			** PUBLIC DISCLOSURE COPY *		_	
	0	00	Return of Organization Exempt From	n Incom	ne Tax	OMB No. 1545-0047
For	тy	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	(except priva	ate foundations	0 <b>2022</b>
			Do not enter social security numbers on this form as it may			Open to Public
		of the Treasury enue Service	on.	Inspection		
AI	or th	e 2022 calend	lar year, or tax year beginning $ { m JUL}1,2022$ and ending	JUN 3	0, 2023	
	Check if applicab	ole: <b>C</b> Name o	forganization	D Emp	oloyer identifica	tion number
	Addre	ess Meri	t Academy			
	Name	9	usiness as	8	5-236594	2
	Initial		r and street (or P.O. box if mail is not delivered to street address) Room/s		phone number	
	Final	500	East Kelley's Road		19-686-2	274
	⊥returr termi ated	n_	own, state or province, country, and ZIP or foreign postal code		s receipts \$	4,400,236.
	Amer	nded TAT odd	land Park, CO 80863		this a group retu	
	_Appli tion		nd address of principal officer: Gwynne Dawdy Pekron		r subordinates?	
	pend		as C above		all subordinates inclu	
1	Гах-ех	empt status:		```		st. See instructions
	Nebsi		merit.academy		roup exemption	
						State of legal domicile: CO
	art I	Summary		rour or formut	on • [ m	olato or logar donnono, e e
	1	Briefly describ	be the organization's mission or most significant activities: See Sche	dule 0		
e	.	Briefly decent				
Governance	2	Check this bo	x if the organization discontinued its operations or disposed of n	nore than 25º	% of its net asse	
veri	3		ting members of the governing body (Part VI, line 1a)			4
ĝ	4	Number of inc		4		
	5			84		
Activities &			of individuals employed in calendar year 2022 (Part V, line 2a)			20
Ę	6		of volunteers (estimate if necessary)			0.
Ac			business taxable income from Form 990-T, Part I, line 11			0.
		Net unrelated			r Year	Current Year
	0	Contributions	and grants (Part VIII, line 1b)		45,414.	939,968.
an	8		and grants (Part VIII, line 1h)		79,137.	3,435,816.
Revenue	9	•	ice revenue (Part VIII, line 2g)	, <i>,</i> ,	371.	7,524.
Be	10		come (Part VIII, column (A), lines 3, 4, and 7d)		9,885.	15,928.
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	27	34,807.	4,399,236.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>4</b> , /	0.	<u>4,399,230.</u> 0.
	13		milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		•	to or for members (Part IX, column (A), line 4)	1 2	23,101.	3,717,060.
ŝ	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)	1,3	<u>23,101.</u> 0.	
Expenses	16a		undraising fees (Part IX, column (A), line 11e)		0.	0.
ğ	b		ing expenses (Part IX, column (D), line 25) 0 .	1 0	44 051	2 064 616
ш	11		es (Part IX, column (A), lines 11a-11d, 11f-24e)		44,051.	2,064,616.
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)		67,152.	5,781,676.
	19	Revenue less	expenses. Subtract line 18 from line 12		67,655.	-1,382,440.
Net Assets or					f Current Year	End of Year
set	20	Total assets (I	Part X, line 16)		11,326.	4,326,463.
it As	21		s (Part X, line 26)		97,475.	5,577,715.
			fund balances. Subtract line 21 from line 20	2	13,851.	-1,251,252.
	art II	-				
			I declare that I have examined this return, including accompanying schedules and sta			nowledge and belief, it is
true	, corre	ct, and complete	. Declaration of preparer (other than officer) is based on all information of which prep	oarer has any k	nowledge.	

Sign	Signature of officer	Date	Date								
Here											
	Type or print name and title										
	Print/Type preparer's name	Preparer's signature	Date Check PTIN	-							
Paid	Thomas G. Sistare	Thomas G. Sistare	03/30/24 self-employed P003	356968							
Preparer	Firm's name Hoelting & Company	y, Inc.	Firm's EIN 30-0514	4455							
Use Only	Firm's address 31 East Platte Av	enue, Suite 300									
	Colorado Springs,	CO 80903	Phone no. (719) 63	30-1091							
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions		Yes 🛛 No							
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.	Fc	orm <b>990</b> (2022)							

Form	1990 (2022) Merit Academy	85-2365942	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
-	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	Merit Academy will cultivate the minds and nurture the h	learts of K-1	2
	youth in the Ute Pass/Woodland Park region with instruct		
	principles of moral character and civic virtue, employin		
	foundations of classical education and Core Knowledge.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
-	prior Form 990 or 990-EZ?		XNo
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		XNo
5	If "Yes," describe these changes on Schedule O.		
4	· · · · · · · · · · · · · · · · · · ·		
4	Describe the organization's program service accomplishments for each of its three largest program services, as $2 - \frac{1}{2} + \frac{1}{2} +$		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, a	ha
	revenue, if any, for each program service reported.	nue \$ 3,460,	211
4a	(Code: ) (Expenses \$ 5,096,203. including grants of \$ ) (Reve	$\frac{5,400}{100}$	
	Merit Academy will cultivate the minds and nurture the h		2
	youth in the Ute Pass/Woodland Park region with instruct	lon in the	
	principles of moral character and civic virtue, employin	ig honored	
	foundations of classical education and Core Knowledge.		
4b	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$	)
4c	(Code:) (Expenses \$ including grants of \$) (Reve		<u> </u>
40	(Code:) (expenses \$) (Heve	nue \$	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses     5,096,203.		<b>190</b> (2022)
		Lower A	14L (0000)

Form	990	(2022)

Form 990 (2022) Merit Academy
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	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X 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	9		X X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X 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	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	v	
Ŀ.	Schedule D, Parts XI and XII	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	104		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	А	x
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	14a	1	
U				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
15	or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	עדו		
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u> </u>
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		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	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form	990	(2022)

Form 990 (2022) Merit Academy
Part IV Checklist of Required Schedules (continued)

			Yes	No					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on								
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current								
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete								
	Schedule J	23		X					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the								
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete								
	Schedule K. If "No," go to line 25a	24a		X					
b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?								
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease								
	any tax-exempt bonds?	24c							
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d							
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit								
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X					
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and								
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete								
	Schedule L, Part I	25b		X					
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current								
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%								
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X					
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,								
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled								
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X					
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,								
	instructions for applicable filing thresholds, conditions, and exceptions):								
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If								
	"Yes," complete Schedule L, Part IV	28a		X					
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x					
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If								
	"Yes," complete Schedule L, Part IV	28c		X					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation								
	contributions? If "Yes," complete Schedule M	30		X					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete								
	Schedule N, Part II	32		X					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations								
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and								
	Part V, line 1	34		X					
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X					
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51							
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b							
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	0		x					
07	If "Yes," complete Schedule R, Part V, line 2	36							
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x					
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37							
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х						
Pa		1 30	Δ	1					
-	Check if Schedule O contains a response or note to any line in this Part V								
		<u></u>	Yes	No					
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9								
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0								
	Did the examption complexity booker with boling rules for reportable payments to yonders and reportable gaing								

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2022) Merit Academy 85-2365	942	P	age <b>5</b>
Par	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	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 2a 84			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	Зb		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
с	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Form	990 (2022) Merit Academy		365942	P	age <b>6</b>
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b b	elow, and	for a "No" re	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instruc				
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>			X
Sec	tion A. Governing Body and Management				
			. —	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a				
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent 1b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any of	ther			
	officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supe	ervision			
	of officers, directors, trustees, or key employees to a management company or other person?				X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed	l?			X
5					X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one o		_		v
	more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,	or			v
•	persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow	-		х	
	The governing body?			X	
b	Each committee with authority to act on behalf of the governing body?		8b	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				x
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		А
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code	.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?		10a	162	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affili				- 23
5			10b		
119	and branches to ensure their operations are consistent with the organization's exempt purposes?			Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	g the form			
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describ				
•	on Schedule O how this was done		12c	х	
13	Did the organization have a written whistleblower policy?			Х	
14	Did the organization have a written document retention and destruction policy?				X
15	Did the process for determining compensation of the following persons include a review and approval by indeper				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Х	
	Other officers or key employees of the organization				X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	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	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its particip	oation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	<u></u>	16b		
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed None				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (se	ction 501	(c)(3)s only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website Upon request Other (explain on Schedu	le O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of inte		y, and financ	ial	
	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 reco	ords			
	The Organization - 719-686-2274				
	500 East Kelley's Road, Woodland Park, CO 80863				

Form 990 (		85-2365942	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	Compensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
•	te this table for all persons required to be listed. Report compensation for the calendar year endin Il of the organization's current officers, directors, trustees (whether individuals or organizations).	•	-

List all of the organization's current officers, directors, trust Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					n an	(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below line)	itee or director	Institutional trustee	Officer		Highest compensated		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) Gwynne Pekron	60.00	-								
Headmaster				X				62,623.	0.	21,707.
(2) Nicole Waggoner	2.00									
Board President		Х		X				0.	0.	0.
(3) Jason Ledlie	2.00									
Board Vice President		Х		X				0.	0.	0.
(4) Mary Sekowski	2.00									
Board Treasurer		Х		X				0.	0.	0.
(5) John Dill	2.00									
Board Secretary		Х		X				0.	0.	0.
		-								
		1								
		-								

Form 990 (2022) Merit Aca									85-236	65942	2 Pag	je <b>8</b>
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (contin											( <b>-</b> )	
(A)	Desition			(D)	(E)		(F) 					
Name and title	hours per		not c	heck ı	more	than d is both		Reportable compensation	Reportable compensation		Estimated amount of	
	week					or/trus		from	from related		other	
	(list any	rector						the	organizations		mpensatio	on
	hours for related	e or di	tee			sated		Organization (W-2/1099-MISC/	(W-2/1099-MISC 1099-NEC)		from the ganizatio	n
	organizations	truste	al trus		yee	um pen		1099-NEC)	1033-1120)		nd related	
	below	In dividual trustee or director	Institutional trustee	Cer	Key employee	Highest compensated employee	ner			or	ganizatior	IS
	line)	Indi	Insti	Officer	Key	High	Former					
										_		
						-				_		
										_		
1b Subtotal								62,623.			21,70	
c Total from continuation sheets to Part VI								0.		<b>).</b>		0.
d Total (add lines 1b and 1c)								62,623.		0. 2	21,70	7.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100	000 of reportable			~
compensation from the organization											Yes	0 No
2 Did the exception list on <i>former</i> officer	director truct					~ ~ ~	hia	best componented own			fes	NO
3 Did the organization list any <b>former</b> officer,			•	•			Ŭ	• •	•	3		х
<ul><li>line 1a? If "Yes," complete Schedule J for s</li><li>For any individual listed on line 1a, is the su</li></ul>										. 5		
and related organizations greater than \$150										4		х
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or sı	ich r	bers	on .		-		5		Х
Section B. Independent Contractors												
1 Complete this table for your five highest co	•	•							· ·	nsation f	rom	
the organization. Report compensation for	the calendar ye	ear e	ndir	ng w	ith c	or wi	thin T		ear.		<u>(</u> )	
(A) Name and business	address	M	ONE	7				(B) Description of s	services		(C) ensation	
		INC		-			-	Becomption of t			onouton	
2 Total number of independent contractors (ii		nt lin	nitor	1 + 0 +	thee		ted	above) who received m	ore than			
\$100,000 of compensation from the organiz	0	51 111	met	0	1105 (	-	ceu	above, who received in				

	990 () <b>t VII</b>			.cadeı	my				85-2365	942 Pag
		Check if Schedule O	containe	arespor		r note to any lir	e in this Part VIII			Г
		Check in Ochecule O		<u>a respor</u>	130 0		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - {
Ś	1 a	Federated campaigns		1a						
nn										
B		Fundraising events		-		16,331.				
and Other Similar Amounts		Related organizations				•				
nila		Government grants (cont				535,365.				
Sir		All other contributions, gifts,					1			
her	•	similar amounts not included	-			388,272.				
Ō	g						1			
and	•	Total. Add lines 1a-1f		<b>19</b>			939,968.			
0		Total. Add intes faith				Business Code	55575001			
	0.0	Per Pupil Rev	renile				2 723 791.	2,723,791.		
	z a b	City Sales Ta			-	611110	384,284.			
ani	u c	Mill Levy Ove		<u> </u>	-	611110	165,529.			
ven	ט ר				-	611110	162,212.			
Revenue	d	Charges LUL 2	ST AT	655	-	011110	,,	,,		
	e				-					
		All other program service					3,435,816.			
_							5,455,010.			
	3	Investment income (inclu	•				24			
							24.			2
	4	Income from investment		•	•	oceeds				
	5	Royalties				(ii) Deve eve el				
				(i) Real		(ii) Personal	-			
	6 a	Gross rents	<u>6a</u>				-			
			6b				4			
			6c							
		Net rental income or (loss		<u> </u>						
	7 a	Gross amount from sales of	(i)	Securitie	es	(ii) Other	-			
		assets other than inventory	7a			7,500.	4			
	b	Less: cost or other basis								
5		and sales expenses	7b			0.	4			
	С	Gain or (loss)	7c			7,500.				
		Net gain or (loss)					7,500.	7,500.		
	8 a	Gross income from fundrais								
5		including \$ 16								
		contributions reported on	-							
		Part IV, line 18			8a	0.	4			
		Less: direct expenses			8b	1,000.				1.00
		Net income or (loss) from		-	s		-1,000.			-1,00
	9 a	Gross income from gamir	-							
		Part IV, line 19			9a		-			
		Less: direct expenses			9b					
		Net income or (loss) from								
·   ·	10 a	Gross sales of inventory,								
		and allowances			10a		-			
	b	Less: cost of goods sold			10b					
	с	Net income or (loss) from	sales of	inventory	/					
						Business Code				
Revenue	11 a	Miscellaneous	8 Rev	enue	_	611110	16,928.	16,928.		
nue	b				_					
eve	с									
æ	d	All other revenue								
	е	Total. Add lines 11a-11d			<u></u>		16,928.			
	12	Total revenue. See instructi					4,399,236.	3,460,244.	0.	-97

Form 990 (2022) Merit Academy
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons			(	
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members				
5	Compensation of current officers, directors,	84,331.	71,681.	12,650.	
6	trustees, and key employees	04,331.	/1,001•	12,050.	
6	persons (as defined under section 4958(f)(1)) and				
	normalized in continu $40\Gamma0(a)(0)(D)$				
7	Other salaries and wages	2,002,786.	1,802,507.	200,279.	
' 8	Pension plan accruals and contributions (include	_,,			
	section 401(k) and 403(b) employer contributions	1,349,962,	1,212,239.	137,723.	
9	Other employee benefits	1,349,962. 235,995.	211,919.	24,076.	
0	Payroll taxes	43,986.	39,499.	4,487.	
1	Fees for services (nonemployees):				
	Management				
b	Legal	300.		300.	
	Accounting	35,049.		35,049.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
U	column (A), amount, list line 11g expenses on Sch 0.)				
2	Advertising and promotion	6,156.	5,233.	923.	
3	Office expenses				
4	Information technology				
5	Royalties				
6	Occupancy	39,703.	33,748.	5,955.	
7	Travel	5,915.	5,028.	887.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest	48,542.	41,261.	7,281.	
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	634,351.	539,198.	95,153.	
3	Insurance	9,172.	7,796.	1,376.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), emount list line 24e expenses on Schedule 0.)				
~	amount, list line 24e expenses on Schedule 0.) Purchased Services	425,640.	361,794.	63,846.	
a b	Educational Services	371,217.	315,534.	55,683.	
D C	Instructional Supplies	223,205.	223,205.		
с d	Tuition	99,445.	84,528.	14,917.	
	All other expenses	165,921.	141,033.	24,888.	
е 5	Total functional expenses. Add lines 1 through 24e	5,781,676.	5,096,203.	685,473.	0
<u>5</u> 6	<b>Joint costs</b> . Complete this line only if the organization		-,-,-,2001		0
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

га		Check if Schedule O contains a response or i	note to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			478,329.	1	516,059.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net			80,501.	3	313,979.
	4	Accounts receivable, net				4	457.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu					
		under section 4958(f)(1)), and persons describ				6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				6,687.	9	19,080.
	10a	Land, buildings, and equipment: cost or othe					
		basis. Complete Part VI of Schedule D	10a	0.			
	b	Less: accumulated depreciation		0.	634,351.	10c	0.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin				12	
	13	Investments - program-related. See Part IV, lir				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	11,458.	15	3,476,888.		
	16	Total assets. Add lines 1 through 15 (must e			1,211,326.	16	4,326,463.
	17	Accounts payable and accrued expenses	192,710.	17	432,799.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Comple				21	
Ş	22	Loans and other payables to any current or fo	ormer offic	er, director,			
Liabilities		trustee, key employee, creator or founder, su	bstantial o	contributor, or 35%			
abil		controlled entity or family member of any of the		22			
Ë	23	Secured mortgages and notes payable to unr	elated thi	rd parties		23	
	24	Unsecured notes and loans payable to unrela	ted third	parties	804,765.	24	519,263.
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	nes 17-24	. Complete Part X			
		of Schedule D			0.	25	4,625,653.
	26	Total liabilities. Add lines 17 through 25			997,475.	26	5,577,715.
		Organizations that follow FASB ASC 958, o	heck her	e X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions		150,851.	27	-1,361,252. 110,000.	
Ba	28	Net assets with donor restrictions	63,000.	28	110,000.		
pu		Organizations that do not follow FASB ASC	<b>958, ch</b>	eck here			
ц		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun	ds			29	
set	30	Paid-in or capital surplus, or land, building, or	equipme	nt fund		30	
As	31	Retained earnings, endowment, accumulated	income,	or other funds	-	31	
Nei	32	Total net assets or fund balances			213,851.	32	-1,251,252.
	33	Total liabilities and net assets/fund balances			1,211,326.	33	4,326,463.

Form **990** (2022)

# Merit Academy

Form 990 (2022)
Part X Balance Sheet

	<u>1990 (2022)</u> Merit Academy	85	<u>-2365</u>	942	Pa	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,39		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,78		
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,38		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		21	3,8	51.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		- 82	2,6	63.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1	,25	1,2	<u>52.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			<b>2</b> a		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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	1			
	consolidated basis, or both:					
	Separate basis Consolidated basis X Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule (	Э.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<u></u>	3b	000	

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

# **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 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the or	ganization
----------------	------------

Nam	e of t	he organization						Employer identification number					
		Meri	t Academy					85-2365942					
Pa	rt I	Reason for Public C	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)							
1	Ū.	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	X	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
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													
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 gov	-										
7		An organization that norma		ntial part of its support fi	om a gove	ernmental i	unit or from th	e general p	bublic described in				
		section 170(b)(1)(A)(vi). (C											
8		A community trust describe											
9		An agricultural research org	anization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	nction with a	land-grant	college				
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or				
		university:											
10		An organization that norma	lly receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	is, membersh	ip fees, and	d gross receipts from				
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	rom gross investment				
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	red by the org	anization a	fter June 30, 1975.				
		See section 509(a)(2). (Cor	nplete Part III.)										
11		An organization organized a		vely to test for public sa	fety. See	section 50	9(a)(4).						
12		An organization organized a	-	•	•			rrv out the	purposes of one or				
		more publicly supported or	-	-	-			-					
		lines 12a through 12d that											
а		<b>Type I.</b> A supporting orga	•••					-	aivina				
u		the supported organization	-	-	•	-							
					majonty o				ipporting				
		organization. You must o					-I	- (-)	·				
b		<b>Type II.</b> A supporting org	-				-		-				
		control or management o			ame perso	ns that cor	ntrol or manag	ge the supp	orted				
	_	organization(s). You mus											
С		Type III functionally inte						ly integrate	d with,				
	_	its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.						
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its suppor	ted organiz	zation(s)				
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution req	uirement and	an attentiv	veness				
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type I	I, Type III					
		functionally integrated, or	Type III non-functior	nally integrated supportion	ng organiz	ation.							
f	Ente	er the number of supported c	organizations										
g	Prov	vide the following informatior	about the supporte	d organization(s).									
	(	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of	monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions	)			
										_			
										_			
										_			
Tota	I												

Merit Academy

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

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

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	22	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.								
	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 202	22	(f) Total	
	Amounts from line 4								
	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources								
9	Net income from unrelated business								
•	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
10	or loss from the sale of capital								
	assets (Explain in Part VI.)								
11	<b>Total support.</b> Add lines 7 through 10								
12		etc (see instruction	nne)			12			
	First 5 years. If the Form 990 is for th		,	fourth or fifth tax					
10	organization, check this box and stop	0		,	,	( )( )		Γ	
Sec	tion C. Computation of Publi		-					<u></u>	
14	Public support percentage for 2022 (I	ine 6, column (f), c	livided by line 11,	column (f))		14			%
	Public support percentage from 2021					15			%
	33 1/3% support test - 2022. If the o					nore, check	this box	and	
	stop here. The organization qualifies							Г	
b	33 1/3% support test - 2021. If the o	organization did no	ot check a box on						
	and stop here. The organization qual							Г	
17a	10% -facts-and-circumstances test								
	and if the organization meets the fact								
	meets the facts-and-circumstances te			-			-	Г	
b	10% -facts-and-circumstances test	-							
-	more, and if the organization meets th	-	-						
	organization meets the facts-and-circu				· ·			[	
18	<b>Private foundation.</b> If the organization							[	$\exists$
				, , ,	,				

Schedule A (Form 990) 2022

(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.)

<u>Sec</u>	ction A. Public Support					-	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third.	fourth, or fifth tax	year as a section 5	501(c)(3) oraa	nization,
				-	-		·····
Sec	ction C. Computation of Publi						
15	Public support percentage for 2022 (I	ine 8. column (f). d	livided by line 13.	column (f))		15	%
	Public support percentage from 2021		•			16	%
	ction D. Computation of Inves					1 1	· · · · · ·
	Investment income percentage for 20			ne 13. column (f))		17	%
18	Investment income percentage from					18	%
	<b>33 1/3% support tests - 2022.</b> If the					· · · · · · · · · · · · · · · · · · ·	
150	more than 33 1/3%, check this box ar						
L							
	<b>33 1/3% support tests - 2021.</b> If the						
~~~	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation. If the organization	In alla not check a	box on line 14, 19	a, or 190, check th	iis box and see ins	STRUCTIONS	<u></u>

Merit Academy

Yes

No

## Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If* "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

	(Form 990)			Academy
Part IV	Suppor	ting	Organizations (C	ontinued)

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Se	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			

supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	or controlled the supporting organization.	
Section C. Ty	pe II Supporting Organizations	

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control or management of the support of the suppo

Section D	. All Type III	Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

### 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	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- 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 go	vernmental entity. Describe in Part VI how	w you supported a governmental entity (see instructions	:).
-----------------------------------	--------------------------------------------	---------------------------------------------------------	-----

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a 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? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **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* **Part VI** *the role played by the organization in this regard.*

2a

Yes No

	dule A (Form 990) 2022 Merit Academy			35-2365942 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Support			
1	Check here if the organization satisfied the Integral Part Test as a qualify		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	<u>ist complete S</u>	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount 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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	I Type III supporting orga	anization (see

instructions).

Schedule A (Form 990) 2022

6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* 

7 Excess distributions carryover to 2023. Add lines 3j

Part VI. See instructions.

and 4c.
and 4c.
Breakdown of line 7:
Excess from 2018
Excess from 2019
CExcess from 2020
Excess from 2021
Excess from 2022

Sche	dule A (Form 990) 2022 Merit Academy			85	5-2365942 Pa
	t V   Type III Non-Functionally Integrated 509		nizations (continu		
Secti	on D - Distributions		(*******		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations		3	
	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.			6	
	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	erdistributions Distributat	
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	Merit	Academy	85-2365942	Page <b>8</b>
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I	nation. Pr 2, 3b, 3c, 4l ines 2 and 3	rovide the explanations required by Part II, line 10; Part II, line 17a c b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines ; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part /, Section E, lines 2, 5, and 6. Also complete this part for any addition	or 17b; Part III, line 12; 1 and 2; Part IV, Section ( V, Section B, line 1e; Part	С,

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

\*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

Merit Academy
---------------

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

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

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

### **General Rule**

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

#### **Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 for an *exclusively* set in the set of t

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (2022)

	3 (Form 990) (2022)		Page 2
Name of or	rganization		Employer identification number
Merit	Academy		85-2365942
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
1		\$10,00	Person     X       Payroll     Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contribution              \$10,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
3		\$300,00	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
4		\$5,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
5		\$15,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

	rganization	En	nployer identification num
erit	Academy		85-2365942
Part II	Noncash Property (see instructions). Use duplicate copies of P	art 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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

lame of or	rganization			Employer identification number
lerit	Academy			85-2365942
Part III	Exclusively religious, charitable, etc., contributions from any one contributor. Complete columns (a) thro completing Part III, enter the total of exclusively religious, charit Use duplicate copies of Part III if additional space	bugh (e) and the following line ent able, etc., contributions of <b>\$1,000 or</b>	rv. For organizations	hat total more than \$1,000 for the year
(a) No.		Je is fielded.		
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gif	  it	
-	Transferee's name, address, and Z	ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
	Transferee's name, address, and Z	(e) Transfer of gif		Insferor to transferee
			E	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of gif		
-	Transferee's name, address, and 2	ZIP + 4	Relationship of tra	Insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Dese	cription of how gift is held
 		(e) Transfer of gif		
-	Transferee's name, address, and Z	ZIP + 4	Relationship of tra	insferor to transferee

SCHEDULE D (Form 990) Complete if the organization answered "Yes" on Form 990,					ŀ	OMB No	<u>1545-00</u>	<u>47</u>
•		Part IV, line 6, 7, 8, 9, 10,	11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ttach to Form 990.			CU Open t		lic
	nt of the Treasury evenue Service		) for instructions and the latest information.			Inspec		
Name	of the organization			Em		dentificatio		nbei
D. J		Merit Academy				5-2365		
Part		answered "Yes" on Form 990, Part IV, line	I Funds or Other Similar Funds or A	ccou	nts. c	omplete if	the	
	organization	Tailswered fes off-offi 990, Part IV, inte	(a) Donor advised funds	(b) Eu	ndo ond	othor ago	unto	
		-		(b) Fu	nus anu	other acco	unis	
		d of year						
		contributions to (during year)						
		grants from (during year)						
		end of year						
	-		vriting that the assets held in donor advised fur		ſ	Vee		1.
			exclusive legal control?		l	Yes		No
	•		dvisors in writing that grant funds can be used donor advisor, or for any other purpose confe	-				
			, <b>,</b> , , , ,	0	ſ	Yes		No
Part	npermissible priva		anization answered "Yes" on Form 990, Part IV			tes		
				/, iii ic <i>i</i>	•			
- F		ervation easements held by the organizatio						
1	Preservation	of land for public use (for example, recreat		torically	(import	ant land are	2	
		of land for public use (for example, recreat	ion or education)	-			a	
	Protection of	natural habitat		-			a	
	Protection of Preservation	natural habitat of open space	ion or education) Preservation of a his Preservation of a cer	tified h	istoric st	tructure		
2 0	Protection of Preservation	natural habitat of open space through 2d if the organization held a qualifi	ion or education)	tified h	istoric st	tructure sement on t	he last	
<b>2</b> (	Protection of Preservation Complete lines 2a lay of the tax year	natural habitat of open space through 2d if the organization held a qualifi	ed conservation contribution in the form of a cer	tified h	istoric st	tructure	he last	
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2 C a T b T c N d N f 3 N y 4 N 5 C 5 C 6 S 7 A 6 S 7 A 6 S 7 A 8 C 8 C 8 C 7 A 8 C 8 C 7 C 7 A 7 C 7 C 7 C 7 C 7 C 7 C 7 C 7 C 7 C 7 C	Protection of Preservation Complete lines 2a lay of the tax year fotal number of co- fotal acreage restr lumber of conserv- lumber of conserv- lumber of conserv- lumber of conserv- lumber of states v looes the organizat iolations, and enfo taff and volunteer mount of expense Does each conserv- nd section 170(h) n Part XIII, describ	inatural habitat of open space through 2d if the organization held a qualifi- inservation easements intered by conservation easements vation easements on a certified historic stru- vation easements included in (c) acquired at sted in the National Register vation easements modified, transferred, rele vation easements modified, transferred, rele vation easements modified, transferred, rele vertion easements modified, transferred, rele vation easement reported on line 2(d) above (4)(B)(ii)?	ion or education) Preservation of a his Preservation of a cer ed conservation contribution in the form of a c cture included in (a) fter July 25,2006, and not on a eased, extinguished, or terminated by the organ ement is located odic monitoring, inspection, handling of holds? nandling of violations, and enforcing conservat ing of violations, and enforcing conservation e e satisfy the requirements of section 170(h)(4)(E	tified h onserva 2a 2b 2c 2d nization	ation eas Held at Held at during t ements of the during t a during t ements of the durin	the tax	he last he Tax	Yea

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

**1a** If the organization elected, as permitted under FASB 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 FASB 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 \$

	(I) Revenue included on Form 990, Part VIII, line 1	<u>۵</u>
	(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	е
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 09-01-22

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 Merit Ac	cademy					:	85-23	65942	Pa	age <b>2</b>
Par	t III Organizations Maintaining Co	ollections of Ar	t, Hist	orical Tre	easures, or	r Other \$	Similar	<sup>-</sup> Assets	(continu	ued)	
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the t	following that	make sigr	nificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	m					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	how th	ey further th	ne organizatio	n's exemp	t purpos	se in Part	XIII.		
5	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 ma								Yes		No
Par	t IV Escrow and Custodial Arrang	jements. Comple	ete if the	organizatio	n answered "	Yes" on F	orm 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for o	contribution	s or other ass	ets not ind	cluded		_		_
	on Form 990, Part X?							🗆	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing t	able:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						lf				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	escrow or cu	ustodial accou	unt liability	?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete if	the organization an									
		(a) Current year	(b) F	rior year	(c) Two year	rs back (c	I) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1o	g, column (a	)) held as:						
а	Board designated or quasi-endowment	•	%								
b	Permanent endowment	%	_								
с		<u></u> ^									
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
3a	Are there endowment funds not in the posses		ition tha	t are held ar	nd administer	ed for the					
	organization by:	····· ··· ··· ··· ··· ··· ··· ··· ···							Γ	Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizat								3b		
4	Describe in Part XIII the intended uses of the										
	t VI Land, Buildings, and Equipme										
	Complete if the organization answered		, Part IV	, line 11a. S	ee Form 990	, Part X, lir	ne 10.				
	Description of property	(a) Cost or o	, ther	(h) Cost	or other		umulate	h	(d) Book	value	
		basis (investr		. ,	(other)	• •	eciation		(4) 2000	value	•
1a	Land					· ·					
	Buildings										
	Leasehold improvements										
	EquipmentOther										
	Other		Varley	am (D) 1:							0.
TOLA	. Aud miles la through le. (Column (a) must ed	<u>juai Form 990, Part .</u>	∧, coiun	<u>пп (В), Ilne 1</u>	UC.)			Schedule	D (Form	900)	
									- ,. o		

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
			,
Pinancial derivatives     Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (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)			
otal. (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) Deposits			11,458
(2) Deferred Outflows of Resou	irces		3,465,430
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
			3,476,888

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) Deferred Inflows of Resources	52,093.
(3) Net OPEB Liability	147,908.
(4) Net Pension Liabilities	4,393,394.
(5) Compensated Absenses	32,258.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	4,625,653.

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

Sche	edule D (Form 990) 2022 Merit Academy			85-2	2365942	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With R				
	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	4,400,	,236.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)	2d	1,000.			
е	Add lines 2a through 2d			2e	1,	,000.
3	Subtract line 2e from line 1			3	4,399	<u>,236.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,399	<u>,236.</u>
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With I	Expenses per F	Returr	1.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	5,782	<u>,676.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	1,000.			
е	Add lines <b>2a</b> through <b>2d</b>			2e		,000.
3	Subtract line 2e from line 1			3	5,781	<u>,676.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	5,781	,676.
Pa	rt 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 XI, Line 2d - Other Adjustments:

### Fundraising Event Expense

1,000.

1,000.

Part XII, Line 2d - Other Adjustments:

### Fundraising Event Expense

SCHEDULE E	
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Department of the Treasury Internal Revenue Service

(Form 990)

## **Schools**

OMB No. 1545-0047 2022

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 for the latest information.

Open to Public Inspection Employer identification number 85-2365942

Name of the organization			Employ
Mer	it	Academy	
Part I			

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
•	by laws, other governing instrument, or in a resolution of its governing body?	1	x	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
-	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	х	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet	_		
•	homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the			
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	х	
	The nondiscriminatory policy is publicized in marketing	_		
	communications and on the school's website to make it known			
	to all parts of the general community it serves.			
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
с	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
	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:			
	Students' rights or privileges?	<u>5a</u>		<u>X</u>
b	Admissions policies?	5b		X
С	Employment of faculty or administrative staff?	<u>5c</u>		X
	Scholarships or other financial assistance?	5d		X
	Educational policies?	5e		X
	Use of facilities?	5f		X
	Athletic programs?	5g		X
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			
<b>A</b> -		0	v	
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		Λ
7	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, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering	-	x	
	racial nondiscrimination? If "No," explain on Part II	<u>7</u>		> 2022

ction Act Notice, see the Instructions for Form 990 or 990Schedule E (Form 990) 2022

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

## Line 6 - Explanation of Government Financial Aid:

## Per pupil funding and federal grant funding is received through the

## Colorado Department of Education.

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0	047
(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2022	
Department of the Treasury Internal Revenue Service	_	Attach to Form 990						Open to Publ Inspection	ic
Name of the organization		o www.irs.gov/Form990 for instru	ctions	and th	ne latest information	า.	Employer	identification nu	mber
······	Merit A	cademy					85-23		
		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, li	ine 1	7. Form 990	-EZ filers are not	
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       Mail solicitations       e       Solicitation of non-government grants         b       Internet and email solicitations       f       Solicitation of government grants         c       Phone solicitations       g       Special fundraising events						0		
(i) Name and addres or entity (func	s of individual	(ii) Activity	fundi have c or cor	Did raiser ustody atrol of utions?	(iv) Gross receipts from activity	tò (o	Amount pai or retained b fundraiser ted in col. <b>(i</b>	y) to (or retaine	d by)
			Yes	No					
Total									
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit	contrib	utions	or has been notified	it is (	exempt fron	registration	

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

Merit Academy

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro				ots greater than \$5,000.	
			(a) Event #1	(b) Event #2	(c) Other events None	(d) Total events (add col. (a) through col. (c))	
			Fund Run		<i>(</i> , , , , , , , , , , , , , , , , , , ,		
ē			(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	16,331.			16,331.	
	2	Less: Contributions	16,331.			16,331.	
	3	Gross income (line 1 minus line 2)					
	4	Cash prizes					
s	5	Noncash prizes	300.			300.	
pense	6	Rent/facility costs					
Direct Expenses	7	Food and beverages	250.			250.	
ā	8	Entertainment	200.			200.	
	9	Other direct expenses	250.			250.	
			1,000.				
		Net income summary. Subtract line 10 from li				-1,000.	
Pa	rt I	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than		
anue			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue					
	-						
ses	2	Cash prizes					
t Expenses	3	Noncash prizes					

**9** Enter the state(s) in which the organization conducts gaming activities:

7 Direct expense summary. Add lines 2 through 5 in column (d)

8 Net gaming income summary. Subtract line 7 from line 1, column (d)

4 Rent/facility costs

6 Volunteer labor

5 Other direct expenses

a Is the organization licensed to conduct gaming activities in each of these states? \_\_\_\_\_\_ Yes \_\_\_\_\_ Yes \_\_\_\_\_

%

Yes

No

%

Yes

No

%

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
b If "Yes," explain: \_\_\_\_\_\_

Yes

No

232082 10-27-22

Direct I

Yes

No

No

Scł	nedule G (Form 990) 2022	Merit	Academy 8	5-2365	942	Page <b>3</b>
11	Does the organization conduct ga	ming activiti	es with nonmembers?		Yes	No
12	Is the organization a grantor, ben	eficiary or tru	stee of a trust, or a member of a partnership or other entity formed			
					Yes	No
	Indicate the percentage of gaming			1		
						%
				13b		%
14	Enter the name and address of th	e person who	p prepares the organization's gaming/special events books and records:			
	Address					
15	a Does the organization have a con	tract with a t	nird party from whom the organization receives gaming revenue?		Yes	No No
I	o If "Yes," enter the amount of gam	ing revenue i	received by the organization \$ and the amour	ıt		
	of gaming revenue retained by the	e third party	\$			
•	c If "Yes," enter name and address	of the third p				
	Name					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation	\$				
	Description of services provided					
	Director/officer	Employ	yee Independent contractor			
	Mandatory distributions:					
i	and the state manifest lister of		make charitable distributions from the gaming proceeds to		Yes	
			er state law to be distributed to other exempt organizations or spent in th		res	└── No
	organization's own exempt activit	•		e		
Pa			ovide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III, li	nes 9, 9	9b, 10b,
_			Also provide any additional information. See instructions.			

Part IV	Supplemental Information (continued)

SCHEDULE O (Form 990)



85-2365942

Merit Academy

Form 990, Part I, Line 1, Description of Organization Mission:

Merit Academy will cultivate the minds and nurture the hearts of K-12

youth in the Ute Pass/Woodland Park region with instruction in the

principles of moral character and civic virtue, employing honored

foundations of classical education and Core Knowledge.

Form 990, Part VI, Section B, line 11b:

Copies of the Form 990 are provided to a representative of the board for

approval before filing.

Form 990, Part VI, Section B, Line 12c:

The Organization conducts periodic reviews of any compensation or

agreements and whether any relationships with taxable organizations conform

with the corporation's policies and are properly recorded.

Form 990, Part VI, Section B, Line 15a:

The executive director's performance and compensation is reviewed annually by the board.

Form 990, Part VI, Section C, Line 19:

Documents are made available upon request.

Part XII, Line 2c

The audit committee is responsible for the selection of the independent

auditor.