

**SARASOTA MILITARY ACADEMY  
COMBINED BOARD OF DIRECTORS  
GOVERNING BOARD AND FOUNDATION, INC. BOARD  
REMOTE MEETING AGENDA  
Thursday May 14, 2020  
2:30 pm**

- Call to Order
- Approval of Minutes
  - March 5, 2020
  - April 17, 2020
- Executive Director of Schools' Report
  - Community Outreach Director Report
  - Head of School Report - SMA Prep
  - Head of School Report - SMA High
- SAI/Commandant's Report
- Treasurer's Report
- SMA Foundation, Inc. Report
  - Approval of Revised Executive Director Job Description
- Chairperson's Report
- Old Business
- New Business
- Public Comment
- Meeting Adjournment

# **Sarasota Military Academy**

## **BOARD OF DIRECTORS**

### **MEETING MINUTES**

5 March, 2020

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#### **Board of Director Members' Attendance**

##### **Present:**

Mr. Herb Jones, Chairman  
Ben Knisely, COL USA (Ret), Secretary  
Ms. Carter Donovan  
Mr. Warren P. Hudson  
Ms. Linda Long  
Dr. Thomas J. McElheny (by phone)

Howard G. Crowell, Jr., LTG USA (Ret), Chairman, SMA Foundation Inc.

**Absent:** F. Steven Herb, Esquire, Vice Chairman; Mr. Kimball Bobbitt, Treasurer; Frederick M. Derr, CAPT USN (Ret), Treasurer, SMA Foundation Inc.; Ms. Alexandra Quarles, SMA Foundation Inc.; SMA-LTC Dr. Catherine Rodriguez, Assistant Head of School, High School Campus; MAJ Becky Morris, Assistant Head of School, Middle School Campus; SMA-LTC Ryan Lee, Assistant Head of School, Middle School Campus; SMA-MAJ Amy Mazner, Athletic Director, High School Campus; SMA-MAJ Leslie Smith, Athletic Director, Middle School Campus

#### **SMA Administrative Staff in Attendance**

SMA-COL Christina Bowman, Executive Director of Schools  
SMA-COL Frederick Fout, Head of School, High School Campus  
LTC Ben Weiss, Commandant of Cadets – Senior Army Instructor  
SMA-LTC Abby Williams, Assistant Head of School, High School Campus  
SMA-MAJ Steve Kok, Director of Finance  
SMA-COL Tom Vara, Head of School, Middle School Campus  
SMA-LTC Lisa Currie, Assistant Head of School, Middle School Campus  
SMA-MAJ Dr. Todd Brown, Director of Outreach

**Guests: Members of the SMA faculty, staff and PTCC representatives.**

Michele Collins, HS PTCC President; SMA-CPT Jennifer Vanston, High School Faculty Rep; SMA-CPT Bryan Burns, Prep Faculty Rep; SMA-MAJ Brandon Sikkenga, World Languages Department Chair, HS Campus  
Location: SMA High School campus.

The chairman called the meeting to order at 2:29 pm.

**Motion to Approve the Minutes from the 13 February, 2020 meeting:**

Mr. Warren Hudson moved to approve the 13 February, 2020 minutes; COL Ben Knisely seconded the motion and the board unanimously approved.

SMA-COL Christina Bowman introduced the cadet/Regimental Commander Juliana Rendle to discuss the meeting with Vice President Mike Pence at Dolphin Aviation with fifty other cadets. She presented to the board the details of the visit and mentioned exchanging coins by giving VP Pence the SMA coin and receiving the challenge coin from the Vice President.

**Executive Director of School Report:** SMA-COL Bowman provided a read-ahead report. She provided handouts of the enrollment for both campuses for the upcoming school year. She discussed numbers for the eighth grade acceptance confirmed to the high school with personal phone calls made by the administrative team to the undecided eighth graders. Chairman Herb Jones inquired as to the availability of placing portables on the prep campus in which SMA-MAJ Steve Kok replied that he is currently researching costs for leasing or purchasing and staff to execute.

SMA-COL Bowman commended the staff and administration for maintaining composure during the initial COVID-19 scare at the high school. She stated that assistance came only from the Florida Department of Education and was not contacted by the District.

**Community Outreach Director Report:** Dr. Todd Brown provided a read-ahead report.

**Technology Report:** N/A

**SMA Prep Head of School Report:** SMA-COL Tom Vara provided a read-ahead report. He discussed the collaboration with SMA-COL Fred Fout on curriculum and him speaking with current eighth graders regarding the new Academic Pathways at the high school. SMA-COL Vara stated LTC Ben Weiss also on campus addressing formation and the cadets. He mentioned the continuation of tightening security of vulnerable areas during the necessary security drills.

SMA-COL Vara mentioned negative language being used on gender and race on campus and stated community circles in a roundtable have been put in place weekly.

**SMA Prep Athletics Report:** SMA-CPT Smith provided a read-ahead report. SMA-COL Vara discussed the girls soccer team had a winning season and entered the playoffs as the number one seed. He mentioned the lacrosse season has started with its first year and performing well considering the mixed levels of talent.

**MYP:** SMA-LTC Lisa Currie had nothing to report but mentioned presenting next board meeting on curriculum grades six through twelve.

**SMA Head of School Report:** SMA-COL Fout provided a read-ahead report. He discussed five wrestlers exceling to states in Kissimmee as well as three cadets earning a spot at the National Championships of the JROTC Marksmanship in Ohio. SMA-COL Fout stated the Spring Concert is scheduled for 10 March and the testing season is fast approaching once returned from Spring Break.

**SMA HS Athletics Report:** SMA-MAJ Amy Mazner provided a read-ahead report. She discussed the need for golfers for The Golfers Challenge in April as Ms. Linda Long presented her with a check for four golfers.

**IB Report:** N/A

**SAI/Commandant's Report:** LTC Ben Weiss provided a read-ahead report. He discussed how the synergy with the prep is off the charts with image and climate. LTC Weiss mentioned the first JROTC Newsletter has been created with the goal to be produced quarterly and delivered to the highest levels. He stated one packet was given to The Vice President as well as one for The President during the visit with SMA at Dolphin Aviation.

LTC Weiss further discussed his inquiry for a sit down in The White House with a good possibility that both the VP and President would sit for a twenty minute presentation. He added that formations are getting stronger and tighter and that uniforms are looking better. Ms. Long commended LTC Weiss on the newsletter and stated how helpful it is for someone not in the military. LTC Weiss stated his goal is to deliver the newsletter to all the nation's leaders.

**Staff Representatives:** SMA-CPT Jennifer Vanston provided a read-ahead report. She mentioned discussing with SMA-COL Fout on creating a way to highlight special lessons that occur in the classrooms in which Chairman Jones agreed on the great idea. SMA-CPT Bryan Burns had nothing to report.

**Treasurer's Report:** SMA-MAJ Steve Kok provided a read-ahead report. He discussed the current financials and his meeting with Wells Fargo and SMA-COL Bowman. Mr. Hudson stated the possibility of pay raises next school year is in direct correlation to the increase of FTE. Chairman Jones stated that the academy's revenue only derives from FTE and donations in which SMA-COL Bowman stated that the number one goal next year is to provide raises to faculty.

**PTCC Report:** Ms. Michele Collins provided a read-ahead report and mentioned awarding 11K in grants this year thus far.

**Foundation, Inc.:** Chairman Howard Crowell stated a successful interview this week on the new position with the SMA Foundation. SMA-COL Bowman stated he appeared to be a good fit for SMA with a pleasant demeanor and felt he would perform well with current donors as well as donor retention.

**Marketing Report:** Dr. Thomas McElheny discussed the goals for the marketing is to increase incremental enrollment at the high school and to increase awareness through brand marketing. He further discussed the various mediums available highlighting digital marketing with GEO marketing specifically. Dr. McElheny stated how GEO marketing works through GEO Fencing with location and GPS. He discussed his meeting with Channel 7 marketing team and the costs involved to incorporate this type of marketing.

Dr. McElheny offered a donation to cover costs incurred for the creation of the videos and asked if the SMA Foundation can cover the monthly cost for a five-month trial run. He explained the low opportunity costs for increased enrollment. Chairman Jones agreed to move forward in which Mr. Hudson stated his initial gift is unrestricted and may be used to cover half of the total cost to implement.

**Committee Reports:** N/A

**Chairman:** Chairman Jones stated that Ms. Carter Donovan has resigned effective 31 March. He stated she has been on the board for seven years and will be missed. SMA-COL Bowman presented Ms. Donovan with flowers and an SMA coin.

**Old Business:** N/A

**New Business:** N/A

**Public Comments:**

The chairman adjourned the meeting at 3:55 pm.

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Mr. Herb Jones, Chairman

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Date

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COL Ben Knisely, Secretary

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Date

## **Sarasota Military Academy**

### **BOARD OF DIRECTORS**

### **MEETING MINUTES (VIRTUAL)**

17 April, 2020

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#### **Board of Director Members' Attendance**

##### **Present:**

Mr. Herb Jones, Chairman  
F. Steven Herb, Esquire, Vice Chairman  
Ben Knisely, COL USA (Ret), Secretary  
Mr. Warren P. Hudson  
Ms. Linda Long  
Dr. Thomas J. McElheny

Howard G. Crowell, Jr., LTG USA (Ret), Chairman, SMA Foundation Inc.  
Frederick M. Derr, CAPT USN (Ret), Treasurer, SMA Foundation Inc.  
Ms. Alexandra Quarles, SMA Foundation Inc.  
Mr. Rafael Robles, Executive Director, SMA Foundation Inc.

**Absent:** Mr. Kimball Bobbitt, Treasurer

#### **SMA Administrative Staff in Attendance**

SMA-COL Christina Bowman, Executive Director of Schools  
SMA-COL Frederick Fout, Head of School, High School Campus  
LTC Ben Weiss, Commandant of Cadets – Senior Army Instructor  
SMA-LTC Dr. Catherine Rodriguez, Assistant Head of School, High School Campus  
SMA-LTC Abby Williams, Assistant Head of School, High School Campus  
SMA-MAJ Steve Kok, Director of Finance  
SMA-MAJ Amy Mazner, Athletic Director, High School Campus  
SMA-COL Tom Vara, Head of School, Middle School Campus  
SMA-LTC Lisa Currie, Assistant Head of School, Middle School Campus  
SMA-LTC Ryan Lee, Assistant Head of School, Middle School Campus  
MAJ Becky Morris, Assistant Head of School, Middle School Campus  
SMA-MAJ Dr. Todd Brown, Director of Outreach  
SMA-MAJ Leslie Smith, Athletic Director, Middle School Campus

Location: Virtual

The chairman called the meeting to order at 2:35 pm.

**Executive Director of School Report:** SMA-COL Christina Bowman commended the administrative team and the staff on both campuses for the transition to distance learning.

**Community Outreach Director Report:** Dr. Todd Brown discussed Project Earth Day on 22 April at 10am with his presentation and live Q&A panels working with Ms. Kate Brooks and nine other speakers on wildlife trade and markets. He stated the summit this summer may have to be postponed or cancelled. Dr. Brown stated the largest media in Switzerland has contacted him for an interview on Operation Outbreak and how the platform is receiving worldwide recognition.

**Technology Report:** N/A

**SMA Prep and HS Head of School Report:** SMA-COL Tom Vara discussed the transition to distance learning with no participation of a few students online. He further discussed the challenge of keeping the students engaged and excited about distance learning as well as looking at ideas on performing an online promotion ceremony. Chairman Herb Jones mentioned the challenges with absenteeism across the country and inquired as to how the SMA compares in which SMA-COL Vara replied that most students are absent to a class or two but not the whole distance learning experience. SMA-COL Fred Fout replied only five students have no engagement with most missing participation in one class only. He also mentioned the SWST team has identified students in need of extra immediate services and partnered with First Step and the Lean On Me Partnership program to provide immediate resources.

COL Ben Knisely stated the possibility of continuing remotely in the fall and suggested compiling what works and what doesn't from faculty to be prepared over the summer. SMA-COL Fout stated that the teachers are coming up with great ways and tools to be engaging as Flipgrid and Google Meet and becoming more comfortable with videos. He stated a survey was sent out electronically to all senior cadets and parents to choose which style of graduation they would prefer.

Ms. Linda Long inquired as to how the fall would be handled academically if distance learning continues with mandatory attendance and the need for creating baselines. SMA-COL Bowman replied should distance learning continue in the fall that more structure would be needed grades six through twelve and will purchase seventy new chromebooks through Title IV funds and a matched grant.

**SMA Prep Athletics Report:** N/A

**SMA Head of School Report:** N/A

**SMA HS Athletics Report:** N/A

**IB Report:** N/A

**SAI/Commandant's Report:** N/A

**Staff Representatives:**

**Treasurer's Report:** SMA-MAJ Steve Kok discussed the current financial status for both campuses and stated the increased savings with the lowering of overhead expenses of utilities, busses and substitute teachers used for testing during the fourth quarter. Vice Chairman F. Steven Herb inquired as to the decrease of FTE due to the COVID-19 pandemic in which SMA-MAJ Kok replied that only a few cadets shy with no anticipation of any withdrawals. Chairman Jones inquired as to accessibility of loans or grants through the stimulus package in which SMA-MAJ Kok replied that he is currently researching a three month deferment of principal payments to benefit cash flow savings.

**PTCC Report:** N/A

**Foundation, Inc.:** Chairman Howard Crowell introduced Mr. Rafael Robles as the Executive Director for the Foundation. Mr. Robles discussed the immediate challenge he attacked on his first day of implementing a campaign for The Giving Challenge. Chairman Crowell stated his approach to The Giving Challenge is very organized and encouraged all board members to participate. Mr. Robles requested the board to submit an individual 30-second video on "Why SMA" to participate in The Giving Challenge. COL Ben Knisely suggested creating a Facebook frame for people to add to their profile page. Chairman Crowell stated to not cut corners as the SMA reputation is at hand.

**Marketing Report:** N/A

**Committee Reports:** N/A

**Chairman:** N/A

**Old Business:** N/A

**New Business:** N/A

**Public Comments:** N/A

The chairman adjourned the meeting at 3:55 pm.

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Mr. Herb Jones, Chairman

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Date

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COL Ben Knisely, Secretary

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Date



## **Read Ahead: May '20: Todd Brown**

### **May**

- Continue to modify and evolve Project Human/UN SDGs Model for Learning based on teacher and administration partnership and feedback (see presentation)
- Met with Vice President of Communications for National Geographic
- Met with CDC
- Upcoming recorded video conference with students and teacher about experiences as SMA with Inspire as part of the official launch of music video
- Finalization of the Inspire New Eyes Challenge
- Begin heading SMA Hygiene Team to update and improve campus health
- Begin to formulate layout for Project Life
- Operation Outbreak News
  - Version 2 in June
  - Version 3 in August
  - Science and governance curriculum for schools and teachers in August
  - Launch of open source web platform for data collection and sharing

## **Board Meeting**

### **May 14, 2020**

#### **-End of the year dates**

- May 22: The completion of distance learning**
- May 29: Final grades**

#### **-8th-grade promotion: The Prep will be conducting two promotion ceremonies.**

- The first will be a virtual promotion on Thursday, June 4th at 6:00 pm.**
- The second will be a live full promotion ceremony scheduled for August 4th at Bayside Church on Bee Ridge as long as social distancing guidelines allow for this event.**

#### **-2020-21 Enrollment**

- We are calling all cadets who have not completed the re-registration process**
- We will fill any open seats with cadets on the waiting list**

#### **-Staffing**

- The Prep administration team is finalizing staffing for next year**
- There are currently five positions open at this time**
  - (2)-Math**
  - (2)-Design**
  - (1)-English**
- We are reviewing applications at this time**

To: Governing Board, Sarasota Military Academy  
Through: SMA-COL Bowman, Christina, Executive Director  
801 North Orange Avenue  
Sarasota, Florida 34236

From: SMA-COL Fout, Frederick T., Head of School  
Sarasota Military Academy  
801 North Orange Avenue  
Sarasota, Florida 34236

Date: 11 May 2020

Re.: Board Report for Regular Sarasota Military Academy Board Meeting on  
Thursday, 14 May 2020

Accomplishments:

- Distribution of 54 Chromebook Devices to Cadets
- Provided faculty and full staff professional development and meetings covering the following topics:
  - Social Emotional Learning focus during Pandemic
  - E-learning Guidance through District Instructional Continuity Plan and SMA Policy and Procedure
- Participated in multiple meetings for the following organizations:
  - SWST (School Wide Support Team)
  - Safety
  - Instructional Leadership Team
  - Various Departments
- Met with Instructional Leadership Team (ILT), to include Administration, Program Directors, and Department Chairs, to clarify and update on
  - E-learning Guidance and Cadet Support Systems
- Weekly meetings with Commandant
- Daily meetings with Administrative Team
- Multiple meetings with individual Teachers, Parents, and Cadets regarding issues related to cadet success at SMA
- Meeting with District regarding Assessment requirements for Graduating Senior, upperclassmen that still need FSA ELA or Algebra 1, all 10th grade cadets that missed out on FSA ELA and all cadets that missed out on Algebra 1

On-Going Projects:

- Development of Academic Pathways, promotional materials and resources, and training for Staff, Faculty and Administration and development of promotional materials and website - Now Live on Website

- Development of instructional video materials and communication video and Live broadcasts to inform current parents and parents of rising PREP cadets
- Parent and cadet contacts to encourage positive participation in e-learning

Upcoming Events:

- Senior Pick Up and Drop Off Event, May 14
- Underclassmen Pick Up and Drop Off Event, May 15
- Last Day of Regular Classes, May 22
- Virtual Graduation Ceremony for Departing Military Senior, May 21
- IB Senior Awards Presentation, May 21
- Finals Week - Google Meets, May 26-29
- Virtual Awards and Recognition, TBA
- Tentative: Graduation, July 24

**Sarasota Military Academy**  
**Balance Sheet- By Campus**  
As of March 31, 2020

	HS	Prep	Total
<b>ASSETS</b>			
<b>Current Assets</b>			
<b>Bank Accounts</b>			
1110 Cash and cash equivalents			
1109 Petty Cash	400	400	800
1111 WF Operating Account	124,987		124,987
1113 SMA PTCC Account	17,875		17,875
1117 WF Credit Card Machine	7,666		7,666
1118 WF Business Market Savings	28,433		28,433
1119 SMA Prep Checking		62,465	62,465
1120 Athletics Account	59,000		59,000
1121 Prep PTCC Account		49,698	49,698
1123 Prep CC Machine		6,959	6,959
1124 SMA Wreaths	34,271		34,271
Total 1110 Cash and cash equivalents	\$ 272,631	\$ 119,523	\$ 392,154
8-1111 Sport Team Bank Accounts	80,525		80,525
Total Bank Accounts	\$ 353,156	\$ 119,523	\$ 472,678
<b>Other Current Assets</b>			
1220 Due from Other Governments			
1221 A/R ROTC	23,979		23,979
1222 A/R Due from District	132,511	52,825	185,336
Total 1220 Due from Other Governments	\$ 156,489	\$ 52,825	\$ 209,315
Total Other Current Assets	\$ 156,489	\$ 52,825	\$ 209,315
Total Current Assets	\$ 509,645	\$ 172,348	\$ 681,993
<b>Fixed Assets</b>			
<b>1300 Fixed Assets</b>			
1310 Land	973,750	7,424,550	8,398,300
1320 Land Improvements	73,227	42,750	115,978
1330 Building & Improvements	11,656,758	2,017,648	13,674,406
1340 Furniture, Fixtures & Equipment	1,619,526	380,249	1,999,775
1350 Motor Vehicles	535,364	232,835	768,199
1370 Capital Lease Equipment	53,300		53,300
<b>1380 Audio-visual Material &amp; Softwar</b>			
1381 Audio-visual Materials	1,504		1,504
1382 Computer Software	4,697	93,386	98,083
Total 1380 Audio-visual Material & Softwar	\$ 6,201	\$ 93,386	\$ 99,587
1390 Computer Equipment	120,746	499,080	619,826
Total 1300 Fixed Assets	\$ 15,038,872	\$ 10,690,498	\$ 25,729,370
<b>1550 Accumulated Depreciation</b>			
1329 AD- Land Improvements	(45,675)	(17,548)	(63,223)
1339 AD- Buildings & Improvements	(3,117,914)	(266,330)	(3,384,245)

1349 AD- Furniture, Fixtures & Equip	(1,408,242)	(264,150)	(1,672,392)
1359 AD- Motor Vehicles	(350,313)	(112,792)	(463,105)
1379 AD- Capital Lease Property	(53,300)		(53,300)
1388 AD- Audio-visual Materials	(100)		(100)
1389 AD- Computer Software	(59,321)	(445,356)	(504,678)
1399 AD - Audio Visual	(501)		(501)
<b>Total 1550 Accumulated Depreciation</b>	<b>\$ (5,035,367)</b>	<b>\$ (1,106,177)</b>	<b>\$ (6,141,545)</b>
<b>Total Fixed Assets</b>	<b>\$ 10,003,504</b>	<b>\$ 9,584,321</b>	<b>\$ 19,587,825</b>
<b>Other Assets</b>			
1625 Due From SMA Prep - Long-term	2,422,792	(2,422,792)	0
1626 Due from Foundation	143,779		143,779
<b>Total Other Assets</b>	<b>\$ 2,566,570</b>	<b>\$ (2,422,792)</b>	<b>\$ 143,779</b>
<b>TOTAL ASSETS</b>	<b>\$ 13,079,719</b>	<b>\$ 7,333,877</b>	<b>\$ 20,413,597</b>
<b>LIABILITIES AND EQUITY</b>			
<b>Liabilities</b>			
<b>Current Liabilities</b>			
<b>Accounts Payable</b>			
2120 Accounts Payable	39,974	21,218	61,192
<b>Total Accounts Payable</b>	<b>\$ 39,974</b>	<b>\$ 21,218</b>	<b>\$ 61,192</b>
<b>Credit Cards</b>			
2150 Wells Fargo Visa CC			
2152 Stephen Kok	28,638		28,638
2155 Kevin Nasby	887		887
2163 Amy Mazner	553		553
2164 Donna Hoefer HS	352		352
<b>Total 2150 Wells Fargo Visa CC</b>	<b>\$ 30,430</b>	<b>\$ -</b>	<b>\$ 30,430</b>
2180 Wells Fargo SMA Prep Visa CC			
2183 Stephen Kok		16,424	16,424
2184 Matthew Freddes		119	119
2185 Rebecca Morris		19	19
2186 Betty Bultemeier		375	375
2191 Lisa Currie		306	306
<b>Total 2180 Wells Fargo SMA Prep Visa CC</b>	<b>\$ -</b>	<b>\$ 17,243</b>	<b>\$ 17,243</b>
<b>Total Credit Cards</b>	<b>\$ 30,430</b>	<b>\$ 17,243</b>	<b>\$ 47,673</b>
<b>Other Current Liabilities</b>			
2110 Accrued Payroll			
2112 Accrued Payroll	237,984	184,219	422,203
<b>Total 2110 Accrued Payroll</b>	<b>\$ 237,984</b>	<b>\$ 184,219</b>	<b>\$ 422,203</b>
2170 Accrued Payroll Liabilities	9,173	7,630	16,803
<b>2200 Other Current Liabilities</b>			
2230 Current Portion of LTD	161,000	454,796	615,796
<b>Total 2200 Other Current Liabilities</b>	<b>\$ 161,000</b>	<b>\$ 454,796</b>	<b>\$ 615,796</b>
<b>8-2290 Funds Held on Behalf of Others</b>	<b>80,525</b>		<b>80,525</b>
<b>Total Other Current Liabilities</b>	<b>\$ 488,682</b>	<b>\$ 646,644</b>	<b>\$ 1,135,326</b>
<b>Total Current Liabilities</b>	<b>\$ 559,086</b>	<b>\$ 685,105</b>	<b>\$ 1,244,191</b>
<b>Long-Term Liabilities</b>			
2320 Bonds Payable			

2323 Educational Bond - 2012	4,365,000		4,365,000
2326 Prep Bond Payable - \$7.5M		6,079,557	6,079,557
2327 Prep Bond Payable - \$1M		820,411	820,411
2328 Wells Fargo Equipment Loan for Building 5		(47,265)	(47,265)
<b>Total 2320 Bonds Payable</b>	<b>\$ 4,365,000</b>	<b>\$ 6,852,704</b>	<b>\$ 11,217,704</b>
2330 Accrued Vacation	18,307		18,307
2380 Interest Rate Swap	469,679		469,679
<b>Total Long-Term Liabilities</b>	<b>\$ 4,852,986</b>	<b>\$ 6,852,704</b>	<b>\$ 11,705,690</b>
<b>Total Liabilities</b>	<b>\$ 5,412,072</b>	<b>\$ 7,537,809</b>	<b>\$ 12,949,881</b>
<b>Equity</b>			
3010 Invested in Capital Assets, Net	5,185,344	2,063,868	7,249,212
3020 Temporarily Restricted Net Assets	59,880	13,412	73,292
3030 Unrestricted Net Assets	2,456,416	(2,316,840)	139,576
Net Income	(33,993)	35,629	1,636
<b>Total Equity</b>	<b>\$ 7,667,648</b>	<b>\$ (203,932)</b>	<b>\$ 7,463,716</b>
<b>TOTAL LIABILITIES AND EQUITY</b>	<b>\$ 13,079,720</b>	<b>\$ 7,333,877</b>	<b>\$ 20,413,597</b>

Thursday, Apr 23, 2020 04:58:45 AM GMT-7 - Accrual Basis

**Sarasota Military Academy**  
**Profit and Loss - Monthly - By Campus**  
**March 2020**

	HS	Prep	Total
<b>Income</b>			
3100 Federal Direct	23,979		23,979
3300 Revenue from State Sources	357,476	311,786	669,262
3400 Revenue from Local Sources	191,197	135,966	327,163
3741 Insurance Loss Recovery		677	677
<b>Total Income</b>	<b>\$ 572,652</b>	<b>\$ 448,429</b>	<b>\$ 1,021,081</b>
<b>Gross Profit</b>	<b>\$ 572,652</b>	<b>\$ 448,429</b>	<b>\$ 1,021,081</b>
<b>Expenses</b>			
4100 Salaries	345,275	269,260	614,535
4200 Employee Benefits	87,966	74,291	162,257
4300 Purchased Services	70,914	51,605	122,520
4400 Energy Services	10,610	4,784	15,395
4500 Materials & Supplies	5,397	4,866	10,263
4600 Capital Outlay	22,896	2,693	25,589
4700 Other Expenses	75,155	35,376	110,531
<b>Total Expenses</b>	<b>\$ 618,213</b>	<b>\$ 442,876</b>	<b>\$ 1,061,089</b>
<b>Net Operating Income</b>	<b>\$ (45,561)</b>	<b>\$ 5,553</b>	<b>\$ (40,008)</b>
<b>Net Income</b>	<b>\$ (45,561)</b>	<b>\$ 5,553</b>	<b>\$ (40,008)</b>

**Sarasota Military Academy**  
**Profit and Loss - YTD - By Campus**  
**July 2019 - March 2020**

	HS	Prep	Total
<b>Income</b>			
3100 Federal Direct	212,601		212,601
3200 Federal Through State & Local	34,697	28,389	63,086
3300 Revenue from State Sources	3,604,106	2,895,791	6,499,897
3400 Revenue from Local Sources	1,891,178	1,269,372	3,160,550
3741 Insurance Loss Recovery	12,486	677	13,163
<b>Total Income</b>	<b>\$ 5,755,068</b>	<b>\$ 4,194,230</b>	<b>\$ 9,949,298</b>
<b>Gross Profit</b>	<b>\$ 5,755,068</b>	<b>\$ 4,194,230</b>	<b>\$ 9,949,298</b>
<b>Expenses</b>			
4100 Salaries	3,170,867	2,385,107	5,555,973
4200 Employee Benefits	834,192	690,118	1,524,310
4300 Purchased Services	732,964	484,197	1,217,161
4400 Energy Services	103,705	77,084	180,789
4500 Materials & Supplies	150,285	79,351	229,636
4600 Capital Outlay	106,151	73,116	179,267
4700 Other Expenses	690,898	369,628	1,060,526
<b>Total Expenses</b>	<b>\$ 5,789,061</b>	<b>\$ 4,158,601</b>	<b>\$ 9,947,662</b>
<b>Net Operating Income</b>	<b>\$ (33,993)</b>	<b>\$ 35,629</b>	<b>\$ 1,636</b>
<b>Net Income</b>	<b>\$ (33,993)</b>	<b>\$ 35,629</b>	<b>\$ 1,636</b>



# Cash Statement of Operations- Monthly (PE 03-31-20)

March	Total March	Operating March	Capital March
3191 • ROTC	23,979	23,979	0
3226 • Title II \$			0
3227 • Title IV \$			0
3230 • IDEA Revenue			0
3310 • Florida Ed. Fin. Program (FTE)	478,840	478,840	0
3320 • Proration to Appropriation			0
3330 • State Categorical Instructional	8,257	8,257	0
3344 • Discretionary Lottery			0
3361 • School Recognition Funds	-832	-832	0
3368 • Safe Schools Allocation	6,627	6,627	0
3373 • Reading Programs	4,427	4,427	0
3374 • Supplemental Academic Inst	21,586	21,586	0
3376 • Digital Classroom Allocation	677	677	0
3396 • Classroom for Kids	95,377	95,377	0
3397 • Charter School Capital Outlay	54,303		54,303
3411 • District Schools Taxes	235,694	235,694	0
3413 • District 1.5 Millage	35,969		35,969
3430 • Interest Inc. (Invest. & Accts)	9	9	0
3440 • Gifts, Grants & Bequests	1,500	1,500	0
3455 • Vending Revenue	207	207	0
3490 • Misc Local Sources	53,785	53,785	0
3741 • Insurance Loss Recovery	677	677	0
<b>Total Income</b>	<b>1,021,082</b>	<b>930,810</b>	<b>90,272</b>
4100 • Salaries (plus stipends)	538,610	538,610	0
4110 • Admin Salaries	59,185	59,185	0
4140 • Adjunct Faculty & Subs	16,739	16,739	0
4210 • Retirement Benefits	52,051	52,051	0
4220 • SS & Medicare	45,836	45,836	0
4230 • Employee Insurance	54,643	54,643	0
4240 • Worker's Compensation	3,722	3,722	0
4250 • Unemployment Compensation	108	108	0
4291 • Employee Medical Reimburse.	5,897	5,897	0
4292 • Employee Training & Seminars	0	0	0
4293 • Other Employee Benefits			0
4310 • Professional & Technical Serv.	64,981	64,981	0
4320 • Insurance	16,315	16,315	0
4330 • Travel			0
4350 • Repairs & Maintenance	4,365	4,365	0
4360 • Lease Costs	17,724	17,724	0
4370 • Comm. (Postage, Phone)	7,349	7,349	0
4380 • Water & Sewer	3,265	3,265	0
4390 • Other Purchased Services	8,521	8,521	0
4392 • Dual Enrollment Fees			0
4430 • Electricity	12,182	12,182	0
4450 • Fuel (Gasoline)	205	205	0
4460 • Fuel (Diesel)	3,007	3,007	0
4510 • Supplies - Classroom	826	826	0
4520 • Textbooks			0
4521 • Textbooks - Dual Enrollment			0
4530 • Periodicals	2,019	2,019	0
4570 • Food	1,790	1,790	0
4590 • Other Materials & Supplies	5,628	5,628	0
4610 • Library Books	120	120	0
4622 • Non Capitalized A/V Materials	168	168	0
4642 • Non Capitalized FFE	2,029	2,029	0
4644 • Non Capitalized PC (Hardware)	11,151	11,151	0
4651 • Buses (Trip Charges)			0
4692 • Non Capitalized Software	12,120	12,120	0
4720 • Interest	33,256	33,256	0
4730 • Taxes, Dues & Fees	6,090	6,090	0
4740 • Legal Fees/Settlements			0
4760 • Sports & Recreation	18,310	18,310	0
4765 • Donations to Foundation			0
Capital Purchases	14,457		14,457
4780 • Depreciation Expenses			0
Debt Service	52,666		52,666
4810 • Loss on Disposition of Assets			0
4890 • Amortization of bond Discount			0
4790 • Misc Expenses			0
<b>Total Expenses</b>	<b>1,075,335</b>	<b>1,008,212</b>	<b>67,123</b>
	<b>-54,253</b>	<b>-77,402</b>	<b>23,149</b>

**Cash Statement of Operations- YTD (PE 03-31-20)**

<b>Through March 31, 2020</b>	<b>Total YTD</b>	<b>Operating YTD</b>	<b>Capital YTD</b>
3191 • ROTC	212,601	212,601	0
3226 • Title II \$	0	0	0
3227 • Title IV \$	0	0	0
3230 • IDEA Revenue	63,086	63,086	0
3310 • Florida Ed. Fin. Program (FTE)	4,563,968	4,563,968	0
3320 • Proration to Appropriation	0	0	0
3330 • State Categorical Instructional	78,601	78,601	0
3344 • Discretionary Lottery	0	0	0
3361 • School Recognition Funds	122,885	122,885	0
3368 • Safe Schools Allocation	63,088	63,088	0
3373 • Reading Programs	42,131	42,131	0
3374 • Supplemental Academic Inst	205,487	205,487	0
3376 • Digital Classroom Allocation	6,445	6,445	0
3396 • Classroom for Kids	908,265	908,265	0
3397 • Charter School Capital Outlay	509,028	0	509,028
3411 • District Schools Taxes	2,246,070	2,246,070	0
3413 • District 1.5 Millage	239,110	0	239,110
3430 • Interest Inc. (Invest. & Accts)	301	301	0
3440 • Gifts, Grants & Bequests	133,758	133,758	0
3455 • Vending Revenue	1,478	1,478	0
3490 • Misc Local Sources	539,834	539,834	0
3741 • Insurance Loss Recovery	13,163	13,163	0
<b>Total Income</b>	<b>9,949,299</b>	<b>9,201,161</b>	<b>748,138</b>
4100 • Salaries (plus stipends)	4,843,434	4,843,434	0
4110 • Admin Salaries	533,127	533,127	0
4140 • Adjunct Faculty & Subs	179,413	179,413	0
4210 • Retirement Benefits	425,535	425,535	0
4220 • SS & Medicare	423,715	423,715	0
4230 • Employee Insurance	451,125	451,125	0
4240 • Worker's Compensation	34,415	34,415	0
4250 • Unemployment Compensation	2,125	2,125	0
4291 • Employee Medical Reimburse.	55,878	55,878	0
4292 • Employee Training & Seminars	13,566	13,566	0
4293 • Other Employee Benefits	117,952	117,952	0
4310 • Professional & Technical Serv.	562,983	562,983	0
4320 • Insurance	192,516	192,516	0
4330 • Travel	7,451	7,451	0
4350 • Repairs & Maintenance	70,750	70,750	0
4360 • Lease Costs	180,052	180,052	0
4370 • Comm. (Postage, Phone)	69,497	69,497	0
4380 • Water & Sewer	39,339	39,339	0
4390 • Other Purchased Services	75,715	75,715	0
4392 • Dual Enrollment Fees	18,859	18,859	0
4430 • Electricity	134,612	134,612	0
4450 • Fuel (Gasoline)	1,914	1,914	0
4460 • Fuel (Diesel)	44,263	44,263	0
4510 • Supplies - Classroom	98,732	98,732	0
4520 • Textbooks	23,920	23,920	0
4521 • Textbooks - Dual Enrollment	10,420	10,420	0
4530 • Periodicals	4,750	4,750	0
4570 • Food	25,306	25,306	0
4590 • Other Materials & Supplies	66,507	66,507	0
4610 • Library Books	2,223	2,223	0
4622 • Non Capitalized A/V Materials	2,599	2,599	0
4642 • Non Capitalized FFE	16,248	16,248	0
4644 • Non Capitalized PC (Hardware)	46,607	46,607	0
4651 • Buses (Trip Charges)	14,752	14,752	0
4692 • Non Capitalized Software	96,839	96,839	0
4720 • Interest	321,405	321,405	0
4730 • Taxes, Dues & Fees	83,481	83,481	0
4740 • Legal Fees/Settlements	0	0	0
4760 • Sports & Recreation	166,072	166,072	0
4765 • Donations to Foundation	9,000	9,000	0
Capital Purchases	55,092	0	55,092
4780 • Depreciation Expenses	0	0	0
Debt Service	456,366	0	456,366
4810 • Loss on Disposition of Assets	0	0	0
4890 • Amortization of bond Discount	0	0	0
4790 • Misc Expenses	0	0	0
<b>Total Expenses</b>	<b>9,978,555</b>	<b>9,467,097</b>	<b>511,458</b>
	<b>-29,256</b>	<b>-265,936</b>	<b>236,680</b>



KERKERING  
BARBERIO

Established 1972

**Kerkering, Barberio & Co.**  
Certified Public Accountants

May 6, 2020

Sarasota Military Academy, Inc.  
801 North Orange Avenue  
Sarasota, FL 34236

Enclosed are the original and one copy of the 2018 Exempt Organization return, as follows...

2018 Form 990

"Client Copy" and this instruction sheet are for your files. Because part or all of the data contained in the returns are based on information you furnished, but not verified by us, we ask that you review the returns immediately to ensure that they are correct to the best of your knowledge. If you have any questions, please contact us promptly.

Please follow the filing instructions on the Filing Instruction Sheets attached to your copy of each return. The copy should be retained for your files.

Kerkering, Barberio, & Co.

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2019

Prepared for	Sarasota Military Academy, Inc. 801 North Orange Avenue Sarasota, FL 34236
Prepared by	Kerkering, Barberio & CO. P.O. Box 49348 Sarasota, FL 34230-6348
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by July 15, 2020.

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019**2018**Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

Name of exempt organization

Employer identification number

**SARASOTA MILITARY ACADEMY, INC.****65-1149763**

Name and title of officer

**HERB JONES  
CHAIRMAN****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>13,559,406.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, line 3c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **KERKERING, BARBERIO & CO.**

ERO firm name

to enter my PIN **24367**Enter five numbers, but  
do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\* Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**65021619908**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

EXTENDED TO MAY 15, 2020

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**Open to Public  
Inspection**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019****B** Check if applicable:

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

**C** Name of organization**SARASOTA MILITARY ACADEMY, INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**801 NORTH ORANGE AVENUE**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**SARASOTA, FL 34236****F** Name and address of principal officer: **HERB JONES****SAME AS C ABOVE****D** Employer identification number**65-1149763****E** Telephone number**(941) 926-1700****G** Gross receipts \$**13,559,406.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

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

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.SARASOTAMILITARYACADEMY.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **2002** **M** State of legal domicile: **FL****Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</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>9</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>9</b>
	<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>254</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>55</b>
	<b>7 a</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 38	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>188,024.</b>	<b>203,535.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>14,673,491.</b>	<b>13,172,624.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>1,603.</b>	<b>1,715.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>182,369.</b>	<b>181,532.</b>
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>15,045,487.</b>	<b>13,559,406.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>19,167.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>9,925,419.</b>	<b>10,147,954.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶	<b>0.</b>	<b>0.</b>
<b>Net Assets or Fund Balances</b>	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>4,416,917.</b>	<b>4,025,891.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>14,361,503.</b>	<b>14,173,845.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>683,984.</b>	<b>-614,439.</b>
	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>25,744,386.</b>	<b>23,745,088.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>21,401,409.</b>	<b>21,295,835.</b>	
			<b>4,342,977.</b>	<b>2,449,253.</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.

<b>Sign Here</b>	Signature of officer		Date		
	<b>HERB JONES, CHAIRMAN</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>REBECCA U. STONER</b>				<b>P00585910</b>
	Firm's name ▶ <b>KERKERING, BARBERIO &amp; CO.</b>	Firm's EIN ▶ <b>59-1753337</b>			
	Firm's address ▶ <b>P.O. BOX 49348</b>				
	<b>SARASOTA, FL 34230-6348</b>				Phone no. <b>941-365-4617</b>

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



**Part III Statement of Program Service Accomplishments**

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

☒ X

1 Briefly describe the organization's mission:

COMBINING EXTRAORDINARY ACADEMICS WITH THE HIGHEST MILITARY PRINCIPLES OF CAMARADERIE, FOCUS, LEADERSHIP, INTEGRITY, COMPASSION, POISE, HONOR AND RESPECT, SMA'S MISSION IS TO GRADUATE YOUNG MEN AND WOMEN WHO WILL CONFIDENTLY DEFINE THEIR PERSONAL AND UNIQUE GOALS FOR SUCCESS IN A

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 \$ 10,174,285. including grants of \$ 0.) (Revenue \$ 13,311,228.)

THE SARASOTA MILITARY ACADEMY (SMA) OFFERS A VAST ARRAY OF EXCITING, HIGH INTEREST, AND IN-DEPTH COURSE OFFERINGS (MAJORS). ALL COURSES ARE DESIGNED TO MEET AND EXCEED DISTRICT AND SUNSHINE STATE STANDARDS AND TO LAUNCH STUDENTS ON A PATH TO FUTURE SUCCESS. OUR GRADUATES ARE WELL PREPARED FOR COLLEGE, MILITARY SERVICE, OR THEIR CHOSEN CAREER FIELD. WE ARE PROUD TO OUTLINE THE "MAJOR OPPORTUNITIES" OFFERED TO SMA CADETS.

SMALL CLASS SIZES, INDIVIDUALIZED INSTRUCTION, STRUCTURE, DISCIPLINE, STRINGENTLY ENFORCED DRESS CODES, AND RESPECT IN THE CLASSROOM HELP TO ENSURE A UNIQUE, HIGH QUALITY INSTRUCTIONAL PROGRAM. WE HAVE NO ENTRANCE REQUIREMENTS, BUT WE DO HAVE HIGH EXPECTATIONS FOR OUR CADETS

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 10,174,285.

Form 990 (2018)

**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)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		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? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part I		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? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X



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

	Yes	No
<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>		X
<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>		X
<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>	X	
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
<b>24c</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?		X
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
<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>		X
<b>25b</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>		X
<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>		X
<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>		X
<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>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28c</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>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<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>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<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>		X
<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>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>35b</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>		X
<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>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O.

**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	5	
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

	Yes	No
<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>2a</b> 254	
<b>b</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)	<b>2b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X
<b>b</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>3b</b>	
<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)?	<b>4a</b>	X
<b>b</b> If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<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?	<b>6a</b>	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</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?	<b>7a</b>	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	
<b>8 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>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	<b>11a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</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>13a</b>	
<b>b</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>13b</b>	
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X

Form 990 (2018)

**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**

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	9													
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>b</b> Enter the number of voting members included in line 1a, above, who are independent		9												
<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?			2											X
<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?				3										X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4									X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?						5								X
<b>6</b> Did the organization have members or stockholders?							6							X
<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?								7a						X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?									7b					X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
<b>a</b> The governing body?										8a	X			
<b>b</b> Each committee with authority to act on behalf of the governing body?											8b	X		
<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												9		X

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	10a														X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b													
<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?			11a	X											
<b>b</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					12a	X									
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						12b	X								
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done							12c	X							
<b>13</b> Did the organization have a written whistleblower policy?								13	X						
<b>14</b> Did the organization have a written document retention and destruction policy?									14	X					
<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>a</b> The organization's CEO, Executive Director, or top management official										15a	X				
<b>b</b> Other officers or key employees of the organization											15b	X			
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).															
<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?												16a			X
<b>b</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?													16b		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **FL**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) 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 **STEVE KOK - (941) 926-1700**  
**801 NORTH ORANGE AVENUE, SARASOTA, FL 34236**

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<b>Part VII</b>	<b>Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b> <i>(continued)</i>
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[illegible]

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

3

		Yes	No
3	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>	3	X
4	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>	4	X
5	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>	5	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
INFORMATION TECHNOLOGY SOLUTIONS GROUP, INC 9104 58TH DRIVE EAST, SUITE 101, BRADENTON,	INFORMATION TECHNOLOGY SERVICES	249,015.
CITY WIDE MAINTENANCE OF TAMPA BAY, 8950 9TH STREET NORTH, SUITE 103, ST.	MAINTENANCE SERVICE/FACILITIES	210,606.
WELLS FARGO VENDOR FIN SERVICES P.O. BOX 105743, ATLANTA, GA 30348	LEASES	127,289.
SARASOTA COUNTY SHERIFF'S OFFICE P.O. BOX 4115, SARASOTA, FL 34230	SECURITY	105,594.

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	4
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4

**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>1 a</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>	62,615.			
	<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>	140,920.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$					
	<b>h Total.</b> Add lines 1a-1f		203,535.			
<b>Program Service Revenue</b>	<b>2 a</b> SCHOOL REVENUE	<b>Business Code</b> 611600	13,172,624.	13,172,624.		
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		13,172,624.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		1,715.			1,715.
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)					
	<b>8 a</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>9 a</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>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	4,043.			
	<b>b</b> Less: cost of goods sold	<b>b</b>	0.			
	<b>c</b> Net income or (loss) from sales of inventory		4,043.	4,043.		
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> INTERNATIONAL BACCALAUREATE	611600	72,313.	72,313.			
<b>b</b> ADVANCED PLACEMENT	611600	62,248.	62,248.			
<b>c</b> INSURANCE LOSS RECOVERY	611600	35,000.			35,000.	
<b>d</b> All other revenue	611600	7,928.			7,928.	
<b>e Total.</b> Add lines 11a-11d		177,489.				
<b>12 Total revenue.</b> See instructions		13,559,406.	13,311,228.	0.	44,643.	



**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	513,789.		513,789.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	7,737,777.	6,510,228.	1,227,549.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	599,827.	494,861.	104,966.	
<b>9</b> Other employee benefits	677,885.	562,806.	115,079.	
<b>10</b> Payroll taxes	618,676.	490,572.	128,104.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	46,789.		46,789.	
<b>c</b> Accounting	52,596.		52,596.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	775,059.	347,583.	427,476.	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	187,246.	117,316.	69,930.	
<b>14</b> Information technology	117,869.	104,684.	13,185.	
<b>15</b> Royalties				
<b>16</b> Occupancy	238,474.		238,474.	
<b>17</b> Travel	18,445.	1,809.	16,636.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	459,881.	453,032.	6,849.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	704,060.	496,439.	207,621.	
<b>23</b> Insurance	247,093.	162.	246,931.	
<b>24</b> 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.)				
<b>a</b> SPORTS & RECREATION	351,823.	351,823.		
<b>b</b> REPAIRS AND MAINTENANCE	265,375.	27,756.	237,619.	
<b>c</b> SCHOOL MATERIALS AND SUPPLIES	135,589.	19,675.	115,914.	
<b>d</b> TEXTBOOKS	94,682.	94,682.		
<b>e</b> All other expenses	330,910.	100,857.	230,053.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	14,173,845.	10,174,285.	3,999,560.	0.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

**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>	1 Cash - non-interest-bearing	1,448,111.	1	253,071.
	2 Savings and temporary cash investments	77,675.	2	191,826.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	140,247.	4	38,316.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined 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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,674,278.		
	b Less: accumulated depreciation	10b 5,660,978.	20,386,813.	10c 20,013,300.
	11 Investments - publicly traded securities	127,213.	11	127,771.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,564,327.	15	3,120,804.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	25,744,386.	16	23,745,088.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	736,070.	17	530,790.
	18 Grants payable		18	
	19 Deferred revenue	15,274.	19	0.
	20 Tax-exempt bond liabilities	12,669,223.	20	12,168,694.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	213,862.	23	121,172.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	7,766,980.	25	8,475,179.
	26 <b>Total liabilities.</b> Add lines 17 through 25	21,401,409.	26	21,295,835.
<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>			
	27 Unrestricted net assets	4,256,066.	27	2,375,961.
	28 Temporarily restricted net assets	86,911.	28	73,292.
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	4,342,977.	33	2,449,253.
34 <b>Total liabilities and net assets/fund balances</b>	25,744,386.	34	23,745,088.	

Form 990 (2018)



**Part XI Reconciliation of Net Assets**

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,559,406.
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,173,845.
3	Revenue less expenses. Subtract line 2 from line 1	3	-614,439.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,342,977.
5	Net unrealized gains (losses) on investments	5	-778.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,278,507.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,449,253.

**Part XII Financial Statements and Reporting**

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

☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" 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.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a 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?		X
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		

Form 990 (2018)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization

**SARASOTA MILITARY ACADEMY, INC.**

Employer identification number

**65-1149763**

**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		
<b>Total</b>						

**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**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10 .....						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 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>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2018

**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) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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.) .....						

**14 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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
<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)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
<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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<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)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
<b>b</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</b> <b>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? If "Yes," provide detail in <b>Part VI</b> .		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
<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))? If "Yes," provide detail in <b>Part VI</b> .		
<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? If "Yes," provide detail in <b>Part VI</b> .		
<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? If "Yes," provide detail in <b>Part VI</b> .		
<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)? If "Yes," answer 10b below.		
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**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? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

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

**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>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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**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. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<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? If "Yes," then in <b>Part VI</b> 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.		
<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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<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? Provide details in <b>Part VI</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? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year 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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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 Part VI):		
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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior 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).		

Schedule A (Form 990 or 990-EZ) 2018



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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7</b> Total annual distributions. Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> Excess distributions carryover to 2019. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018



**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.)

DRAFT

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

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

SARASOTA MILITARY ACADEMY, INC.

Employer identification number

65-1149763

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 foundationCheck 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 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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).

Name of organization

Employer identification number

SARASOTA MILITARY ACADEMY, INC.

65-1149763

**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	PHYLLIS SISKEL P.O. BOX 20166 SARASOTA, FL 34276	\$ 14,236.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	TOM AND CAROL WILLIAMS 1247 WESTWAY DR. SARASOTA, FL 34236	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HURLBURT FOUNDATION 1 EXECUTIVE BLVD. 4TH FL YONKERS, NY 10701	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ROTARY CLUB OF SARASOTA SOUTHSIDE 4274 BOCA POINTE DR. SARASOTA, FL 34238	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
<b>SARASOTA MILITARY ACADEMY, INC.</b>	<b>65-1149763</b>

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

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

Name of organization

Employer identification number

SARASOTA MILITARY ACADEMY, INC.

65-1149763

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization

SARASOTA MILITARY ACADEMY, INC.

Employer identification number

65-1149763

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

**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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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

	Amount
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.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

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

	Yes	No
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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		8,398,300.		8,398,300.
b Buildings		13,790,384.	3,158,853.	10,631,531.
c Leasehold improvements				
d Equipment		3,485,594.	2,502,125.	983,469.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				20,013,300.

Schedule D (Form 990) 2018

**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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) DEFERRED OUTFLOWS RELATED TO PENSION	2,937,990.
(2) DUE FROM RELATED ORGANIZATION	182,814.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	3,120,804.

**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) FUNDS HELD FOR THE BENEFIT OF	
(3) OTHERS	36,377.
(4) INTEREST RATE SWAP CONTRACT	469,679.
(5) COMPENSATED ABSENCES	18,307.
(6) NET PENSION LIABILITY	6,911,734.
(7) DEFERRED INFLOWS RELATED TO	
(8) PENSION	1,039,082.
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	8,475,179.

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.

1	Total revenue, gains, and other support per audited financial statements	1	13,341,792.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-778.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-216,835.
e	Add lines 2a through 2d	2e	-217,613.
3	Subtract line 2e from line 1	3	13,559,405.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1.
c	Add lines 4a and 4b	4c	1.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,559,406.

**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.

1	Total expenses and losses per audited financial statements	1	15,235,516.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,061,672.
e	Add lines 2a through 2d	2e	1,061,672.
3	Subtract line 2e from line 1	3	14,173,844.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1.
c	Add lines 4a and 4b	4c	1.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	14,173,845.

**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, LINE 2:**

THE CHARTER SCHOOL QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 501(C)(3). THE CHARTER SCHOOL'S STATUS AS A TAX EXEMPT NOT-FOR-PROFIT ENTITY IS CONSIDERED A TAX POSITION SUBJECT TO REPORTING REQUIREMENTS UNDER FASB ACCOUNTING STANDARDS CODIFICATION 740-10. ENTITIES ARE REQUIRED TO EXAMINE ALL TAX POSITIONS AND DETERMINE IF IT IS MORE LIKELY THAN NOT THAT THE POSITIONS WOULD BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE CHARTER SCHOOL HAS NOT RECORDED ANY ACCRUALS FOR UNCERTAIN INCOME TAX PROVISIONS AT JUNE 30, 2019.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

CHANGE IN INTEREST RATE SWAP AGREEMENT -216,835.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING 1.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DEFERRED INFLOWS RELATED TO PENSIONS 1,061,672.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING 1.

DRAFT

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

Department of the Treasury  
Internal Revenue Service

**Schools**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Name of the organization

**SARASOTA MILITARY ACADEMY, INC.**

Employer identification number

**65-1149763**

**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? .....	<b>X</b>	
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? .....	<b>X</b>	
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>X</b>	
<b>THE POLICY WAS PUBLISHED IN VARIOUS PERIODICALS AND OTHER PROMOTIONAL INFORMATION THAT WAS DISTRIBUTED THROUGHOUT THE COMMUNITY.</b>		
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff? .....	<b>X</b>	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	<b>X</b>	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	<b>X</b>	
d Copies of all material used by the organization or on its behalf to solicit contributions? .....	<b>X</b>	
If you answered "No" to any of the above, please explain. If you need more space, use Part II.		
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges? .....		<b>X</b>
b Admissions policies? .....		<b>X</b>
c Employment of faculty or administrative staff? .....		<b>X</b>
d Scholarships or other financial assistance? .....		<b>X</b>
e Educational policies? .....		<b>X</b>
f Use of facilities? .....		<b>X</b>
g Athletic programs? .....		<b>X</b>
h Other extracurricular activities? .....		<b>X</b>
If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		
6a Does the organization receive any financial aid or assistance from a governmental agency? .....	<b>X</b>	
b Has the organization's right to such aid ever been revoked or suspended? .....		<b>X</b>
If you answered "Yes" on either line 6a or line 6b, explain on Part II.		
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II .....	<b>X</b>	

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

Schedule E (Form 990 or 990-EZ) 2018

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

Also provide any other additional information.

**LINE 6 - EXPLANATION OF GOVERNMENT FINANCIAL AID:**

WE RECEIVE TAX REVENUE FROM THE STATE, THROUGH THE SCHOOL DISTRICT, BASED  
ON NUMBER OF STUDENTS ENROLLED.

DRAFT

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990. ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**  
**Open to Public**  
**Inspection**

Name of the organization

**SARASOTA MILITARY ACADEMY, INC.**

Employer identification number  
**65-1149763**

SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS											
Part I	Bond Issues										
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A SARASOTA COUNTY, FLORIDA	59-6000848	NONE	07/18/12	5,565,000.	REFINANCE CAPITAL BONDS	X		X			X
B SARASOTA COUNTY, FLORIDA	59-6000848	NONE	03/25/16	8,554,540.	PURCHASE OF LAND	X		X			X
C											
D											

<b>Part II Proceeds</b>									
	A		B		C		D		
<b>1</b> Amount of bonds retired	155,000.		345,529.						
<b>2</b> Amount of bonds legally defeased									
<b>3</b> Total proceeds of issue	5,565,000.		7,604,540.						
<b>4</b> Gross proceeds in reserve funds									
<b>5</b> Capitalized interest from proceeds	751.								
<b>6</b> Proceeds in refunding escrows									
<b>7</b> Issuance costs from proceeds	110,000.		174,027.						
<b>8</b> Credit enhancement from proceeds									
<b>9</b> Working capital expenditures from proceeds									
<b>10</b> Capital expenditures from proceeds			7,424,549.						
<b>11</b> Other spent proceeds									
<b>12</b> Other unspent proceeds			950,000.						
<b>13</b> Year of substantial completion	2012								
	Yes	No	Yes	No	Yes	No	Yes	No	
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X					
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X					
<b>16</b> Has the final allocation of proceeds been made?	X		X						
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X						

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

Schedule K (Form 990) 2018

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....		X		X				
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....		X		X				
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X		X				
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? .....								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X		X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? .....								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....		%		%		%		%
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? .....		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....		X		X				

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....	X		X					
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....								
<b>b</b> Exception to rebate? .....								
<b>c</b> No rebate due? .....								
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....	X		X					

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X				
<b>b</b> Name of provider .....								
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....								
<b>e</b> Was the hedge terminated? .....								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X				
<b>b</b> Name of provider .....								
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X		X				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....	X		X					

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? .....		X		X				

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions**SCHEDULE K, PART I, BOND ISSUES:**

(A) ISSUER NAME: SARASOTA COUNTY, FLORIDA

(F) DESCRIPTION OF PURPOSE: REFINANCE CAPITAL BONDS

(A) ISSUER NAME: SARASOTA COUNTY, FLORIDA

(F) DESCRIPTION OF PURPOSE: PURCHASE OF LAND

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

SARASOTA MILITARY ACADEMY, INC.

Employer identification number  
65-1149763

**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

SARASOTA MILITARY ACADEMY IS A HIGH SCHOOL FOR GRADES 9-12 AND A MIDDLE SCHOOL FOR GRADES 6-8. IT IS A NOT-FOR-PROFIT ORGANIZATION THAT PROVIDES CLASSES MEETING THE FLORIDA STATE INSTRUCTIONAL CURRICULUM REQUIREMENTS FOR A HIGH SCHOOL AND INTERNATIONAL BACCALAUREATE DIPLOMA AND MIDDLE SCHOOL PROGRAM. ALL HIGH SCHOOL STUDENTS ARE REQUIRED TO ENROLL IN JROTC CLASSES AND WEAR THE U.S. ARMY UNIFORM. IN ADDITION TO OFFERING ALL STATE MANDATED COURSES, CLASSES IN FENCING, SELF-DEFENSE, SHOW CHORUS AND CHOIR ARE ALSO AVAILABLE. EXCEPTIONAL EDUCATIONAL CLASSES ARE OFFERED AS APPROPRIATE. PARTICIPATION IN EXTRACURRICULAR ACTIVITIES IS EXPECTED AND INCLUDE TEAMS IN DRILL, RIFLE MARKSMANSHIP AND RAIDERS. WE ARE ALSO A MEMBER OF THE FLORIDA HIGH SCHOOL ATHLETICS ASSOCIATION AND HAVE ACTIVITIES IN GOLF, LACROSSE, BASKETBALL, SOCCER, AND WRESTLING. WE ARE AN ARMY CADET COMMAND 'HONOR UNIT WITH DISTINCTION', AND FULLY ACCREDITED WITH THE SOUTHERN ASSOCIATION OF COLLEGES AND SCHOOLS.

ALL MIDDLE SCHOOL STUDENTS ARE REQUIRED TO PARTICIPATE IN MILITARY STUDIES AND THE CHARACTER DEVELOPMENT IN THE ENTIRE PROGRAM ARE BASED ON THE INTERNATIONAL BACCALAUREATE MIDDLE YEARS PROGRAM. ALL STUDENTS ARE EXPECTED TO PARTICIPATE IN AN EXTRACURRICULAR ACTIVITY.

**FORM 990, PART I, LINE 6 VOLUNTEERS**

ASSIST IN SERVING LUNCH, CHAPERONE EVENTS, ADMINISTRATION, MENTOR CHILDREN, ORGANIZE SOCIAL EVENTS, TRANSPORTATION, NURSES OFFICE, AND

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18



Name of the organization

SARASOTA MILITARY ACADEMY, INC.

Employer identification number

65-1149763

ATHLETIC COACHES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MULTI-CULTURAL AND GLOBALIZED WORLD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

BOTH ACADEMICALLY AND BEHAVIORALLY. ADDITIONAL INFORMATION MAY BE  
FOUND ON OUR WEBSITE AT: SARASOTAMILITARYACADEMY.ORG.

RECIPIENT OF THE UNITED STATES ARMY'S HIGHEST AWARD "HONOR UNIT WITH  
DISTINCTION". FULLY ACCREDITED BY THE SOUTHERN ASSOCIATION OF COLLEGES  
AND SCHOOLS. DRUG TESTING OF EVERY EMPLOYEE AND RANDOM DRUG TESTING OF  
CADETS. A RECOGNIZED COMMUNITY LEADER FOR INVOLVEMENT IN VETERANS' DAY,  
CIVIC EVENTS, BLOOD BANK CONTRIBUTIONS, LETTERS TO TROOPS, WREATHS  
ACROSS AMERICA AND TOYS FOR TOTS. FAMILY ORIENTED WITH CONCERN FOR THE  
SUCCESS OF EACH CADET.

JROTC ADVANCED SKILLS DEVELOPMENT AND LEADERSHIP - FOR STUDENTS WHO ARE  
SERIOUS ABOUT JOINING THE MILITARY AND/OR GOING TO ONE OF THE SERVICE  
ACADEMIES, STAFF TRAINING IS AVAILABLE. SINCE SMA IS A COLLEGE AND  
CAREER PREPARATORY SCHOOL, MOST OF OUR STUDENTS (85%) GO ON TO COLLEGE  
RATHER THAN THE MILITARY WITH A 95% GRADUATION RATE. PLEASE BE AWARE  
THAT ALTHOUGH WE ARE A MILITARY ACADEMY, AND EVERYONE TAKES JROTC, THE  
FOCUS IN THE PROGRAM IS ON DEVELOPING LEADERSHIP QUALITIES VIA THE  
JROTC PROGRAM WITH THE END GOAL BEING TO HELP OUR STUDENTS BECOME  
BETTER CITIZENS, LEADERS, AND TEAM PLAYERS IN THEIR CHOSEN PATH IN  
LIFE.

Name of the organization

SARASOTA MILITARY ACADEMY, INC.

Employer identification number

65-1149763

SMA PREP PARTICIPATED IN THE VETERAN'S AND MEMORIAL DAY PARADES, WREATHS ACROSS AMERICA AND TOYS FOR TOTS. SMA PREP JOINED THE FLORIDA SUN COAST LEAGUE (FSCL) AND IS COMPETING WITH OTHER MEMBERS IN MANY SPORTS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED AND APPROVED AT A BOARD MEETING.

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

ON AN ANNUAL BASIS OFFICERS, DIRECTORS, AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE CONFLICT OF INTERESTS. THESE CONFLICTS ARE MONITORED AND REVIEWED BY THE EXECUTIVE DIRECTOR OF SCHOOLS.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD HAS HISTORICALLY DETERMINED FAIR MARKET PAY FOR KEY EMPLOYEES AND WILL CONTINUE TO DO SO IF SIGNIFICANT CHANGES ARE NECESSARY.

FORM 990, PART VI, SECTION C, LINE 19:

MEETINGS OF THE BOARD ARE POSTED ON THE SCHOOL'S WEBSITE, MARQUEE, MAIN OFFICES AND MESSAGED TO ALL FAMILIES. DURING THE MEETING, COPIES OF THE PREVIOUS MEETING MINUTES AND FINANCIAL STATEMENTS ARE AVAILABLE FOR VISITORS TO VIEW. THEY ARE ALSO AVAILABLE ON REQUEST OR ONLINE ON THE SCHOOL'S WEBSITE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN INTEREST RATE SWAP AGREEMENT -216,835.

DEFERRED OUTFLOWS/INFLOWS RELATED TO PENSIONS -1,061,672.

Name of the organization

SARASOTA MILITARY ACADEMY, INC.

Employer identification number

65-1149763

TOTAL TO FORM 990, PART XI, LINE 9

-1,278,507.

FORM 990, PART XII, LINE 2C AUDIT REVIEW PROCESS

THERE WERE NO CHANGES TO THE ENTITY'S AUDIT OVERSIGHT PROCESS DURING  
THE TAX YEAR.

DRAFT

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

**SARASOTA MILITARY ACADEMY, INC.**

Employer identification number

**65-1149763**

**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

**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
SARASOTA MILITARY ACADEMY FOUNDATION, INC. - 82-1047032, 801 N. ORANGE AVE., SARASOTA, FL 34236	ACCEPT & ADMINISTER CONTRIBUTIONS FOR BENEFIT OF SARASOTA MILITARY	FLORIDA	501(C)(3)	LINE 12A, I			X

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

Schedule R (Form 990) 2018

SEE PART VII FOR CONTINUATIONS

**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.

[illegible]

**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.

[illegible]

**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.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		X
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	X	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
<b>o</b> Sharing of paid employees with related organization(s)	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses	X	
<b>r</b> Other transfer of cash or property to related organization(s)	X	
<b>s</b> Other transfer of cash or property from related organization(s)	X	

**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
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**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.

[illegible]

**Part VII** Supplemental Information.

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

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

NAME OF RELATED ORGANIZATION:

SARASOTA MILITARY ACADEMY FOUNDATION, INC.

PRIMARY ACTIVITY: ACCEPT & ADMINISTER CONTRIBUTIONS FOR BENEFIT OF

SARASOTA MILITARY ACADEMY

DRAFT



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

OMB No. 1545-1709

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number	
	Name of exempt organization or other filer, see instructions. <b>SARASOTA MILITARY ACADEMY, INC.</b>	Employer identification number (EIN) or <b>65-1149763</b>
Number, street, and room or suite no. If a P.O. box, see instructions. <b>801 NORTH ORANGE AVENUE</b>	Social security number (SSN)	
City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SARASOTA, FL 34236</b>		

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STEVE KOK**

- The books are in the care of ► **801 NORTH ORANGE AVENUE - SARASOTA, FL 34236**  
Telephone No. ► **(941) 926-1700** Fax No. ► \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **MAY 15, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ► ☐ calendar year \_\_\_\_\_ or  
 ► ☒ tax year beginning **JUL 1, 2018**, and ending **JUN 30, 2019**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

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

**Sarasota Military Academy Foundation, Inc.**

BOARD OF DIRECTORS

MEETING MINUTES

18 February, 2020

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**Board of Director Members' Attendance**

**Present:**

Howard G. Crowell, Jr., LTG USA (Ret), Chairman  
Mr. Herb Jones, Vice Chairman (by phone)  
Frederick M. Derr, CAPT USN (Ret), Treasurer  
Mr. Anthony Baade

Dr. Thomas J. McElheny, SMA Operating Board of Directors

**Absent:** Ms. Alexandra Quarles

**SMA Administrative Staff in Attendance**

SMA-COL Christina Bowman, Executive Director of Schools  
SMA-MAJ Steve Kok, Director of Finance

**Guests:** Jenny Glassmoyer, Kerkerling & Barberio Accounting Firm; Jim and Marybeth Bos, MBJ Group

Location: SMA High School campus.

The chairman called the meeting to order at 2:39 pm.

Chairman Howard Crowell introduced Mr. Anthony Baade as a new board member. He stated that the Foundation Board needs to follow the lead of the operating board in supporting The Golf Challenge as he donated to the Bag Lunch Sponsorship. Chairman Crowell recognized Mr. Frederick Derr for his time, effort and donations in preparing the new parking lot. He introduced Ms. Jenny Glassmoyer to discuss Foundation financials and Mr. and Mrs. Bos to discuss the recruitment process for the Chief Development Officer. Chairman Crowell emphasized the ability to hire and cover a fundraiser and administrative costs is possible through donations.

**Treasurer's Report:** SMA-MAJ Steve Kok handed over the discussion to Ms. Glassmoyer in which she explained what the monthly financial should look like. Ms.

Glassmoyer compared the profit and loss to prior year and stated that monies owed to SMA is under no deadlines but suggested payments start as auditors will inquire. Chairman Crowell and Vice Chairman Herb Jones discussed the liability to SMA and considered implementing a term to fulfill the monies owed.

Ms. Glassmoyer made the following suggestions: the Chief Development Officer be paid by SMA and get reimbursed, the liability of the original monies owed remains as a liability to SMA, that DonorPerfect is funnelled through the Foundation account with all online forms running through the Foundation and that monies be transferred from the Foundation account monthly. Ms. Glassmoyer stated that the available funds after donor obligations should always stay positive. SMA-MAJ Kok stated that he will follow the suggestions of Ms. Glassmoyer and will break down the restricted and unrestricted funds within the balance sheet going forward.

**Chief Development Officer Search:** Ms. Marybeth Bos presented a list of candidates with mention of where she has reposted the ad nationally for the available position. She discussed how she has been canvassing the community for recommendations and suggested an individual, Mr. Rafael Robles, who she believes will be a good fit for SMA. Chairman Crowell stated how it's key that the new hire is compatible to SMA-COL Christina Bowman. Ms. Bos recommended Mr. Rafael Robles to be interviewed as she likes his writing style and as a career incentive and interested in SMA, can get him in right away.

**Chairman:** Chairman Crowell stated that funds can still be raised while awaiting the position to be filled. He mentioned that he will speak with MOAA for sponsorships and suggests to the board to continue making connections with people for possible donors. SMA-COL Bowman mentioned to the board about The Giving Challenge on 28 April to participate in the 24-hour challenge with donations matched by The Patterson Foundation.

Dr. Thomas McElheny stated the SMA story is not presentable at this time and will be defined in a meeting on 19 February. He mentioned the work has been done to identify our strengths but will change the view from a local to a strategic view and implementation of GEO Fencing will take place thirty days after tomorrow's meeting. SMA-COL Bowman suggested additional students for the prep may be picked up as SSIS has closed down their middle school division. Vice Chairman Jones stated that SMA-COL Bowman has outsourced grant writing through a consultant that understands education with a PhD in Psychology.

**Old Business:** N/A

**New Business:** N/A

**Public Comments:** Mr. Frederick Derr inquired as to how well of a performance the end-of-year match donated by Ms. Phyllis Siskel did in which SMA-COL Bowman

replied that it totalled to 82K with an additional 50K to the Foundation towards the Chief Development Officer position. SMA-COL Bowman stated that Ms. Siskel also donated tickets to the 25 February SMA Night at the Circus Sarasota where vets and first responders will be recognized and herself as the ringmaster.

The chairman adjourned the meeting at 3:55 pm.

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Howard G. Crowell, Jr., LTG USA (Ret), Chairman

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Date

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Frederick M. Derr, CAPT USN (Ret), Treasurer

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Date



**Sarasota Military Academy Foundation, Inc.**  
**Job Description**  
**Executive Director**

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**PURPOSE OF THE POSITION:**

Responsible for leading and managing all aspects of the Foundation under the direction of the Foundation Board of Directors and in accordance with the Foundation's by-laws, other internal policies, legal agreements, and applicable federal, state and local laws. The Executive Director will ensure an unwavering commitment to meeting and exceeding strategic priorities set for the philanthropic growth of the Foundation and the needs of the Sarasota Military Academy.

**PERSONAL TRAITS:**

- Passion, advocacy and drive for the vision and mission of the SMA Foundation and the Sarasota Military Academy, and its impact in the community-at-large;
- Intellectual curiosity, confidence, and ability to blend nonprofit fundraising experience and strong organizational leadership and strive to transform lives through a renewed philanthropic culture;
- Poise, credibility and relationship skills to work with diverse constituencies to build alignment among internal and external constituencies to grow the Foundation;
- Strong professional and personal work ethic with a sense of humor and perspective in achieving results;
- Entrepreneurial, collaborative and creative leadership style;
- Integrity, honesty and transparency in fiscal responsibility and accountability.

**JOB DUTIES AND RESPONSIBILITIES:**

**1. STRATEGIC PLANNING AND EXECUTION**

- Proposes sound and realistic strategic plans and policies to guide the Foundation to effectively achieve long and short-term objectives;
- Partners with Board, Staff and other SMA and Community Stakeholders to develop timelines and action plans to execute strategies developed;
- Develops and implements an SMA-wide comprehensive philanthropy plan and metrics in partnership with the Executive Director of Schools, and others as required to increase the size of Foundation assets;

- Overseas all fundraising activities of the Foundation, in coordination with SMA leadership including identifying and cultivating new donors, soliciting and stewarding a donor portfolio that includes Major Gift solicitation along with Planned Giving prospects.

## **2. OPERATIONS**

- Ensures the organizational capacity to achieve the objectives established;
- Supports Database (DPO) assistant in maintaining the veracity and protocols of data management;
- Develops objectives and measures for performance and that these are clearly articulated to individual staff member(s);
- Fosters a culture of quality, excellence, learning and teamwork where staff are encouraged to grow and perform at their very best individually and across cross-functional teams within SMA.

## **3. COMMUNITY OUTREACH AND MARKETING**

- Promotes philanthropic investment in the Foundation through creating new relationships to broaden community interest and involvement;
- Creates high-impact informational collateral to represent the philanthropic needs of SMA;
- Cultivates relationships and showcases the Foundation's purpose, strategies and accomplishments at conferences, in the public domain and in the media.

## **4. FUNDRAISING**

- Demonstrates knowledge and experience with capital campaigns, major gifts, annual funds along with the infrastructure of an advancement office;
- Builds donor base through personal outreach, oversight of marketing and collaborations with key organizations with ties to major donors;
- Offers an understanding of Planned Giving;
- Serves as the major gift fundraiser by identifying, cultivating, soliciting and stewarding key donors and prospects;
- Searches for grant opportunities, write, monitor and manage grant applications including timely update and final grant reports within the scope of the Foundation;
- Plans, coordinates and oversees, all special fundraising events;
- Develops and implements an ongoing annual giving program;
- Remains up-to-date on current fundraising, IRS requirements for solicitation being used in the nonprofit sector, as well as current tax law affecting charitable giving.

## **5. FINANCIAL OVERSIGHT**

- Develops and oversees an annual Foundation budget under the approval by the Board of Directors, and administers operating, fundraising campaign and grant funds in accordance with the budget and the Foundation Board;
- Provides regular reporting on fiscal performance throughout each quarter and ensures transparency and proper management of resources.

**Sarasota Military Academy Foundation**  
**Executive Director**  
**Page 2**

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**IDEAL CANDIDATE**

- Ability to work independently and with faculty, Executive Director of Schools, trustees, parents & alumni, volunteers, business professionals, and media;
- A deep, understanding for the mission and goals of the Academy;
- Belief and support in donor-centered philanthropic culture;
- Proven ability to articulate a compelling vision and inspire board members, staff, donors, volunteers, and public;
- High emotional intelligence and ethical standards;
- A high degree of self-motivation, ingenuity, creativity, and attention to detail;
- Open-minded, adaptable, and collaborative;
- Talent to maintain positive and authentic relationships;
- Comfort and confidence in asking for and closing major gifts;
- Enjoy working in a fast-paced, dynamic, and quickly changing environment;
- Highly organized with ability to prioritize multiple projects through to conclusion;
- Excellent attention to detail and donor customer service follow-through;
- Commitment to diligently documenting contact information, prospect research, and interaction reports;
- Excellent verbal and written communication skills;
- Ability to write clear, concise, and compelling proposals, letters, reports and grants requests;
- Proficient in donor management software;
- Willingness to be mentored and/or mentor others;
- Ability to provide clear direction and oversight to support staff.

**QUALIFICATIONS**

Minimum qualifications include a bachelor's degree, 10+ years of development or related work experience, and demonstrated success in leadership roles, marketing, communications, and fundraising.

Education-related fundraising experience and working with alumni, parent organizations, and community partners. CFRE is a plus.

A background in either for-profit or non-profit environment in a staff position or volunteer leadership role is a plus.



KERKERING  
BARBERIO

Established 1972

**Kerkering, Barberio & Co.**  
Certified Public Accountants

April 27, 2020

Sarasota Military Academy Foundation Inc  
801 North Orange Ave  
Sarasota, FL 34236

Enclosed are the original and one copy of the 2018 Exempt Organization return, as follows...

2018 Form 990-EZ

"Client Copy" and this instruction sheet are for your files. Because part or all of the data contained in the returns are based on information you furnished, but not verified by us, we ask that you review the returns immediately to ensure that they are correct to the best of your knowledge. If you have any questions, please contact us promptly.

Please follow the filing instructions on the Filing Instruction Sheets attached to your copy of each return. The copy should be retained for your files.

Kerkering, Barberio, & Co.



# TAX RETURN FILING INSTRUCTIONS

FORM 990-EZ

FOR THE YEAR ENDING

June 30, 2019

Prepared for	Sarasota Military Academy Foundation Inc 801 North Orange Ave Sarasota, FL 34236
Prepared by	Kerkering, Barberio & CO. P.O. Box 49348 Sarasota, FL 34230-6348
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by July 15, 2020.

IRS e-file Signature Authorization  
for an Exempt Organization

OMB No. 1545-1878

Form **8879-EO**For calendar year 2018, or fiscal year beginning JUL 1, 2018, and ending JUN 30, 2019**2018**Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

Name of exempt organization

Employer identification number

SARASOTA MILITARY ACADEMY FOUNDATION INC

82-1047032

Name and title of officer

HOWARD CROWELL  
CHAIRMAN**Part I** Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> .....
<b>2a</b> Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> <u>49,682.</u>
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> .....
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> .....
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, line 3c) .....	<b>5b</b> .....

**Part II** Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize KERKERING, BARBERIO & CO. to enter my PIN 34441  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\* Date ▶

**Part III** Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

65021619908

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ Date ▶

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

## Short Form

OMB No. 1545-1150

Form **990-EZ**

## Return of Organization Exempt From Income Tax

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

**2018**Department of the Treasury  
Internal Revenue Service

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

▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.Open to Public  
Inspection

<b>A</b> For the 2018 calendar year, or tax year beginning <b>JUL 1, 2018</b> and ending <b>JUN 30, 2019</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SARASOTA MILITARY ACADEMY FOUNDATION INC</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>801 NORTH ORANGE AVE</b> City or town, state or province, country, and ZIP or foreign postal code <b>SARASOTA, FL 34236</b>
<b>D</b> Employer identification number <b>82-1047032</b>	<b>E</b> Telephone number <b>(941) 926-1700</b>
<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶	<b>F</b> Group Exemption Number ▶
<b>I</b> Website: ▶ <b>N/A</b>	<b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ <b>54,984.</b>	

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	50,250.	
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments	3		
	4	Investment income	4	11.	
	5a	Gross amount from sale of assets other than inventory	5a		
	5b	Less: cost or other basis and sales expenses	5b		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6	Gaming and fundraising events:			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
Expenses	b	Gross income from fundraising events (not including \$ 5,550. of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	4,723.	
	c	Less: direct expenses from gaming and fundraising events	6c	5,302.	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	-579.	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
	8	Other revenue (describe in Schedule O)	8		
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	49,682.	
	Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	62,615.
		11	Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	97,353.	
13		Professional fees and other payments to independent contractors	13	13,076.	
14		Occupancy, rent, utilities, and maintenance	14		
15		Printing, publications, postage, and shipping	15		
16		Other expenses (describe in Schedule O)	16	16,983.	
17		<b>Total expenses.</b> Add lines 10 through 16	17	190,027.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-140,345.	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	39,294.	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	-101,051.	

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2018)

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	69,898.	22	81,878.
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	69,898.	25	81,878.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	30,604.	26	182,929.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	39,294.	27	-101,051.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

☒

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

## 28 SEE SCHEDULE O

(Grants \$ 62,215.) If this amount includes foreign grants, check here ☐ 28a 133,072.

29

(Grants \$ ) If this amount includes foreign grants, check here ☐ 29a

30

(Grants \$ ) If this amount includes foreign grants, check here ☐ 30a

## 31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here ☐ 31a

## 32 Total program service expenses (add lines 28a through 31a)

32 133,072.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
HOWARD CROWELL				
CHAIR	1.00	0.	0.	0.
HERB JONES				
VICE CHAIR	1.00	0.	0.	0.
F. STEVEN HERB				
SECRETARY	1.00	0.	0.	0.
FRED DERR				
TREASURER	1.00	0.	0.	0.
ALEX QUARLES				
DIRECTOR	1.00	0.	0.	0.
G. LOWE MORRISON, CFA				
DIRECTOR	4.00	0.	0.	0.
CJ BANNISTER				
CHIEF DEVELOPMENT OFFICER	20.00	79,692.	17,661.	0.

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V ☒

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	N/A	
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
b	Did the organization file Form 1120-POL for this year?	37b	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	N/A
b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed	FL	
42a	The organization's books are in care of	STEVE KOK	
	Located at	801 NORTH ORANGE AVENUE, SARASOTA, FL	
	Telephone no.	(941) 926-1700	
	ZIP + 4	34236	
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)?	42b	X
	If "Yes," enter the name of the foreign country:		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c	At any time during the calendar year, did the organization maintain an office outside the United States?	42c	X
	If "Yes," enter the name of the foreign country:		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	X
c	Did the organization receive any payments for indoor tanning services during the year?	44c	X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

☐

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?

	Yes	No
47		X
48		X
49a		X
49b		

- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

- f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

- d Total number of other independent contractors each receiving over \$100,000

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

☒ Yes ☐ No

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

Date

HOWARD CROWELL, CHAIRMAN

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
REBECCA U. STONER				P00585910
Firm's name	Firm's EIN			
KERKERING, BARBERIO & CO.	59-1753337			
Firm's address	Phone no.			
P.O. BOX 49348	941-365-4617			
SARASOTA, FL 34230-6348				

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

SARASOTA MILITARY ACADEMY FOUNDATION INC

Employer identification number

82-1047032

**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

1

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		
SARASOTA MILITARY ACADEMY, INC.	65-1149763	2	X		62,615.	
<b>Total</b>					62,615.	0.



**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**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 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>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2018



**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) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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> .....						

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

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	X	
<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)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		X
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		X
<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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		X
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
<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)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		X
<b>b</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</b> <b>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? If "Yes," provide detail in <b>Part VI</b> .		X
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		X
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		X
<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))? If "Yes," provide detail in <b>Part VI</b> .		X
<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? If "Yes," provide detail in <b>Part VI</b> .		X
<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? If "Yes," provide detail in <b>Part VI</b> .		X
<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)? If "Yes," answer 10b below.		X
<b>b</b> Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

**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>X</b>
<b>b</b> A family member of a person described in (a) above?		<b>X</b>
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		<b>X</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? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>X</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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		<b>X</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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**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>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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

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

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

**2** Activities Test. Answer (a) and (b) below.

	Yes	No
<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? If "Yes," then in <b>Part VI</b> 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.		
<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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<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? Provide details in <b>Part VI</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? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year 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	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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 Part VI):		
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	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior 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).		

Schedule A (Form 990 or 990-EZ) 2018

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7</b> Total annual distributions. Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f</b> Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7:			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> Excess distributions carryover to 2019. Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

**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.)

DRAFT

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

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Name of the organization

SARASOTA MILITARY ACADEMY FOUNDATION INC

Employer identification number

82-1047032

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 foundationCheck 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 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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).

Name of organization	Employer identification number
<b>SARASOTA MILITARY ACADEMY FOUNDATION INC</b>	<b>82-1047032</b>

**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
3	FREDERICK DERR P.O. BOX 2719 SARASOTA, FL 34230	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
1	THOMAS MCELHENY 7337 POINT OF ROCKS RD SARASOTA, FL 34242	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	HOWARD CROWELL 5601 DUNROBIN DRIVE #5108 SARASOTA, FL 34238	\$ 8,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PHYLLIS SISKEL P.O. BOX 20166 SARASOTA, FL 34276	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Employer identification number

82-1047032

[illegible]

Name of organization	Employer identification number
<b>SARASOTA MILITARY ACADEMY FOUNDATION INC</b>	<b>82-1047032</b>

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

SARASOTA MILITARY ACADEMY FOUNDATION INC

Employer identification number  
82-1047032

**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

**DESCRIPTION OF PROPERTY:**

**AMOUNT:**

INTEREST INCOME

11.

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

**DESCRIPTION OF OTHER EXPENSES:**

**AMOUNT:**

ENTERTAINMENT & RECREATION

9,241.

TAXES DUES & FEES

2,847.

OTHER MATERIALS & SUPPLIES

1,713.

EMPLOYEE TRAINING & SEMINARS

1,142.

TRAVEL

1,035.

FOOD

818.

COMPUTER SOFTWARE

90.

COMMUNICATIONS

75.

COMPUTER HARDWARE

22.

TOTAL TO FORM 990-EZ, LINE 16

16,983.

**FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:**

**DESCRIPTION**

**BEG. OF YEAR**

**END OF YEAR**

DUE TO SMA

30,604.

182,929.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO RECEIVE, ACCEPT AND  
ADMINISTER CONTRIBUTIONS FOR THE BENEFIT OF THE SARASOTA MILITARY  
ACADEMY SCHOOLS, TO AID AND ENRICH SCHOOL PROGRAMS AND ENHANCE THE  
LEARNING EXPERIENCE OF STUDENTS ATTENDING SMA.

Name of the organization

SARASOTA MILITARY ACADEMY FOUNDATION INC

Employer identification number

82-1047032

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

TO RECEIVE, ACCEPT AND ADMINISTER CONTRIBUTIONS FOR THE

BENEFIT OF THE SARASOTA MILITARY ACADEMY SCHOOLS, TO AID

AND ENRICH SCHOOL PROGRAMS AND ENHANCE THE LEARNING

EXPERIENCE OF STUDENTS ATTENDING SMA.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,

OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

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

OMB No. 1545-1709

- **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Enter filer's identifying number	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	<b>SARASOTA MILITARY ACADEMY FOUNDATION INC</b>	<b>82-1047032</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>801 NORTH ORANGE AVE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>SARASOTA, FL 34236</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STEVE KOK**

- The books are in the care of ► **801 NORTH ORANGE AVENUE - SARASOTA, FL 34236**  
Telephone No. ► **(941) 926-1700** Fax No. ►
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **MAY 15, 2020** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
► ☐ calendar year \_\_\_\_\_ or  
► ☒ tax year beginning **JUL 1, 2018** , and ending **JUN 30, 2019** .

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

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