 2 school or fundraising events each school year
9. File an annual financial disclosure with the state of Missouri
10. Understand and sign the conflict of interest statement annually



11. Read and acknowledge the Bylaws of the Board of Directors
12. Participate in the annual performance review of the Executive Director
13. Participate in an annual self-review of the board
14. Maintain legal and regulatory compliance

Crossroads Charter Schools Responsibilities:

1. Provide Orientation for all new board members
2. Provide an annual Board Calendar
3. Maintain directors and officers liability insurance.
4. Provide important information on a timely basis
5. Provide a variety of training opportunities

\_\_\_\_\_  
Crossroads Schools Board President      Date

\_\_\_\_\_  
Signature of Board Member      Date

\_\_\_\_\_  
Printed name of Board Member

Agenda Item	Board Approval Required	Needs Board Review	Notes
<b>JULY</b>			
MckInney Vento Job Description Review	July		DESE requirement
Executive Director Job Description Review	July		
Conflict of Interest Statements	July		Annual signature by board
End of Year Financials	July		
UCM Accountability Contract	July		
Suicide Prevention Policy	July		
SPED Compliance Plan	July		MO State plan and local plan
District Assessment Plan	July		
Dyslexia Screening Plan	July		
Sunshine Law Review		July	Could have consultant review
<b>AUGUST</b>			
Annual Goals: Board Strategic Plan	August		
Annau Oversight Review	August		
Town Hall Meeting			
<b>SEPTEMBER</b>			
Board Self Assesment		Sept	
ED Survey and Self Assessment		Sept	
School Safety Update		Sept	
<b>OCTOBER</b>			
Annual Meeting - By Laws	October		
DESE Core Data Report		October	
Performance Review Complete		October	
Parent Involvement Committee Report		October	
<b>NOVEMBER</b>			
President confirm and executive summary of ED Review	November		Closed Session
Development Report		November	
<b>DECEMBER</b>			
Approve Audit	December		
<b>JANUARY</b>			
Approve Staff Increase	January		
School Safety Update		January	
Annual Goals: Board Strategic Plan		January	
<b>FEBRUARY</b>			

Agenda Item	Board Approval Required	Needs Board Review	Notes
School Calendar	February		
Review Staffing Plan	February		
Financial Budget Forecast	February		
Long Term Enrollment Review		February	
Town Hall Meeting			
<b>MARCH</b>			
Approve 990	March		
Review Annual Draft Budget	March		
<b>APRIL</b>			
Review Annual Draft Budget		April	
Review Pro Forma (Budget)		April	
Review and Confirm Board Terms of Service	April		
Development Report		April	
<b>MAY</b>			
Review Annual Draft Budget		May	
Review Pro Forma (Budget)		May	
<b>JUNE</b>			
Approve Final Budget	June		
Approve Pro Forma (Budget)	June		
Health Insurance Renewal	June		
Transportation Renewal	June		
Food Services Renewal	June		
EdOps Renewal	June		
Property Insurance Review	June		
Elect Officers; Review and Confirm Board Terms of Service	June		
School Safety Update		June	
Finance Committe		MTYLY Report	
Facilities Committee		QRTLRY Report	Include MCR; replacement reserves, rennovation projects; safety; inspections
Student Performance Committee		QRTLRY Report	Review testing data, manage discipline hearings
Executive Committee		Annual	Board Policy; Legal
Board Calendar		Annual Calendar with QRTLRY updates	Include meetings, school events and trainings