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DLN: 93493320007442

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2011

OMB No 1545-0047

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements

Internal f	Revenue	Service	Fine organization may have to use a	copy of this return to sa	atisty state	reporting re	quiremen	Inspection
A Fo	the .		endar year, or tax year beginning 07-0	1-2011 and ending 06-	30-2012		Employer	identification number
_		pplicable	C Name of organization THE COLUMBUS ACADEMY			['		
Add	ress ch	nange	Doing Business As				31-4379 Telephone	
Nar	ne cha	nge	Doing Business As			1.	·	
Initi	al retu	rn -	Number and street (or P O box if mail is not	delivered to street address) F	Room/suite		(614)50	
— Ten	nınate	d	4300 CHERRY BOTTOM ROAD			Ľ	Gross rece	ipts \$ 30,138,470
_ Am	ended	return	City or town, state or country, and ZIP + 4					
— App	lication	n pending	GAHANNA, OH 43230					
		` `	F Name and address of principal o	fficer	П	(a) Is this	aroup ro	turn for
			JOHN MACKENZIE		"	(a) Is this a affiliate:		Yes V No
			4300 CHERRY BOTTOM ROAD GAHANNA,OH 43230					
			GAHAMMA, OH 15250		H	(b) Are all a		·
I Tax	-exem	npt status	▼ 501(c)(3))	7 4			list (see instructions) i number ►
1 W	heite	- I- \\/\\/\	N COLUMBUSACADEMY ORG	, , , , , , , , , , , , , , , , , , ,		(c) Group (exemperon	Thamber P
					<u> </u>			
	oforg t I		Corporation Trust Association Other	er 🟲	ı	L Year of forma	ation 1911	M State of legal domicile Of
Ра		Sumn	-					
		Briefly des SEE SCHI	scribe the organization's mission or mo EDULE O	ost significant activities				
<u>3</u>								
lel	-							
Activíties & Governance)	Check this	s box 🔭 if the organization discontin	ued its operations or dis	posed of ma	ore than 250	of its no	et assets
<u> </u>			f voting members of the governing bod			ore than 25 /	3	1
eć			findependent voting members of the g				⊢	1 26
lles			nber of individuals employed in calenda					607
			nber of maividuals employed in calenda nber of volunteers (estimate if necessa			•		
ACI			elated business revenue from Part VIII				7	
			ated business taxable income from For		•		7	<u>'</u>
	В .	ivet uillele	Ted business taxable income from For	111 9 90 - 1 , 1111e 3 4		Prior Y		b -18,069 Current Year
		Contrib	utions and grants (Part VIII, line 1h)				3,053,418	
क	8 9		m service revenue (Part VIII, line 2g)		· ·	19,973,74		
Revenue		-	· · · · · · · · · · · · · · · · · · ·					
₽ĕ.	10		ment income (Part VIII, column (A), lir			1,138,061 85,670		
	11 12		evenue (Part VIII, column (A), lines 5 evenue—add lines 8 through 11 (must o		· –		05,67	65,401
	12		· · · · · · · · · · · · · · · · · · ·		` ''	2	4,250,890	29,477,387
	13		and sımılar amounts paıd (Part IX, col			;	1,891,917	7 2,032,257
	14	Benefits	s paid to or for members (Part IX, colu	mn (A), line 4)			(0
	15		s, other compensation, employee bene	fits (Part IX, column (A),	. lines		- 200	16.153.057
Ехрепзея		5-10)	16 1 6 (5 17)	(4)	_	1.	5,389,55	
) e	16a		ional fundraising fees (Part IX, column		· -		(102,436
짚	Ь		draising expenses (Part IX, column (D), line 25	•				
	17		expenses (Part IX, column (A), lines 11				6,627,630	
	18		xpenses Add lines 13-17 (must equa		· -	2.	3,909,10	
. 00	19	Revenu	e less expenses Subtract line 18 from	n line 12			341,789	9 4,228,482
Š&						Beginning o Yea		End of Year
Not Assets or Fund Balances	20	Totalas	ssets (Part X, line 16)		. ⊢		8,624,28	2 58,865,900
4.45 14.85	21		abilities (Part X, line 26)		· . ⊢		9,118,554	+
Fee	22		sets or fund balances Subtract line 21		'.'. 		9,505,72	
Par	t II		iture Block				, ,	,
	edge a	*****				based on all		
Sign		F Signati	ure of officer			Date		
Here)		ARET A KOERNER CHIEF FINANCIAL OFFICER or print name and title					
Paid		Preparer's signature	TI CONCER OR	Date 2012-11-14	Check self- emplo	[(Preparer's ta (see instruct P00068140	xpayer identification number ions)
Prepa			me (or yours 📗 JOHN GERLACH & COMPANY L	LP		1.	EIN 🕨 31-44	110361
Use (nly	ıf self-em	ployed), and ZIP + 4 37 W BROAD ST STE 530			['	∟ши ⊭ 31-44	113201

COLUMBUS, OH 43215

May the IRS discuss this return with the preparer shown above? (see instructions) . .

▼Yes 「No

Phone no 🕨 (614) 224-2164

art IV Checklist of Required Schedule

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$	2	Yes	
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		No
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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
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, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		N o
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV.	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes	
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		No
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2011)

		_
Darie V	Statements Regarding Other IRS Filings and Tax Compliance	
	Statements Regarding other the runings and rax compliance	

	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
а	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	1a 45			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
a	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			
h	return			
_		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the			
l	year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
3	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 or securities account)?	4a		Νo
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		5c		N.I.
1	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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	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		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7f _		No
h	required?	7g		
	Form 1098-C?	7h		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
	Sponsoring organizations maintaining donor advised funds.	8		
-		9a		
	Did the organization make any taxable distributions under section 4966?	9a 9b		
)	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
_	facilities			
L	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
)-		12-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
D	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
c	the states in which the organization is licensed to issue qualified health plans Enter the aggregate amount of reserves on hand			
	13c			
la	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ection 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	26			
b	Enter the number of voting members included in line 1a, above, who are independent	26			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations		<u>.</u>		No
3	Did the organization delegate control over management duties customarily performed by or un supervision of officers, directors or trustees, or key employees to a management company or o		3		No
4	Did the organization make any significant changes to its governing documents since the prior filed?	Form 990 was			No
5	Did the organization become aware during the year of a significant diversion of the organization	n's assets? . 5	5		No
6	Did the organization have members or stockholders?	6	<u> </u>		Νo
7a	Did the organization have members, stockholders, or other persons who had the power to elect more members of the governing body?		a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) mem or persons other than the governing body?	bers, stockholders, 7	b		No
8	Did the organization contemporaneously document the meetings held or written actions undertyear by the following	taken during the			
а	The governing body?	8	a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8	b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot organization's mailing address? If "Yes," provide the names and addresses in Schedule O \cdot		,		No
	ection B. Policies (This Section B requests information about policies not required	by the Internal			
Re	evenue Code.)			1	
		T-10	-	Yes	No
	Did the organization have local chapters, branches, or affiliates?)a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of saffiliates, and branches to ensure their operations are consistent with the organization's exem purposes?		ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing the form?	ng body before filing	La	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12	2a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests rise to conflicts?		2b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy in Schedule O how this was done		2c	Yes	
13	Did the organization have a written whistleblower policy?	1	3	Yes	
14	Did the organization have a written document retention and destruction policy?	1	4	Yes	
15	Did the process for determining compensation of the following persons include a review and ap independent persons, comparability data, and contemporaneous substantiation of the delibera				
а	The organization's CEO, Executive Director, or top management official	15	ia 📗	Yes	
b	Other officers or key employees of the organization	15	5b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a taxable entity during the year?	arrangement with a	ia		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to e				
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?		ь		
Se	ection C. Disclosure				
17	List the States with which a copy of this Form 990 is required to be filed▶OH				

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available.

Own website 🔽 Another's website 🔽 Upon request

(614)509-2227

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► MARGARET A KOERNER 4300 CHERRY BOTTOM ROAD GAHANNA, OH 432300745

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

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

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

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

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

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n one son er ar	e bo: is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				\vdash			_			

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

	(A) Name and Title	(B) Average hours per week (describe	unles an	on (d e thar	n one son er ai	e bo ıs b nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estima mount o compens from t	ted f other ation he on and
		hours for related organizations in Schedule O)	Individual trustaa or diiector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)		relati organiza	
See A	Additional Data Table												
1 b	Sub-Total							•					
	Total from continuation sheets				•	•		<u> </u>	1,089,196				180,249
d 	Total (add lines 1b and 1c) . Total number of individuals (incli				• e lis	· ted	ahove) who		ın	٩		160,249
_	\$100,000 of reportable compens					ccu	above	<i>,</i> •••••	Treceived more the				
												Yes	No
3	Did the organization list any form									ated employee			
4	on line 1a? If "Yes," complete Sch									· · ·	3		No
4	For any individual listed on line 1 organization and related organizatindividual										4	Yes	
5	Did any person listed on line 1a services rendered to the organiz									or individual for	5		No
S	ection B. Independent Con	tractors											
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	highest comper the organizatio											
	o. weim the organization's tax y	(A)								(B)		(C	1

(A) Name and business address	(B) Description of services	(C) Compensation
OHIO EQUITIES MANAGEMENT 605 SOUTH FRONT STREET STE 200 COLUMBUS, OH 43215	FACILITIES MANAGEMENT	272,825
UNITED SECURITY LLC 26375 NETWORK PLACE CHICAGO, IL 60673	SECURITY SERVICES	177,143
2. Takal wijimbay of indopendent contractors (including but not limited to the collisted above)		

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

Part V		Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$ \$	1a	Federated campaigns 1a	1				
Contributions, gifts, grants and other similar amounts	ь	Membership dues 1b					
ಕ್ಷ	l c	Fundraising events 1c					
कुंद		<u>-</u>					
<u>ਬ</u> ੂਰ	d	Related organizations 1d					
હ∄	e	Government grants (contributions) 1e	321,493				
_ই ‱	f	All other contributions, gifts, grants, and 1f	7,167,403		İ		
きる		similar amounts not included above					
≣ਰ	g	Noncash contributions included in lines 1a-1f \$					
들	١.	Total. Add lines 1a-1f	<u>.</u>	7,488,896			
ပက	h	Total. Add lilles 1a-11		7,100,050			
<u> </u>			Business Code				
릁	2a	TUITION & FEES	611600	20,107,773	20,107,773		
% 99	ь	SUMMER SCHOOL & DAY CA	611600	681,549	681,549		
ъ Ш	l c	CARE AFTER SCHOOL, TUT	<u> </u>		,		
ž.		· · · · · · · · · · · · · · · · · · ·	611600	191,841	191,841		
Š	d	ATHLETIC EVENTS	611600	42,123	42,123		
Program Serwce Revenue	e						
Ĉ.	f	All other program service revenue	1				
Š	_	Total Addings 2s 25		24 022 201			
	g 3	Total. Add lines 2a-2f		21,023,286			
	3	Investment income (including dividen	. F	901,791			901,791
		and other similar amounts)	F-	901,791			901,791
	4	Income from investment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·				
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross rents 44,069					
	b	Less rental 0 expenses					
	c	Rental income 44,069					
	ا ا	or (loss) Net rental income or (loss)	<u> </u>	44,069			44,069
	d			44,003			44,009
	_	(i) Securities Gross amount 589,123	(II) Other				
	7a	Gross amount 589,123 from sales of					
		assets other than inventory					
	Ь	Less cost or 591,110					
		other basis and sales expenses					
	c	Gain or (loss) -1,987					
	d	Net gain or (loss)		-1,987			-1,987
	8a	Gross income from fundraising	ı İ				
<u>Φ</u>		events (not including					
듀		\$					
ž		of contributions reported on line 1c) See Part IV, line 18					
ά		a	6.050				
Other Revenue	Ь	Less direct expenses b	6,950 7,181				
₹	c	Net income or (loss) from fundraising	·	-231			-231
_	9a	Gross income from gaming activities					
	- "	See Part IV, line 19					
		a					
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming acti	vities		İ		
	10a	Gross sales of inventory, less	l t				
		returns and allowances .					
		а	77,935				
	Ь	Less cost of goods sold ${f b}$	62,792				
	С	Net income or (loss) from sales of inv	entory 🟲	15,143	15,143		
		Miscellaneous Revenue	Business Code				
	11a	FORFEITED ENROLLMENT D	611600	20,000	20,000		
	ь	OTHER INCOME	900099	4,499			4,499
	c	PASS-THROUGH INCOME	211110	-3,301		-3,301	
	d	All other revenue		-14,778		-14,778	
			L	11,770		11,770	
	e	Total. Add lines 11a-11d	▶	6,420			
	12	Total revenue. See Instructions .	▶				
		. Star revenue: See Tristructions .	• • • •	29,477,387	21,058,429	-18,079	948,141

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do no	heck if Schedule O contains a response to any question in this Part IX ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21		Скреписа	general expenses	олреноез
2	Grants and other assistance to individuals in the United States See Part IV, line 22	2,032,257	2,032,257		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	543,523		543,523	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	11,381,883	9,026,635	2,115,059	240,189
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	695,168	548,778	133,083	13,307
9	Other employee benefits	2,649,910	2,425,248	200,486	24,176
10	Payroll taxes	883,473	685,698	180,744	17,031
11	Fees for services (non-employees)				
а	Management	51,401	51,401		
b	Legal	27,203		27,203	
C	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17	102,436			102,436
f	Investment management fees	50,074		50,074	
g	Other	339,550	261,591	72,946	5,013
12	Advertising and promotion	62,662	537	50,605	11,520
13	Office expenses	1,458,677	1,204,795	177,699	76,183
14	Information technology	200,000	171,278	28,722	
15	Royalties				
16	Occupancy	1,537,936	1,537,936		
17	Travel	166,271	149,101	11,366	5,804
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	251,722	246,818	4,904	
20	Interest	10,281	10,281		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,338,107	1,063,126	250,627	24,354
23	Insurance	29,349	29,349		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	CONTRACTED SERVICES	899,409	899,409		
b	SCHOOL EQUIPMENT R&M	245,946	245,946		
c	MISCELLANEOUS EXPENSES	197,572	3,315	192,231	2,026
d	MEMBERSHIP DUES & SUBSC	55,084	18,699	33,292	3,093
е					
f	All other expenses	39,011	39,011		
25	Total functional expenses. Add lines 1 through 24f	25,248,905	20,651,209	4,072,564	525,132
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 865,900 812,649 1 1 7,232,386 2 4,662,534 2 1,282,407 3 4,618,377 60,574 4 83,356 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 7,411 9,913 8 449.968 478.211 9 Prepaid expenses and deferred charges 41,607,120 10a Land, buildings, and equipment cost or other basis *Complete* 10a Part VI of Schedule D 10b 20,485,193 21,479,204 10c 21,121,927 b Less accumulated depreciation 25,111,861 24,677,177 11 11 2.134.571 12 2,401,756 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . . 14 14 Intangible assets 15 15 16 58.624.282 16 58.865.900 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 2.832.469 17 3,409,070 **17** Accounts payable and accrued expenses . 18 18 19 2.799.049 19 2.824.768 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 71,889 23 43,355 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 3,298,702 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 116,445 25 107,085 D 26 9,118,554 26 6,384,278 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 27,050,251 26,697,521 6,187,570 7,954,655 28 Temporarily restricted net assets 28 Fund 29 16,267,907 29 17,829,446 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 Total net assets or fund balances 49.505.728 33 52.481.622 34 Total liabilities and net assets/fund balances 58.624.282 58.865.900 34

FGI	Check if Schedule O contains a response to any question in this Part XI			.┏	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		294	177,387
2	Total expenses (must equal Part IX, column (A), line 25)	2			248,905
3	Revenue less expenses Subtract line 2 from line 1	3		4,2	28,482
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		49,5	505,728
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-1,2	252,588
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		52,4	81,622
Par	The triangle of the contains a response to any question in this Part XII			৮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	[2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	sued			
	Separate basis Consolidated basis Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the re audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ) Department of the Treasury

Internal Revenue Service

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

Public Charity Status and Public Support

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Inspection

Name of the organization THE COLUMBUS ACADEMY

Employer identification number

									31-43794						
	rt I			blic Charity Sta						structions					
	rganı			te foundation becaus			-) x						
1	<u> </u>			on of churches, or a)(1)(A)(i).							
2	고			in section 170(b)(1											
3	<u> </u>			perative hospital se											
4	ı			h organization opera ity, and state	ted in conjun	ction with a	hospital desc	cribed in sec	tion 170(b)(1)(A)(iii). E	nter the				
5	Γ	_	•	erated for the benefi	_	or universit	y owned or o	perated by a	government	al unit desc	ribed in				
	_			(A)(iv). (Complete P	•										
6	<u> </u>			local government o											
7	ı	describ	oed in	at normally receives (A)(vi) (Complete P		al part of its	support from	a governme	ntal unit or fr	om the gen	eral public	C			
8	\vdash	A com	munity trust	described in section	170(b)(1)(A)(vi) (Con	nplete Part II	:)							
9	\sqcap	An orga	anization th	at normally receives	(1) more th	an 331/3% (of its support	from contrib	outions, mem	bership fee:	s, and gro	SS			
		receipt	s from activ	ities related to its e	xempt function	ons—subject	t to certain e	xceptions, a	nd (2) no mo	re than 331	/3% of				
		ıts sup	port from gr	oss investment inco	me and unrel	lated busine	ss taxable ın	come (less	section 511	tax) from bu	ısınesses				
		acquire	ed by the org	ganızatıon after June	30,1975 S	ee section 5	509(a)(2). (C	omplete Par	tIII)						
10	\sqcap	Anorga	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4).												
11 e f g	' 	one or the box a By che other the section of the ocheck of following (i) a per and (iii)	more public that described Type I cking this back a soundation this box a gersons? erson who di below, the	ganized and operated by supported organized by supported organized best the type of supported by Type I ox, I certify that the ion managers and ot received a written deceived a written deceived by the organized	ations descriptoring organ I c organization her than one etermination ization accep ontrols, either	ibed in section and of Type III is not controlled from the IR: oted any gift er alone or toted organizated organizates.	on 509(a)(1) complete line - Functional colled directly licly support S that it is a or contribution	or section s 11e through s 11e	509(a)(2) Segh 11h d y by one or m lons describe E II or Type I of the	ee section 5 d Type nore disqual ed in section III supporti	e III - Oti ified pers n 509(a)(ng organiz Yes	.Check her ons 1)or			
		• •	•	er of a person descri	• •					11g		<u> </u>			
				lled entity of a perso						11g	(111)	<u> </u>			
h		Provide	e the followi	ng information about	the supporte	ed organizati	ion(s)								
(i) Name support organiza		e of rted	(iii) Type of organization (ii) (iii) (described on EIN lines 1- 9 above or IRC section (iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organizati col (i) orga in the U	e Ion In anized	A mo	/ii) unt of port?					
				(see instructions))	Yes	No	Yes	No	Yes	No	7				
				"							1				
											1				
											1				
Total															

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su					Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶ □
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test
	Explanation

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493320007442

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

			Emp	loyer identification number
				1379445
	990, Part IV, line 6.		_	·
Tatal aumhau at and af usau	(a) Donor ad	visea funas	+ ((b) Funds and other accounts
·				
,				
			nor advı	sed Yes N
used only for charitable purposes and not for the b				
	te if the organization	answered "Yes"	to Form	<u> </u>
Preservation of land for public use (e.g., recre Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qu	ation or pleasure)	Preservation of a Preservation of a	certified	
easement on the last day of the tax year				Held at the End of the Year
Total number of conservation easements			22	Held at the End of the Year
	nts			
<u>-</u>		ed in (a)		
		cu		
		uiched erterminet		o organization during
the taxable year -	sierred, reiedsed, extilig	uisilea, or terminat	led by th	e organization during
Number of states where property subject to conse	rvation easement is loca	ated >		
		ıng, ınspection, har	ndling of	violations, and Yes N
Staff and volunteer hours devoted to monitoring, ir	nspecting and enforcing	conservation easei	ments dı	uring the year 🗠
	cting, and enforcing cons	servation easemen	ts durıng	the year
	a 2/d) above cation, the			
170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	e 2(d) above satisfy the	requirements of se	ection	┌ Yes
balance sheet, and include, if applicable, the text of	of the footnote to the org			
Organizations Maintaining Collect Complete if the organization answered	t <mark>ions of Art, Histori</mark> d "Yes" to Form 990,	cal Treasures, Part IV, line 8.	or Oth	her Similar Assets.
	AS 116, not to report in	ıts revenue statem	rch in fui	
provide, in Part XIV, the text of the footnote to its			ıtems	
provide, in Part XIV, the text of the footnote to its If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these ite	financial statements that AS 116, to report in its roor public exhibition, educ	at describes these revenue statement	and bala	
If the organization elected, as permitted under SFA historical treasures, or other similar assets held for	financial statements the AS 116, to report in its roor public exhibition, educ ems	at describes these revenue statement	and bala	
If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these ite	financial statements the AS 116, to report in its roor public exhibition, educ ems	at describes these revenue statement	and bala	erance of public service,
	Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor a funds are the organization's property, subject to the organization inform all grantees, donors, a used only for charitable purposes and not for the brooferring impermissible private benefit TII Conservation Easements. Comple Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrees Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a que easement on the last day of the tax year Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements included in (c. Number of conservation easements modified, transite taxable year Number of states where property subject to conservation easement of the conservation easements it holds Staff and volunteer hours devoted to monitoring, in Amount of expenses incurred in monitoring, inspense conservation easement reported on line 170(h)(4)(B)(ii) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text the organization's accounting for conservation easement complete if the organization answere	Organizations Maintaining Donor Advised Funds or organization answered "Yes" to Form 990, Part IV, line 6. Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the funds are the organization's property, subject to the organization's exclusion by the organization inform all grantees, donors, and donor advisors in writing used only for charitable purposes and not for the benefit of the donor or do conferring impermissible private benefit II Conservation Easements. Complete if the organization Purpose(s) of conservation easements held by the organization (check all Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation conceasement on the last day of the tax year Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements and acrtified historic structure includ Number of conservation easements included in (c.) acquired after 8/17/06 Number of conservation easements modified, transferred, released, exting the taxable year Number of states where property subject to conservation easement is located to conservation easement is holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation of expenses incurred in monitoring, inspecting and enforcing conservation have a written policy regarding the periodic monitor enforcement of the conservation easement reported on line 2(d) above satisfy the 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easement balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for conservation easements and include in the organization answered "Yes" to Form 990,	Total number at end of year Aggregate contributions to (during year) Aggregate contributions from all donors and donor advisors in writing that the assets held in do funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in do funds are the organization inform all grantees, donors, and donor advisors in writing that grant fund used only for charitable purposes and not for the benefit of the donor or donor advisor, or for iconferring impermissible private benefit I Conservation Easements. Complete if the organization answered "Yes" Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of natural habitat Preservation of open space Complete lines 2a – 2d if the organization held a qualified conservation contribution in the foreasement on the last day of the tax year Total number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminal the taxable year Number of conservation easements modified, transferred, released, extinguished, or terminal the taxable year Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements included in (c) acquired after 8/17/06 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, hai enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easement enforcement of the conservation easement is the holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easement enforcement of the conservation easement is the holds? Total and 170(h)(4)(B)(i) and 170(h)(4)(B)(ii): In Part	TELL Organizations Maintaining Donor Advised Funds or Other Similar Funds or organization answered "Yes" to Form 990, Part IV, line 6. Total number at end of year Aggregate contributions to (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advisions are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any othe conferring impermissible private benefit **IT Conservation Easements.** Complete if the organization answered "Yes" to Form Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a ceasement on the last day of the tax year Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements modified, transferred, released, extinguished, or terminated by the tax by the organization have a written policy regarding the periodic monitoring, inspection, handling of enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during help and to the property subject to conservation and enforcing conservation easements during help and to the conservation easements of the conservation easement in monitoring, inspecting, and enforcing conservation easements during help and to the organization have a written policy regarding the periodic monitoring conservation easements during help and to the organization have a written policy regarding the pe

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	Organizations Maintaining Colle	ctions of Art, H	ISTO	ric	<u>ai ireasi</u>	ires, or Otr	<u>ier Simila</u>	ar Ass	ets (co	intinued)
3	Using the organization's accession and other relatems (check all that apply)	ecords, check any of	the f	follo	wing that a	re a sıgnıfıcan	t use of its o	collection	on	
а	Public exhibition	d	Γ	_	Loan or exc	:hange prograi	ms			
b	Scholarly research	e	· 「	-	Other					
С	Preservation for future generations									
4	Provide a description of the organization's colle Part XIV	ctions and explain h	iow th	hey	further the	organızatıon's	exempt pur	pose in		
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to b						ımılar	Г	Yes	□ No
Par	Escrow and Custodial Arranger Part IV, line 9, or reported an amo	nents. Complete	ıf th	ео	rganizatio		"Yes" to F	orm 99	90,	•
1a	Is the organization an agent, trustee, custodian included on Form 990, Part X?	n or other intermedia	ry fo	rco	ntrıbutıons	or other asset	s not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the follo	owing	g tab	ole			Amo	NIIN+	
c	Beginning balance					1	_	Allk	June	
d	Additions during the year					10				
e	Distributions during the year					10	-			
f	Ending balance					1				
2a	Did the organization include an amount on Form	a 990 Part V line 2:	1 2				'	Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV	1 J 90, Fait A, IIIIe 2 J						1	163	j 140
	rt V Endowment Funds. Complete if t	he organization at	nswe	rec	1 "Yes" to	Form 990 P	art IV line	<u> </u>		
			(b) Pri			wo Years Back	(d)Three Yea		(e)Four \	'ears Back
1 a	Beginning of year balance	28,687,133		24,0	97,361	20,088,154	25,	132,896		
b	Contributions	3,430,931		7	48,920	2,773,103		182,892		
c	Investment earnings or losses	-410,291			51,020	2,627,631		821,761		
d	Grants or scholarships	643,071			42,328	709,041		696,306		
е	Other expenditures for facilities and programs	485,762			17,728	634,450	ı	658,458		
f	Administrative expenses	50,074			50,112	48,036		51,109		
g	End of year balance	30,528,866		28,6	87,133	24,097,361	20,0	088,154		
2	Provide the estimated percentage of the year e									
а	Board designated or quasi-endowment 🕨 2	1 710 %								
b	Permanent endowment ► 58 400 %									
c	Term endowment ► 19890 %									
За	Are there endowment funds not in the possessi	on of the organizatio	n tha	it ar	e held and	admınıstered f	or the			
	organization by (i) unrelated organizations							. 3a(i)	Yes	No No
	(ii) related organizations		•	•				3a(ii		No
b	If "Yes" to 3a(II), are the related organizations							3b	1	<u> </u>
4	Describe in Part XIV the intended uses of the o	rganızatıon's endow	ment	fun	ds					
Par	t VI Land, Buildings, and Equipment	t. See Form 990, l	Part	Χ,	lıne 10.				1	
	Description of property				Cost or other (investment)	(b)Cost or othe basis (other)	er (c) Accum depreci		(d) Bo	ok value
1a	Land					2,155,5	51			2,155,551
b	Buildings					34,457,20	00 16,	421,637	1	8,035,563
С	Leasehold improvements									
d	Equipment					4,729,7	27 4,	063,556		666,171
_e	Other	<u> </u>				264,6	12			264,642
Tota	I. Add lines 1a-1e (Column (d) should equal Form	990, Part X, column ((B), II	ne 1	0(c).		▶		2	1,121,927

Part VIII Investments—Other Securities. See	Form 990, Part X, line 1.	<u>2</u> .
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	(B)Book value	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See		13
Part VIII Investments—Program Related. See	Torri 330, Fart X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X, lir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lir	ne 15. Otion	(b) Book value
Part IX Other Assets. See Form 990, Part X, Image (a) Description (b) Should equal Form 990, Part X, col.(B) line 1	ne 15. ption 5.)	
Part IX Other Assets. See Form 990, Part X, Image (a) Description (b) Description (c) Description (c) Description (d) Description (e) Descript	5.)	
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 1	ne 15. ption 5.)	
Part IX Other Assets. See Form 990, Part X, Image (a) Description (b) Description (c) Description (c) Description (d) Description (e) Descript	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.) (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.) (b) A mount	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.) (b) A mount	

	Reconciliation of change in Net Assets from Form 990 to Financial Statemen	163	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	29,477,387
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	25,248,905
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	4,228,482
4	Net unrealized gains (losses) on investments	4	-1,280,055
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	27,467
9	Total adjustments (net) Add lines 4 - 8	9	-1,252,588
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,975,894
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	26,177,615
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	90,039
3	Subtract line 2e from line 1	3	26,087,576
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 XIV)		
C	Add lines 4a and 4b	4c	3,389,811
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	29,477,387
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	23,211,109
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,352,015
3	Subtract line 2e from line 1	3	21,859,094
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 XIV)		
c	Add lines 4a and 4b	4c	3,389,811
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	25,248,905

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Part XIV Supplemental Information

Complete this part to 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 XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

additional information	,	
Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED FOR FACULTY AND STAFF SALARIES, FINANCIAL AID, PROFESSIONAL DEVELOPMENT, ATHLETICS, STUDENT NEWSPAPER, AND COMMENCEMENT AWARDS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ACADEMY DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS THE ACADEMY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE, AND LOCAL TAX AUTHORITIES FOR FISCAL YEARS ENDING 2009 AND PRIOR
PART XI, LINE 8 - OTHER ADJUSTMENTS		PASS-THROUGH LOSS ADJUSTMENT FOR TAX RETURN 18,079 FASB 158 ADJUSTMENT 9,388 TOTAL TO SCHEDULE D, PART XI, LINE 8 27,467
PART XII, LINE 2D - OTHER ADJUSTMENTS		STUDENT STORE ACTIVITY EXPENSES, REPORTED ON PART VIII, LINE 10B 62,792 REALIZED LOSS ON INVESTMENTS 1,987 FUNDRAISING EVENT EXPENSES, REPORTED ON PART VIII, LINE 8B 7,181 PASS-THROUGH LOSS ADJUSTMENT FOR TAX RETURN 18,079
PART XII, LINE 4B - OTHER ADJUSTMENTS		STUDENT FINANCIAL AID, REPORTED ON PART IX, LINE 2 2,032,257 STUDENT TUITION REMISSIONS, REPORTED ON PART IX, LINE 9 1,357,554
PART XIII, LINE 2D - OTHER ADJUSTMENTS		STUDENT STORE ACTIVITY EXPENSES, REPORTED ON PART VIII, LINE 10B 62,792 FUNDRAISING EVENT EXPENSES, REPORTED ON PART VIII, LINE 8B 7,181 REALIZED AND UNREALIZED LOSS ON INVESTMENTS 1,282,042
PART XIII, LINE 4B - OTHER ADJUSTMENTS		STUDENT FINANCIAL AID, REPORTED ON PART IX, LINE 2 2,032,257 STUDENT TUITION REMISSIONS, REPORTED ON PART IX, LINE 9 1,357,554
		PART VI, LINE 1E, COLUMN (B) - AMOUNT LISTED REPRESENTS ASSETS HELD AS CONSTRUCTION IN PROCESS AT THE END OF THE YEAR

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As Filed Data -

DLN: 93493320007442

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Schools

THE COLUMBUS ACADEMY

Employer identification number Name of the organization 31-4379445 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes 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? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? 5c Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a 6a Does the organization receive any financial aid or assistance from a governmental agency? Yes b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II

7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05

of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

Part II Supplemental Information

Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation				
EXPLANATION OF SCHEDULE E, NONDISCRIMINATORY POLICY PART I, LINE 3 PUBLICATION		A STATEMENT AFFIRMING ITS NONDISCRIMINATORY POLICY WAS PLACED IN ALL ADVERTISEMENTS, BROCHURES, NEWSPAPER ARTICLES, AND OTHER TYPES OF MEDIA MENTIONING THE SCHOOL				
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE COLUMBUS ACADEMY RECEIVES REIMBURSEMENT FROM THE STATE OF OHIO FOR EXPENSES INCURRED BY THE SCHOOL'S EMPLOYEES IN THE COMPLETION OF CLERICAL AND ADMINISTRATIVE DUTIES REQUIRED BY FEDERAL, STATE OR LOCAL LAWS				

Schedule E (Form 990 or 990-EZ) 2011

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As Filed Data -

DLN: 93493320007442

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

2011

OMB No 1545-0047

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Name of the organization

Employer identification number

				31-4379445	
tivities. Complet	e if the o	rganızat	tion answered "Yes"	to Form 990, Part IV	, line 17.
olicitations ns : a written or oral agre n Form 990, Part VII est paid individuals or	eement wit) or entity rentities (e f g th any Ind In conne fundraise	Solicitation of no Solicitation of go Solicitation of go V Special fundraisi Ividual (including office ction with professional rs) pursuant to agreem	n-government grants vernment grants ng events ers, directors, trustees fundraising services? eents under which the fu	
(ii) Activity	fundrais custo cont contrib	ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
CONSULTING	. 65	No	0	91,858	0
		_			
e organization is regis	· · ·	▶ Icensed t	o solicit funds or has b	91,858 een notified it is exempt	
	anization raised funds olicitations a written or oral agre n Form 990, Part VII est paid individuals or st \$5,000 by the org (ii) Activity CONSULTING	anization raised funds through a colicitations a a written or oral agreement with promises and individuals or entities (st \$5,000 by the organization) (ii) Activity (iii) fundrais custo conticontrib Yes CONSULTING	anization raised funds through any of the electrons form 990, Part VII) or entity in connects the paid individuals or entities (fundraisest \$5,000 by the organization Form 990 (iii) Activity (iiii) Did fundraiser have custody or control of contributions? Yes No CONSULTING No	e Solicitation of no olicitations f Solicitation of go g Special fundraisins a written or oral agreement with any individual (including office in Form 990, Part VII) or entity in connection with professional est paid individuals or entities (fundraisers) pursuant to agreement \$\$\\$5,000\$ by the organization Form 990-EZ filers are not required fundraiser have custody or control of contributions? Yes No CONSULTING No O	g

Part I	Fundraising Events. Commore than \$15,000 on Form				
		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		(event type)	(event type)	(total number)	(4)
1 2	Gross receipts				
2	Less Charitable				
3	contributions Gross income (line 1				
	minus line 2)				
4	Cash prizes				
5	Non-cash prizes				
6	Rent/facility costs				
. 7	Food and beverages				
8	Entertainment				
9	Other direct expenses .				
10	Direct expense summary Add lir	nes 4 through 9 in colum	an (d)	.	(
111	•	_	• •		,
art I	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		i tes lo foilii 990, Pa	rt IV, iiile 19, or repo	orted more than
		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	Gross revenue				
2	Cash prizes				
3	Non-cash prizes				
1 4					
4	Rent/racinty costs				
5	Other direct expenses				
6	Volunteer labor	┌ Yes		┌ Yes	
		Г №	ΓNο	Γ No	_
7	Direct expense summary Add line	s 2 through 5 in columr	n (d)		(
8	Net gaming income summary Com	ndine lines 1 and 7 in co	olumn (a)	<u> </u>	
	nter the state(s) in which the organiz				
Is	the organization licensed to operate	e gamıng actıvıtıes ın ea	ch of these states?		· Fyes Fno
b If	"No," Explain				
 a W	ere any of the organization's gaming				
	"Yes," Explain				- , res , NO

formed to administer chantable gaming? Tyes No	11	Does the organization operate g	aming activities with nonmembers?		· · · Yes No
13 Indicate the percentage of gaming activity operated in a The organization's facility	12	Is the organization a grantor, be	eneficiary or trustee of a trust or a me	mber of a partnership or other entity	
a The organization's facility		formed to administer charitable	gaming?		· · · · Fyes Fno
a The organization's facility					
b An outside facility	13	Indicate the percentage of gami	ng activity operated in		
Provide the name and address of the person who prepares the organization's gaming/special events books and records Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	а	The organization's facility .			13a
Name ► Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	b	An outside facility			13b
Address ► Address ► Address ► Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	14	Provide the name and address of	of the person who prepares the organiz	zation's gaming/special events book	s and
Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		records			
Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?					
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Name 🟲			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?					
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Address •			
revenue?		Address			
revenue?					
revenue?	15a	Does the organization have a co	entract with a third party from whom th	ie organization receives gaming	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$		-			Гусь Гыс
amount of gaming revenue retained by the third party ▶ \$ C If "Yes," enter name and address Name ▶ Address ▶ Address ▶ 16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	b				
C If "Yes," enter name and address Name ▶ Address ▶ 16 Gaming manager information Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	_				a the
Address ► Address ► 16 Gaming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	_				
Address ► 16 Gaming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer	·	ir res, entername and addres	· S		
Address ► 16 Gaming manager information Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer		Name 🕨			
Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer					
Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer					
Name Gaming manager compensation \$ Description of services provided Director/officer		Address 🟲			
Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer					
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	16	Gaming manager information			
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer					
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer					
Description of services provided Director/officer		Name 🟲			
Description of services provided Director/officer			. .		
Director/officer		Gaming manager compensation	\$		
Director/officer		D	a No.		
Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Description of services provided			
Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		C Duractor/officer	C Employee	_ Independent contractor	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17	,	Limployee	i independent contractor	
retain the state gaming license?			er state law to make charitable distrib	outions from the gaming proceeds to	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Part IV Complete this part to provide additional information for responses to quuestion on Schedule G (see instructions.) Identifier ReturnReference Explanation EXPLANATION OF FUNDRAISING SCHEDULE G, PART I, LINE 2B, CONSULTING RELATING TO FEASIBILITY STUDY	_			sations from the gaming proceeds to	
In the organization's own exempt activities during the tax year ► \$ Part IV Complete this part to provide additional information for responses to quiestion on Schedule G (see instructions.) Identifier ReturnReference Explanation EXPLANATION OF FUNDRAISING SCHEDULE G, PART I, LINE 2B, CONSULTING RELATING TO FEASIBILITY STUDY	h	5 5		to other example erganizations are ar	
Complete this part to provide additional information for responses to quiestion on Schedule G (see instructions.) Identifier ReturnReference Explanation EXPLANATION OF FUNDRAISING SCHEDULE G, PART I, LINE 2B, CONSULTING RELATING TO FEASIBILITY STUDY	D			to other exempt organizations or sp	ent.
Identifier ReturnReference Explanation EXPLANATION OF FUNDRAISING SCHEDULE G, PART I, LINE 2B, CONSULTING RELATING TO FEASIBILITY STUDY	Par			r responses to dillestion on Sc	hedule G (see
Identifier ReturnReference Explanation EXPLANATION OF FUNDRAISING SCHEDULE G, PART I, LINE 2B, AND ASSOCIATION OF FUNDRAISING SCHEDULE G, PART I, LINE 2B, CONSULTING RELATING TO FEASIBILITY STUDY	FC.	·	provide additional information to	responses to quuestion on Sc	nedule o (see
EXPLANATION OF FUNDRAISING SCHEDULE G, PART I, LINE 2B, CONSULTING RELATING TO FEASIBILITY STUDY	$\overline{}$	·	Datama D. C		A
DAYMENTS SCHEDULE G, PART 1, LINE 2D,	E 1/2			'	
COLUMN (V)				CONSULTING RELATING TO FE	A SIBILITY STUDY

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Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493320007442 OMB No 1545-0047

Employer identification number

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Inspection

THE COLUMBUS ACADEMY							
						31-4379445	
Part I General Information 1 Does the organization maintain rethe selection criteria used to away	ecords to substanti	ate the amount of the					✓ Yes
2 Describe in Part IV the organiza							i les i
Part II Grants and Other As Form 990, Part IV, line Part IV and Schedule I	21 for any recip	ient that received n	nore than \$5,000. Ch	eck this box if no one	recipient receive	d more than \$5,000	. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gra or assistance
2 Enter total number of section 503 Enter total number of other organ		_				. _	

Part III	Grants and Other Assistance to Individuals in the United States	. Complete if the organization	answered "Yes'	" to Form 990,	Part IV, lın	ne 22.
	Use Schedule I-1 (Form 990) if additional space is needed.					

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) FINANCIAL AID	197	2,032,257	0	N/A	N/A

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	·	SCHEDULE I, PART I, LINE 2 COLUMBUS ACADEMY SELECTS INDIVIDUALS USING NEED-BASED CRITERIA THE POTENTIAL RECIPIENT'S FAMILY SUBMITS A PACKET OF FINANCIAL AID INFORMATION, INCLUDING PERSONAL INCOME TAX RETURNS ONE COPY OF THE FINANCIAL AID INFORMATION IS FORWARDED TO AN INDEPENDENT AGENCY TO EVALUATE THE LEVEL OF NEED ANOTHER COPY OF THE FINANCIAL AID IS EVALUATED BY THE COMMITTEE TO DETERMINE THE ELIGIBILITY FOR FINANCIAL AID BASED ON THE POTENTIAL RECIPIENT'S NEED

DLN: 93493320007442

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Part IV, question 23. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization THE COLUMBUS ACADEMY

Employer identification number

31-4379445

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the o reimbursement orprovision of all the expenses desc			1b	Yes	
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2	Yes	
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all t					
	▼ Compensation committee	굣	Written employment contract			
	Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	굣	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymen	t?	4a		No
b	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	ust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of					
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a,	did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII,					
	subject to the initial contract exception described i	n Regs	section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III			8		No
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	e rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) MRS MARGARET KOERNER	(ı) (ıı)	126,343 0	0	0	13,600 0	13,412 0	153,355	0
(2) MR JOHN MACKENZIE	(I) (II)	310,439 0	0 0	35,691 0	36,500 0	7,538 0	390,168	0 0
(3) MR ERICH HUNKER	(ı) (ıı)	143,543 0	0		15,570 0	13,440 0	172,553 0	0
(4) MR DAN VORENBERG	(I) (II)	149,543 0	0 0			13,458 0	174,201 0	0 0
				<u> </u>				

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	1A	THE COLUMBUS ACADEMY PAYS FOR A SOCIAL CLUB MEMBERSHIP FOR ITS HEADMASTER SO THAT HE IS ABLE TO PERFORM REQUISITE VOLUNTEER AND DONOR ENTERTAINING APPROPRIATE FOR HIS LEADERSHIP ROLE TO ADVANCE THE INSTITUTION EXPENSES HE INCURS FOR THE PERSONAL USE OF HIS MEMBERSHIP ARE INCLUDED IN HIS TAXABLE COMPENSATION
	4B	THE COLUMBUS ACADEMY MAINTAINS TWO NONQUALIFIED DEFERRED COMPENSATION PLANS FOR ITS HEADMASTER, UNDER IRC 457(B) AND IRC 457(F) UNDER THE 457(B) PLAN, THE HEADMASTER MADE EMPLOYEE DEFERRALS OF \$12,000 DURING THE TAX YEAR UNDER THE 457(F) PLAN, THE ORGANIZATION MADE EMPLOYER CONTRIBUTIONS OF \$12,000 DURING THE YEAR

Schedule J (Form 990) 2011

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DLN: 93493320007442

OMB No 1545-0047

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Inspection

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization THE COLUMBUS ACADEMY

Employer identification number

					31-4379445			
Pa	TT Types of Property	1		Ι				
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	(d Method of d contribution	etermı	_	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
Ļ	Books and publications							
5	Clothing and household goods							
	Cars and other vehicles							
'	Boats and planes							
	Intellectual property							
ı	Securities—Publicly traded .	Χ	18	139,456	STOCK EXCHANGI	Ε		
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
3	Qualified conservation contribution—Historic							
	structures							
	Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
	O ther ▶()							
	O ther ►()							
1	O ther ► ()							
)	Number of Forms 8283 received				29			
	for which the organization compl	etea Form a	8283, Part IV, Donee Ackr	iowieagement				NI.
	During the year, did the organiza	tion rocoly	a by contribution any prope	arty reported in Bart I. lines	1 - 20 +bat it	$\overline{}$	Yes	No
a								
	must hold for at least three year			on, and which is not require	a to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangement of the organization have a gift			review of any non-standard	contributions?	31	Yes	
2a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell i	non-cash	32a		No
b	If "Yes," describe in Part II						i T	
3	If the organization did not report	revenues i	n column (c) for a type of p	roperty for which column (a) is checked,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

OMB No 1545-0047 Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

SCHEDULE 0

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization THE COLUMBUS ACADEMY

Employer identification number

31-4379445

ldentifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART I, LINE 1	THE COLUMBUS ACADEMY ASPIRES TO BE AN INCLUSIVE COMMUNITY WHERE ALL DIFFERENCES CONSISTENT WITH THE MISSION OF THE SCHOOL ARE VALUED, RESPECTED AND INTEGRATED INTO THE EDUCATION PROCESS
ORGANIZATION MISSION STATEMENT	FORM 990, PART III, LINE 1	THE COLUMBUS ACADEMY - AN INDEPENDENT, COEDUCATIONAL COLLEGE PREPARATORY SCHOOL - ENRICHES ITS ACADEMIC TRADITION OF EXCELLENCE BY VALUING A BROAD DIVERSITY OF STUDENTS AS IT SEEKS TO DEVELOP THE COMPLETE PERSON MIND, BODY AND CHARACTER THE SCHOOL REWARDS RIGOROUS EFFORT AND ACCOMPLISHMENT, FOSTERS COMPASSION, RESPECT AND MORAL COURAGE, AND INSISTS ON INTEGRITY, FAIR PLAY AND COMMUNITY SERVICE. THE ACADEMY STRIVES TO DEVELOP AND SUSTAIN A COMMUNITY OF THOUGHTFUL, RESPONSIBLE, CAPABLE AND CONFIDENT CITIZENS EAGER TO ENGAGE IN A PLURALISTIC AND EVER-CHANGING WORLD
	FORM 990, PART VI, SECTION B, LINE 11	FORM 990 IS FIRST REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES IT IS THEN E-MAILED TO THE FULL BOARD OF TRUSTEES FOR THEIR REVIEW AND APPROVAL, AND FORMALLY RATIFIED BY THE FULL BOARD OF TRUSTEES AT ITS NEXT MEETING, PRIOR TO THE FORM'S SUBMISSION TO THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	AT THE FIRST BOARD MEETING OF EVERY NEW FISCAL YEAR, TRUSTEES AND OFFICERS ARE GIVEN A COPY OF THE CONFLICT OF INTEREST AND ETHICS POLICY THEY ARE REQUIRED TO COMPLETE A QUESTIONNAIRE THAT DISCLOSES ANY CONFLICTS OF INTEREST, AND SUBMIT THIS SIGNED FORM TO THE ADMINISTRATION THE ADMINISTRATION FOLLOWS UP WITH TRUSTEES TO ENSURE THAT ALL BOARD MEMBERS SUBMIT THIS SIGNED FORM TO THE SCHOOL
	FORM 990, PART VI, SECTION B, LINE 15	THE REVIEW OF HEADMASTER COMPENSATION BY THE BOARD IS BASED UPON THE BOARD'S DETERMINATION OF THE HEADMASTER'S PERFORMANCE AS MEASURED AGAINST THE ACADEMY'S MISSION STATEMENT AND STRATEGIC PLAN, AS WELL AS, HIS SATISFACTION OF PRIOR PERFORMANCE GOALS ESTABLISHED AND APPROVED BY THE BOARD'S NOMINATING AND GOVERNANCE COMMITTEE OR SUCH SUCCESSOR COMMITTEE, CONSIDERATION OF COMPENSATION PRACTICES OF OTHER INDEPENDENT SCHOOLS, AND SUCH OTHER FACTORS DEEMED REASONABLE AND APPROPRIATE BY THE BOARD COMPENSATION OF OTHER KEY EMPLOYEES OR OFFICERS IS BASED UPON PERFORMANCE AND COMPARATIVE INFORMATION FROM OTHER INDEPENDENT SCHOOLS AT THE LOCAL, REGIONAL, AND NATIONAL LEVELS
	FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S FORMS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST FURTHER, THE ORGANIZATION'S FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION THROUGH ANOTHER'S WEBSITE, WWW GUIDESTAR ORG
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,280,055 PASS-THROUGH LOSS ADJUSTMENT FOR TAX RETURN 18,079 FASB 158 ADJUSTMENT 9,388 TOTAL TO FORM 990, PART XI, LINE 5 -1,252,588
	FORM 990, PART XII, LINE 2C THE ORGANIZATION HAS A FINANCE COMMITTEE THAT	OVERSEES THE AUDIT FURTHER, THIS COMMITTEE INTERVIEWS CANDIDATES FOR THE AUDIT FIRM AND MAKES A RECOMMENDATION BASED ON THIS PROCESS TO THE FULL BOARD OF TRUSTEES PASSES A RESOLUTION SELECTING THE EXTERNAL AUDITORS THIS PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR

Software ID: Software Version:

EIN: 31-4379445

Name: THE COLUMBUS ACADEMY

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average	(B) (C)						(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week		th Institutional Trustee		y)	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC) MISC)		amount of other compensation from the organization and related organizations	
MR MICHAEL D RYAN PRESIDENT/TRUSTEE	10 00	x		х				0	0	0	
MRS KATHLEEN STARKOFF VICE PRESIDENT/TRUSTEE	6 0 0	x		х				0	0	0	
MRS KATHARINE MALLORY SECRETARY/TRUSTEE	6 0 0	Х		х				0	0	0	
MS POE TIMMONS TREASURER/TRUSTEE	6 0 0	х		х				0	0	0	
MR DAVID ARONOWITZ TRUSTEE	6 0 0	х						0	0	0	
MR STEPHEN BROWNING TRUSTEE	6 0 0	х						0	0	0	
MR MICHAEL CRANE TRUSTEE	6 0 0	х						0	0	0	
MR JOHN CULLEN TRUSTEE	6 0 0	х						0	0	0	
MRS CATHY MANTILLA FALKENBERG TRUSTEE	6 0 0	х						0	0	0	
MR RICHARD JEFF JEFFERS TRUSTEE	6 0 0	Х						0	0	0	
MRS CATHERINE KENWORTHY TRUSTEE	6 0 0	Х						0	0	0	
MR JAMES KLINGBEIL TRUSTEE	6 00	х						0	0	0	
MR JONATHAN LUCAS TRUSTEE	6 00	х						0	0	0	
DR SUSAN MASSICK TRUSTEE	6 00	Х						0	0	0	
MR NILES OVERLY TRUSTEE	6 00	х						0	0	0	
MRS LAUREN RACKOFF TRUSTEE	6 00	х						0	0	0	
MR KEVIN REEVES TRUSTEE	6 00	х						0	0	0	
MR JON RICKER TRUSTEE	6 00	Х						0	0	0	
MRS KRISTIN SABGIR TRUSTEE	6 00	Х						0	0	0	
MR GEORGE SKESTOS TRUSTEE	6 00	Х						0	0	0	
MR ROBERT SOLOMON TRUSTEE	6 00	Х						0	0	0	
MR VICTOR THORNE TRUSTEE	6 00	х						0	0	0	
MS SHAREN TURNEY TRUSTEE	6 00	Х						0	0	0	
MRS CLAUDIA WALTER TRUSTEE	6 00	Х						0	0	0	
MRS SEANNA WALTER TRUSTEE	6 00	х						0	0	0	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours		(tion that a			II		(D) Reportable compensation from the	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MR STEPHEN WITTMAN TRUSTEE	6 00	Х						0	0	0
MRS MARGARET KOERNER CHIEF FINANCIAL OFFICER	40 00			х				126,343	0	27,012
MR JOHN MACKENZIE HEADMASTER	40 00				х			346,130	0	44,038
MR DOUG BENNETT DIRECTOR FACILITIES	40 00					Х		110,839	0	17,749
MR ERICH HUNKER DIR OF DEVELOPMENT & ASST	40 00					Х		143,543	0	29,010
MR SHANE MACELHINEY UPPER SCHOOL HEAD	40 00					Х		101,835	0	18,452
MR DAN VORENBERG LOWER SCHOOL HEAD	40 00					Х		149,543	0	24,658
MS KARLA LONG MIDDLE SCHOOL HEAD	40 00					Х		110,963	0	19,330



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DLN: 93493326001103

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2012

OMB No 1545-0047

Open to Public Inspection

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

nificant activities s operations or disposed of more than 25% of its net assets t VI, line 1a)
H(a) Is this a group return for affiliates? Yes No
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Part VIII, column (A), line 29,477,387 30 A), lines 1-3) 2,032,257 2), line 4) 0

May the IRS discuss this return with the preparer shown above? (see instructions)

✓ Yes 厂No

art 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^{2}	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
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		No
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		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
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. 2	11a	Yes	
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	Yes	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🤨	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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	Yes	
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 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			1
_		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
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		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		Νo
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

GI I	Statements Regarding Other IRS Fillings and Tax Compliance			-
	Check if Schedule O contains a response to any question in this Part V	•	Yes	No
1	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 53		103	- 110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c		
a	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			
)	by this return	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
1	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		No
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from members or snareholders	1		
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	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			
	Enter the amount of reserves on hand]		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ĺ	No
	If "Yes " has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14h		

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

Se	ection 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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
3		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No.
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	<u> </u>
	ection b. Foncies (This Section b requests information about policies not required by the Internal R	CVCIIL	2C CCG	c.,
	Ection B. Policies (This Section B requests information about policies not required by the Internal K		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		
10a				No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	10a 10b	Yes	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a	Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a	Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b	Yes Yes Yes	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10a 10b 11a 12a 12b	Yes Yes Yes Yes	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10a 10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No No

- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- $State\ the\ name,\ physical\ address,\ and\ telephone\ number\ of\ the\ person\ who\ possesses\ the\ books\ and\ records\ of\ the\ organization$ ►MARGARET A KOERNER 4300 CHERRY BOTTOM ROAD GAHANNA, OH (614) 509-2227

Form	990	(2012)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

	1	1								
(A) Name and Title	(B) A verage hours per week (list any hours	more t perso and	han o	one l both ector	box, an o	officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										
	•	•	•							Form 990 (2012)

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

	(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han d n is l	one I both	oox, an d	heck unless officer stee)	;	(D Report compen from organizat	table sation the tion (W-	(E) Reportable compensation from related organizations (V	v-	(F) Estima amount o compens from t	ted f other ation he
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-	·MISC)	2/1099-MISC) 0	rganizati relate organiza	ed
1b	Sub-Total							►						
c	Total from continuation sheet	s to Part VII, S	ection A	١.				F						
d	Total (add lines 1b and 1c) .					•	•	•		1,211,893		0		169,363
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	an			
													Yes	No
3	Did the organization list any fo on line 1a? <i>If</i> " <i>Yes,"</i> complete S					key •	emplo	yee, •	, or highest	compen	sated employee	3		No
4	For any individual listed on line organization and related organ individual											4	Yes	
5	Did any person listed on line 1 services rendered to the organ									anızatıon • • •	or individual for	5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization	ve highest comp											tay 2005	
	compensation from the organiz	(A)	ompens	ation	101	ine C	arend	агуе	ar enaing (WILLI OF WI	(B)	1011 S	tax year (C	

(A) Name and business address	(B) Description of services	(C) Compensation
SCIOTO SERVICES LLC BIN 88604 MILWAUKEE WI 53288	CLEANING SERVICES	319,346
OHIO EQUITIES MANAGEMENT 605 SOUTH FRONT STREET STE 200 COLUMBUS OH 43215	FACILITIES MANAGEMENT	291,357
UNITED SECURITY LLC 26375 NETWORK PLACE CHICAGO IL 60673	SECURITY SERVICES	183,637
		+
2. Total number of independent contractors (including but not limited to these listed above	a) who recoved more than	_

		Check if Schedu	ule O contains a respor	nse to any question i	n this Part VIII . (A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from
						function revenue	revenue	tax under sections 512,513,or 514
s ts	1a	Federated cam	paigns 1a	25,814				
ant	b	Membership du	es 1b					
בַּ בַּ	С	Fundraising eve	ents 1c					
IIIS,	d	Related organiz	ations 1d					
۶, G mij	e	Government grants	s (contributions) 1e	332,991				
tributions, Gifts, Grants Other Similar Amounts	f	All other contribution	ons, gifts, grants, and 1f	6,754,253				
uti her	•	sımılar amounts no	t included above					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contribution 1a-1f \$	ons included in lines	266,937				
Cont and	h	Total. Add lines	s 1a-1f	🗼	7,113,058			
				Business Code				
Program Serwce Revenue	2a	TUITION & FEES		611600	20,878,778	20,878,778		
Rev	b	SUMMER SCHOOL	& DAY CAMP	611600	778,256	778,256		
66	c	CARE AFTER SCHO	OOL, TUTORING & SPR	611600	240,853	240,853		
erw	d	ATHLETIC EVENTS		611600	38,519	38,519		
m S	е							
X) lra	f	All other progra	im service revenue					
ΔŤ	g	Total. Add lines	s 2a – 2f		21,936,406			
	3		ome (including dividen		963,002			963,00
	4		ar amounts) tment of tax-exempt bond	-	303,002			303,00
	5			▶				
		,	(ı) Real	(II) Personal				
	6a	Gross rents	50,027					
	b	Less rental expenses	0					
	c	Rental income or (loss)	50,027					
	d	` '	me or (loss)		50,027			50,02
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	2,297,393	1,800				
	b	Less cost or other basis and	2,062,726	0				
	_	sales expenses Gain or (loss)	234,667	1,800				
	c d		s)	, , , , , , , , , , , , , , , , , , ,	236,467			236,467
e	8a	Gross income f events (not inc	rom fundraising luding					· · ·
Other Kevenue		\$of contributions See Part IV, lin	reported on line 1c)	6.425				
<u>.</u>	b	Less direct ex	penses b	6,125 6,489				
5	с		loss) from fundraising		-364			-364
	9a	Gross income f See Part IV, lin	rom gaming activities le 19 a					
	b	Less direct ex	penses b					
	С	Net income or (loss) from gaming acti	vities				
	10a	Gross sales of returns and allo		75,757				
	b c	=	oods sold b (loss) from sales of inve	65,547	10,210	10,210		
		Miscellaneous		Business Code				
	11a	101012112021	NROLLMENT	611600	23,000	23,000		
	ь	DEPOSITS PASS-THROUG	SH INCOME	211110	9,510		9,510	
	С	OTHER INCOM		900099	6,253		-,	6,25
	d		ue		-21,226		-21,226	,
					,		·	
	е	Total. Add lines	s 11a-11d	🕨	17,537			

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 2,220,800 2,220,800 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 538,449 538,449 key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 11,726,546 9,251,387 2,242,288 232,871 Pension plan accruals and contributions (include section 401(k) 734,037 574,382 145,475 and 403(b) employer contributions) 14,180 2,741,130 2,505,903 212,591 Other employee benefits 22,636 10 893,198 680,284 197,524 15,390 11 Fees for services (non-employees) 53,356 53,356 Management 40,001 40,001 Legal 36,900 Professional fundraising services See Part IV, line 17 36,900 Investment management fees 51,269 51,269 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 212,031 131,159 79,939 933 Schedule O) Advertising and promotion . . 65,923 2,711 52,539 12 10,673 13 Office expenses 1,517,414 1,309,120 175,125 33,169 152,089 24,313 14 Information technology . . 176,402 15 Royalties . 1,372,730 16 Occupancy 1,372,730 **17** 177,743 142,434 10,179 Travel 25.130 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 224,669 217,182 7,487 20 2,135 2,135 Payments to affiliates 21 22 Depreciation, depletion, and amortization . 1,323,636 1,058,909 238,254 26,473 23 29,737 29,737 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a CONTRACTED SERVICES 834,989 834,989 SCHOOL EQUIPMENT R&M 256,729 256,729 MISCELLANEOUS EXPENSES 185,438 4,339 165,282 15,817 d MEMBERSHIP DUES & SUBSC 56,402 14,411 36,828 5,163 44,370 44,370 e All other expenses Total functional expenses. Add lines 1 through 24e 25 25,516,034 20,859,156 4,217,543 439,335 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

1 Cash-non-interest-bearing End of End	Par	t X	Balance Sheet Check if Schedule O contains a response to any question in this	s Part	X			
2 Savings and temporary cash investments					<u> </u>	(A)		(B) End of year
3 Pledges and grants receivable, net 4.618.377 3 6		1	Cash—non-interest-bearing			812,649	1	696,441
A coounts receivable, net 83,365 4		2	Savings and temporary cash investments			4,662,534	2	7,220,085
Solution Complete		3	Pledges and grants receivable, net			4,618,377	3	6,826,219
### Schedule L Cans and other receivables from other disqualified persons (as defined under section 4958(f(1)), persons described in section 4958(f(2)), (8), and contributing employers and sponsoring organizations (see instructions) Complete Part II of Schedule L 6 7		4	Accounts receivable, net			83,356	4	222,501
100 100		5	employees, and highest compensated employees Complete Pa	art II o	of		5	
9 Prepaid expenses and deferred charges	its	6	4958(f)(1)), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary elements.	contril mploy	outing employers			
9 Prepaid expenses and deferred charges	82	7	Notes and loans receivable net					
9 Prepard expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10b Less accumulated depreciation 11 Investments—publicity traded securities 12 Investments—publicity traded securities 13 Investments—publicity traded securities 14 Investments—publicity traded securities 15 Investments—publicity traded securities 16 Investments—publicity traded securities 17 Investments—program-related See Part IV, line 11 18 Intrangible assets 19 Other assets See Part IV, line 11 19 Deferred revenue 10 Captal assets 10 Captal assets 11 Accounts payable and accrued expenses 12 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part IV of Schedule D 10 Cher liabilities (including federal income tax, payables to related third parties 12 Unsecured notes and loans payable to unrelated third parties 13 Cotal liabilities. Add lines 17 through 25 unrelated third parties 14 Unrestricted net assets 15 Other liabilities. Add lines 17 through 25 and income tax, payables to related third parties 16 Total liabilities. Add lines 17 through 25 and income tax, payables to related third parties 17 Unrestricted net assets 18 Captal stock or trust principal, or current funds 19 Permanently restricted net assets 10 Captal stock or trust principal, or current funds 10 Capital stock or trust principal, or current funds 11 Captal liabilities. Retained earnings, endowment, accumulated income, or other funds 11 Captal liabilities, endounding, or other funds 11 Captal liabilities, endounding, or other funds 12 Captal stock or trust principal, or current funds 13 Pad-in or capital surplus, or land, building or equipment fund 14 Captal liabilities. To fund balances 15 Captal liabilities. So fund balances 16 Captal stock or fund balances 17 Captal liabilities. So fund balances 18 Captal stock or fund balances 19 Captal stock or fund balances 10 Captal s	₹					9 913		7,844
10a		_				·		610,416
11 Investments—publicly traded securities 24677.177 11 26 12 Investments—other securities See Part IV, line 11 2.401,766 12 33 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets .		_	Land, buildings, and equipment cost or other basis Complete			,		
11		Ь	Less accumulated depreciation	10b	21,664,900	21,121,927	10c	20,539,207
12 Investments—other securities See Part IV, line 11 2,401,756 12 3 3 1 13 1 14 14 14 1		11	· ·	٠		24,677,177	11	26,813,628
13		12				2,401,756	12	3,828,217
14		13					13	
15		14					14	
16		15					15	
17		16				58,865,900	16	66,764,558
18 Grants payable		17				3,409,070	17	3,769,108
Deferred revenue		18					18	
20 Tax-exempt bond liabilities		19				2,824,768	19	2,928,906
21 Escrow or custodial account liability Complete Part IV of Schedule D		20					20	
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		21	·				21	
24 Unsecured notes and loans payable to unrelated third parties		22	Loans and other payables to current and former officers, direct	ors, tr				
24 Unsecured notes and loans payable to unrelated third parties	ар		persons Complete Part II of Schedule L				22	
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		23	Secured mortgages and notes payable to unrelated third partie	s.		43,355	23	14,959
and other liabilities not included on lines 17-24) Complete Part X of Schedule D		24	Unsecured notes and loans payable to unrelated third parties				24	
Total liabilities. Add lines 17 through 25		25	and other liabilities not included on lines 17-24) Complete Pa	rt X of		107 085	25	110,123
Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets		26				· · · · · · · · · · · · · · · · · · ·		6,823,096
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	—— Ф	20	Organizations that follow SFAS 117 (ASC 958), check here ▶			0,00-4,270		0,020,000
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	anc S	27				26,697,521	27	28,635,386
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	<u> </u>					7,954,655	28	11,146,920
complete lines 30 through 34. 30 Capital stock or trust principal, or current funds	=					17,829,446	29	20,159,156
30 Capital stock or trust principal, or current funds			Organizations that do not follow SFAS 117 (ASC 958), check h					
31 Paid-in or capital surplus, or land, building or equipment fund	0	30	_				30	
33 Total net assets or fund balances	Ą							
33 Total net assets or fund balances	AS:						32	
						52,481,622		59,941,462
34 Total liabilities and net assets/fund balances	Ź					58.865.900		66,764,558

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				৮	
1	Total revenue (must equal Part VIII, column (A), line 12)			30.3	326,343	
2	Total expenses (must equal Part IX, column (A), line 25)		1			
•	Payanua laca aynancas Subtract line 2 from line 1	2		25,5	25,516,034	
3	Revenue less expenses Subtract line 2 from line 1	3		4,8	4,810,309	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		524	181,622	
5	Net unrealized gains (losses) on investments			32,	101,022	
_		5		2,5	30,964	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments					
•		8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1	18,567	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
Dor	t XII Financial Statements and Reporting	10		59,9	941,462	
Fai	Check if Schedule O contains a response to any question in this Part XII				. ᅜ	
				Yes	No	
1	Accounting method used to prepare the Form 990					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revious a separate basis, consolidated basis, or both	ewed on				
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate				
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of the	2c	Yes		
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a		No	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	require	3 b			

Software ID: **Software Version:**

EIN: 31-4379445

Name: THE COLUMBUS ACADEMY

Form 990, Part VII - Compensation of Compensated Employees, and Indeper	Officers, Dir ndent Contra	ectors	,Tru	ıste	es,	, Key	[,] En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list	Positio more unless an o dire	than	o not one son is er and trust	box s bot d a tee)	c, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			related organizations
MS POE TIMMONS PRESIDENT/TRUSTEE	10 00	х		х				0	0	0
MRS KATHLEEN STARKOFF VICE PRESIDENT/TRUSTEE	10 00	х		х				0	0	0
MRS KATHARINE MALLORY SECRETARY/TRUSTEE	10 00	х		х				0	0	0
MR RICHARD JEFF JEFFERS TREASURER/TRUSTEE	10 00	х		х				0	0	0
MR MICHAEL D RYAN PAST PRESIDENT/TRUSTEE	6 00	х						0	0	0
DR RITA AGRAWAL TRUSTEE	6 00	х						0	0	0
MR DAVID ARONOWITZ TRUSTEE	6 00	х						0	0	0
MS SARAH MILKS BETHEL TRUSTEE	6 00	х						0	0	0
MS BLYTHE BROWN TRUSTEE	6 00	х						0	0	0
MR STEPHEN BROWNING TRUSTEE	6 00	х						0	0	0
MR MICHAEL CRANE TRUSTEE	6 00	х						0	0	0
MR KEVIN DUBENION TRUSTEE	6 00	x						0	0	0
MR JONATHAN KASS TRUSTEE	6 00	х						0	0	0
MRS CATHERINE KENWORTHY TRUSTEE	6 00	х						0	0	0
MR JIM KLINGBEIL TRUSTEE	6 00	х						0	0	0
MR JON LUCAS TRUSTEE	6 00	х						0	0	0
DR SUSAN MASSICK TRUSTEE	6 00	х						0	0	0
MR NILES OVERLY TRUSTEE	6 00	х						0	0	0
MS LAUREN RACKOFF TRUSTEE	6 00	х						0	0	0
MR KEVIN REEVES TRUSTEE	6 00	х						0	0	0
MS MARY FRANCES RESTREPO TRUSTEE	6 00	х						0	0	0
MR GEORGE SKESTOS TRUSTEE	6 00	х						0	0	0
MR ROBERT SOLOMON TRUSTEE	6 00	х						0	0	0
MR VICTOR THORNE TRUSTEE	6 00	х						0	0	0
MS SHAREN TURNEY TRUSTEE	6 00	x						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Indepen	1	ĺ	(C	~\				1 (0)	(=)	/E\ /E\
(A) Name and Title	(B) A verage hours per week (list any	more unless an o	Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	hours for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former			related organizations
MRS CLAUDIA WALTER TRUSTEE	6 00	х				!		0	0	0
MRS MARGARET KOERNER CHIEF FINANCIAL OFFICER	40 00		<u> </u>	×		<u> </u>		133,726	0	28,542
MR JOHN MACKENZIE HEADMASTER	40 00		'		x	<u> </u>		438,287	0	26,655
MR DOUG BENNETT DIRECTOR FACILITIES	40 00					х		114,564	0	18,440
MR ERICH HUNKER DIR OF DEVELOPMENT & ASST HEAD FOR EXT RELATIONS	40 00					Х		151,119	0	24,983
MRS KARLA LONG MIDDLE SCHOOL HEAD	40 00					х		114,890	0	20,140
MR DAN VORENBERG LOWER SCHOOL HEAD	40 00					х		157,191	0	25,607
MR JOHN WUORINEN ADMISSIONS DIRECTOR	40 00					×		102,116	0	24,996
			·			·				

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493326001103

Employer identification number

OMB No 1545-0047

SCHEDULE A

Name of the organization

THE COLUMBUS ACADEMY

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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. ▶ See separate instructions.

2012

Open to Public Inspection

	t I			blic Charity Sta						structions	•	
The o	rganı:		•	te foundation becaus	•			•	•			
1		A chur	ch, convent	on of churches, or a	ssociation of	churches d	escribed in s e	ection 170(l	o)(1)(A)(i).			
2	굣	A scho	ol described	in section 170(b)(1	L)(A)(ii). (At	tach Schedı	ıle E)					
3	\sqcap	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descri	bed in sectio	n 170(b)(1)	(A)(iii).			
4	Γ	A medi	cal researcl	h organization opera	ted ın conjun	ction with a	hospital desc	cribed in sec	tion 170(b)(1)(A)(iii). E	nter the	
_	_			ty, and state							<u> </u>	
5	1	_	· ·	erated for the benefi	=	or universit	ty owned or o	perated by a	a government	al unit desc	ribed in	
	_		. , , , ,	A)(iv). (Complete P	•							
6	<u> </u>			local government or	=							
7		_		at normally receives		•	support from	a governme	ental unit or fi	om the gene	eral public	
8	described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)											
9	,		-	at normally receives			-	-	outions mem	pership fees	and aross	
_	,	_		ities related to its e					·-	-	-	
		•		oss investment inco	•	·=						
		•						•		,		
10	Г	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4).										
11	<u>'</u>	_		ganized and operated	•		•			o carry out t	he nurnoses of	
	'	_		ly supported organiz					•	•		
				bes the type of supp								
	_			b Type II c			-				-	
е		•	-	ox, I certify that the	_		•		•	•	•	
			nan foundati n 509(a)(2)	on managers and ot	ner than one	or more pub	licly support	ed organizat	tions describe	ed in sectior	1 509(a)(1) or	
f			. , , ,	received a written de	etermination	from the IR	S that it is a	Type I, Typ	e II, or Type	III supporti	ng organization,	
			this box					,, , ,,	, ,,		Ĭ Ē	
g			,	2006, has the organ	ızatıon accep	ted any gift	or contributi	on from any	of the			
			ng persons?	rectly or indirectly o	controls aith	eralone ort	ogether with	narenne da	scribed in (ii)		Yes No	
		. , .		governing body of th	•		•	persons de.	scribed iii (ii)	11g		
				er of a person descr		_				11g		
			•	lled entity of a perso	• •		hove?			11g(`	
h				ng information about						119(/	
••		1 10 114	z circ romovin	ng miormation about	the support	ed organizati	1011(3)					
(i) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is t	he	(v) Did you	notify	(vi) Is	he	(vii) A mount of	
•	uppoi		(,	organization	organizati		the organiz	,	organizati		monetary	
organizatio		ation		(described on	col (i) list		ın col (i) o	•	col (i) org		support	
				lines 1 - 9 above	your gove	_	suppor	t?	ın the U	S?		
				or IRC section (see	docume	nt?						
				instructions))	V	N-	W 1		¥	NI-	1	
					Yes	No	Yes	No	Yes	No		

	(Complete only if you of Part III. If the organization	checked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ition failed to q	ualify under
	ection A. Public Support	idon ians to qu	anny under the	tests listed bei	ow, picase com	ipiete rait III.)	
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column						
6	(f) Public support. Subtract line 5 from line 4						
S	ection B. Total Support			-			
	endar year (or fiscal year beginning in) 🟲	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	A mounts from line 4						
8	Gross income from interest,						
9	dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not						
10	the business is regularly carried on Other income Do not include gain or loss from the sale of capital						
11	assets (Explain in Part IV) Total support (Add lines 7 through						
12	10) Gross receipts from related activiti	es, etc (see inst	ructions)	l .	1	12	<u> </u>
13	First five years. If the Form 990 is this box and stop here	for the organizat	ion's first, second			501(c)(3) organ	ızatıon, check
	ection C. Computation of Pub						
14	Public support percentage for 2012	•		11, column (f))		14	
15	Public support percentage for 2011	•	•			15	
		llifies as a public organization did	ly supported orga not check a box o	inization on line 13 or 16a,			► neck this
	33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.						
18	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493326001103

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Supplemental Financial Statements

Open to Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization THE COLUMBUS ACADEMY 31-4379445 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year -Number of states where property subject to conservation easement is located 🛌 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Par	Urganizations Maintaining Co	llections of Ar	t, HIS	storical i	reasures, or O	tne	r Similar As	sets (c	continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other reco	rds, cl	heck any of	the following that a	are a	significant use	ofits	
а	Public exhibition		d	┌ Loan	or exchange progi	ams			
b	Scholarly research		e	┌ Othe	r				
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expl	aın ho	w they furth	er the organization	'S E	cempt purpose	ın	
•	Part XIII				-			,,,	
5	During the year, did the organization solicition assets to be sold to raise funds rather than it							┌ Yes	□ No
Par	t IV Escrow and Custodial Arrang		-					,	
	Part IV, line 9, or reported an ar								
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	lian or other interm	nediary	for contribu	utions or other ass	ets	not	┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the	e follo	wing table	_				
					<u> </u>		An	nount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, lir	ne 21?	•				┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	e expla	anation has	been provided in F	art :	XIII		Г
Pa	rt V Endowment Funds. Complete								
	·	(a)Current year	(b)	Prior year	b (c)Two years back	+	· · · · · · · · · · · · · · · · · · ·	(e)Four	years back
1a	Beginning of year balance	30,528,866		28,687,133	24,097,361		20,088,154		25,132,896
b	Contributions	2,772,521		3,430,931	748,920	<u> </u>	2,773,103		182,892
C	Net investment earnings, gains, and losses	3,703,037		-410,291	5,151,020	,	2,627,631		-3,821,761
d	Grants or scholarships	696,764		643,071	642,328	+	709,041		696,306
e	Other expenditures for facilities	470.000		405.763	647.726		624.450		650.450
	and programs	478,902		485,762	<u>'</u>	-	634,450		658,458
f	Administrative expenses	51,269		50,074	50,112	-	48,036		51,109
g	End of year balance	35,777,489		30,528,866	28,687,133	3	24,097,361		20,088,154
2	Provide the estimated percentage of the cur	rent year end balar	nce (lir	ne 1g, colum	nn (a)) held as				
а	Board designated or quasi-endowment 🕨	21 380 %							
b	Permanent endowment ► 56 350 %								
С	Temporarily restricted endowment ► 22	270 %							
	The percentages in lines 2a, 2b, and 2c sho	uld equal 100%							
3a	Are there endowment funds not in the posse	ssion of the organi:	zatıon	that are hel	d and administere	d for	the		
	organization by						[a-	Yes	
	(i) unrelated organizations		•			•	3a(_	No No
ь	(ii) related organizations					•	3I	_	1
4	Describe in Part XIII the intended uses of the	•				•			
	t VI Land, Buildings, and Equipme				10.				
	Description of property			(a) Cost or basis (inves	other (b)Cost or o		(c) Accumulated depreciation	(d) B	ook value
				Dasis (IIIVES	unient) basis (othe	1)	depreciation		
1a	_and				2,155	,551			2,155,551
b	Buildings		•		34,889	,741	17,442,81	6	17,446,925
С	_easehold improvements								
d	Equipment				4,834	,360	4,222,08	4	612,276
е	Other		•		324	,455			324,455
	I. Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	X, colu	ımn (B), lıne	10(c).)				20,539,207

Part VII Investments—Other Securities. Se	e Form 990, Part X, line 12.	. ugu u
(a) Description of security or category	(b)Book value	(c) Method of valuation
(Including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
(3)Other		
(A) ALTERNATIVE INVESTMENTS	2,441,191	F
(B) LIMITED PARTNERSHIP INVESTMENTS	1,387,026	F
(b) Ellites i Alline la la la la la la la la la la la la la	1,307,020	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	3,828,217	
Part VIII Investments—Program Related. S (a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Bescription of investment type	(B) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	F	
Part IX Other Assets. See Form 990, Part X,		1 (1) 2 1 1
(a) Desc	ription	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line	15)	
Part X Other Liabilities. See Form 990, Part		
1 (a) Description of liability	(b) Book value	
Federal income taxes		
CUSTODIAN DEPOSITS	110,123	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 110,123	
2 Fin 48 (ASC 740) Footnote In Part XIII provide the t		ion's financial statements that reports the

	,		
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	29,334,819
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a 2,530,964		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	2,614,716
3	Subtract line 2e from line 1	3	26,720,103
4	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4 c	3,606,240
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	30,326,343
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	21,981,830
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	72,036
3	Subtract line 2e from line 1	3	21,909,794
4	A mounts 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)		
c	Add lines 4a and 4b	4c	3,606,240
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	25,516,034

Part XIII Supplemental Information

Complete this part to 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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED FOR FACULTY AND STAFF SALARIES, FINANCIAL AID, PROFESSIONAL DEVELOPMENT, ATHLETICS, STUDENT NEWSPAPER, AND COMMENCEMENT AWARDS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE ACADEMY DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS THE ACADEMY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE, AND LOCAL TAX AUTHORITIES FOR FISCAL YEARS ENDING 2010 AND PRIOR
PART XI, LINE 2D - OTHER ADJUSTMENTS		STUDENT STORE ACTIVITY EXPENSES, REPORTED ON PART VIII, LINE 10B 65,547 PASS-THROUGH LOSS ADJUSTMENT FOR TAX RETURN 11,716 FUNDRAISING EVENT EXPENSES, REPORTED ON PART VIII, LINE 8B 6,489
PART XI, LINE 4B - OTHER ADJUSTMENTS		STUDENT FINANCIAL AID, REPORTED ON PART IX, LINE 2 2,220,800 STUDENT TUITION REMISSIONS, REPORTED ON PART IX, LINE 9 1,385,440
PART XII, LINE 2D - OTHER ADJUSTMENTS		STUDENT STORE ACTIVITY EXPENSES, REPORTED ON PART VIII, LINE 10B 65,547 FUNDRAISING EVENT EXPENSES, REPORTED ON PART VIII, LINE 8B 6,489
PART XII, LINE 4B - OTHER ADJUSTMENTS		STUDENT FINANCIAL AID, REPORTED ON PART IX, LINE 2 2,220,800 STUDENT TUITION REMISSIONS, REPORTED ON PART IX, LINE 9 1,385,440
		PART VI, LINE 1E, COLUMN (B) - AMOUNT LISTED REPRESENTS ASSETS HELD AS CONSTRUCTION IN PROCESS AT THE END OF THE YEAR

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As Filed Data -

DLN: 93493326001103

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

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

► Attach to Form 990 or Form 990-EZ.

Employer identification number

	Name of the organization THE COLUMBUS ACADEMY					
IIIL	31-4379445					
Pa	rt I		YES	NO		
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its cother governing instrument, or in a resolution of its governing body?	harter, bylaws,	Yes			
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in brochures, catalogues, and other written communications with the public dealing with student admiss programs, and scholarships?	sions,	Vac			
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast the period of solicitation for students, or during the registration period if it has no solicitation program that makes the policy known to all parts of the general community it serves? If "Yes," please describ	m, in a way be If "No,"	Yes			
	please explain If you need more space use Part II	3	Yes			
4	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes			
t	Records documenting that scholarships and other financial assistance are awarded on a racially non basis?	discriminatory 4b	Yes			
•	Copies of all catalogues, brochures, announcements, and other written communications to the public with student admissions, programs, and scholarships?	: dealing	Yes			
c	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes			
5	Does the organization discriminate by race in any way with respect to Students' rights or privileges?	5a		No		
ŀ	Admissions policies?			No		
ď	Employment of faculty or administrative staff?	<u>5c</u>		No		
C	I Scholarships or other financial assistance?	<u>5d</u>		No		
	Educational policies?	<u>5e</u>		No		
-	Use of facilities? Athletic programs?	<u>5f</u>		No		
	Other extracurricular activities?	<u> 5g</u> 5h		No No		
•	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			140		
6=	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes			
	Has the organization's right to such aid ever been revoked or suspended?	6b	1.05	No		
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 01 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II		Yes			

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

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	A STATEMENT AFFIRMING ITS NONDISCRIMINATORY POLICY WAS PLACED IN ALL ADVERTISEMENTS, BROCHURES, NEWSPAPER ARTICLES, AND OTHER TYPES OF MEDIA MENTIONING THE SCHOOL
EXPLANATION OF GOVERNMENT FINANCIAL ASSISTANCE	SCHEDULE E, PART I, LINE 6	THE COLUMBUS ACADEMY RECEIVES REIMBURSEMENT FROM THE STATE OF OHIO FOR EXPENSES INCURRED BY THE SCHOOL'S EMPLOYEES IN THE COMPLETION OF CLERICAL AND ADMINISTRATIVE DUTIES REQUIRED BY FEDERAL, STATE OR LOCAL LAWS

Schedule E (Form 990 or 990-EZ) 2012

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DLN: 93493326001103

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

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	· ^ ! !!!						

iame of the organization						Employer iden	tirication number
HE COLUMBUS ACADEMY						31-4379445	
Part I Fundraising Act	ivities. Complete	ıf the or	ganızatı	on answered "Yes" t	o Form	990, Part IV,	line 17.
Indicate whether the organia Mail solicitations Internet and email solic Phone solicitations In-person solicitations In-person solicitations In-person solicitations In-person solicitations In-person solicitations In-person solicitations In-person solicitations In-person solicitations In-person solicitations In-person solicitations In-person solicitations In-person solicitations In-person solicitations In-person solicitations In-person solicitations	citations written or oral agree Form 990, Part VII) t paid individuals or	ement with or entity entities (f	e f g n any indi in connec	Solicitation of non Solicitation of gov Special fundraising vidual (including officer	-governi ernment g events rs, direct undraisii	ment grants grants ors, trustees ng services?	V Yes I N draiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col (i)	(vi) A mount paid to (or retained by) organization
TRANSFORMATIONAL DEVELOPMENT COUNSEL 1403 VAN BUREN AVE STE B1 OXFORD, MS 38655	CONSULTING	Yes	No No	0		28,000	0
THE PURSUANT GROUP 5151 BELT LINE ROAD 900 DALLAS, TX 75254	CONSULTING		No	O		8,900	0

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

36,900

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribu	cion answered "Yes" to tions and gross income	Form 990, Part IV, li e on Form 990-EZ, lin	ne 18, or reported es 1 and 6b. List
		<u> </u>	(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
_			(event type)	(event type)	(total number)	(3)
Revenue	1	Gross receipts				
9. 9.	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
en.	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ğ	7	Food and beverages .				
Direct	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 ın colum	n (d)		()
	11	Net income summary Combine Ii	ne 3, column (d), and Iır	e 10		
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
<u>—</u>		\$13,000 OH TOTHI 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col (a) through col (c))
<u>_</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
			☐ Yes	┌ Yes	┌ Yes	
	6	Volunteer labor	□ No	│ No	┌ No	
	7	Direct expense summary Add lines	s 2 through 5 ın column	(d)		
	8	Net gaming income summary Com	bine lines 1 and 7 in co	lumn (d)	🛌	
9	Ent	er the state(s) in which the organiza	ation operates gaming a	ctivities		
а		the organization licensed to operate				. Fyes Fno
b	If"	No," explain				
10a b		re any of the organization's gaming Yes," explain	icenses revoked, suspe	ended or terminated during	the tax year?	

Joes	s the organization operate gaming ac	ctivities with nonmembers?		· · Yes No
L 2	Is the organization a grantor, bene	ficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable ga	ming?		· · · · Fyes F No
.3	Indicate the percentage of gaming	activity operated in		
а	The organization's facility			13a
b	An outside facility			13b
L 4	Enter the name and address of the	person who prepares the organization	on's gaming/special events books a	ind records
	Name ►			
	Address ►			
	revenue?	ract with a third party from whom the		•
b	If "Yes," enter the amount of gami	ng revenue received by the organizat	tion 🏲 \$ and	d the
	amount of gaming revenue retained	d by the third party 🟲 \$		
c	If "Yes," enter name and address of	of the third party		
	Name 🟲			
	Address 🟲			
L 6	Gaming manager information			
	Name 🟲			
	Gaming manager compensation	\$		
	Description of services provided	·		
	☐ Director/officer	┌ Employee	Independent contractor	
.7	Mandatory distributions			
а	Is the organization required under	state law to make charitable distribu	itions from the gaming proceeds to	
	retain the state gaming license?			· · Fyes Fno
b		equired under state law distributed to		, , , , , , , , , , , , , , , , , , , ,
	in the organization's own exempt a		, 5	
Par	rt IV Supplemental Inform columns (III) and (v), an	ration. Complete this part to produce Part III, lines 9, 9b, 10b, 15b, itional information (see instruction	, 15c, 16, and 17b, as applicab	
	Identifier	Return Reference	Explana	cion

Identifier	Return Reference	Explanation
IDAVMENTO	SCHEDULE G, PARI I, LINE 2B,	CONSULTING RELATING TO FUNDRAISING SOLICITATION

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Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990

OMB No 1545-0047

DLN: 93493326001103

Open to Public

Schedule I

(Form 990)

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization						Employer identification	on number
THE COLUMBUS ACADEMY						31-4379445	
Part I General Information	on on Grants and	d Assistance				I	
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization 	ward the grants or as zation's procedures fo	sistance? or monitoring the use o		d States			✓ Yes
Form 990, Part IV, lii	Assistance to Go ne 21, for any reci	vernments and O pient that received	rganizations in the more than \$5,000. Pa	United States. Com rt II can be duplicated	nplete if the orga d if additional spa	nization answered "Y ace is needed.	es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
2 Enter total number of section 5	501(c)(3) and covers	ment organizations lies	ted in the line 1 table				
 Enter total number of section 5 Enter total number of other org For Paperwork Reduction Act Notice, see 	anızatıons lısted ın th	ne line 1 table			· · · · · ·		le I (Form 990) 2012
. o apa moin nadaction act notice, se	~c 1113ti activii3 lVI			Cat NO SOOSSE		Scriedu	(1 U1 111 J J U) LUIL

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book FMV, appraisal, other)	, (f) Description of non-cash assistance
(1) FINANCIAL AID	220	2,220,800	0	N/A	N/A

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	·	SCHEDULE I, PART I, LINE 2 COLUMBUS ACADEMY SELECTS INDIVIDUALS USING NEED-BASED CRITERIA THE POTENTIAL RECIPIENT'S FAMILY SUBMITS A PACKET OF FINANCIAL AID INFORMATION, INCLUDING PERSONAL INCOME TAX RETURNS ONE COPY OF THE FINANCIAL AID INFORMATION IS FORWARDED TO AN INDEPENDENT AGENCY TO EVALUATE THE LEVEL OF NEED ANOTHER COPY OF THE FINANCIAL AID IS EVALUATED BY THE COMMITTEE TO DETERMINE THE ELIGIBILITY FOR FINANCIAL AID BASED ON THE POTENTIAL RECIPIENT'S NEED

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DLN: 93493326001103

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization THE COLUMBUS ACADEMY

Employer identification number

31-4379445

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			1
	Travel for companions Payments for business use of personal residence			
				1
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee ▼ Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			1
	Form 990 of other organizations A pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νο
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
-	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990	
(1)MRS MARGARET KOERNER CHIEF FINANCIAL OFFICER	(i) (ii)	133,726 0	0	0	14,500 0	14,042 0	162,268 0	0 0	
(2)MR JOHN MACKENZIE HEADMASTER	(i) (ii)	325,579 0	0	112,708 0	25,000 0	1,655 0	464,942 0	60,000 0	
(3)MR ERICH HUNKER DIR OF DEVELOPMENT & ASST HEAD FOR E	(i) (ii)	151,119 0	0	0	10,920	14,063 0	176,102 0	0	
(4)MR DAN VORENBERG LOWER SCHOOL HEAD	(i) (ii)	157,191 0	0	0	11,536 0	14,071 0	182,798 0	0	

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Also complete this part for any additional information							
Identifier	Return Reference	Explanation					
	,	THE COLUMBUS ACADEMY PAYS FOR A SOCIAL CLUB MEMBERSHIP FOR ITS HEADMASTER SO THAT HE IS ABLE TO PERFORM REQUISITE VOLUNTEER AND DONOR ENTERTAINING APPROPRIATE FOR HIS LEADERSHIP ROLE TO ADVANCE THE INSTITUTION EXPENSES HE INCURS FOR THE PERSONAL USE OF HIS MEMBERSHIP ARE INCLUDED IN HIS TAXABLE COMPENSATION					
	,	THE COLUMBUS ACADEMY MAINTAINED TWO NONQUALIFIED DEFERRED COMPENSATION PLANS FOR ITS HEADMASTER, UNDER IRC 457(B) AND IRC 457(F) UNDER THE 457(B) PLAN, THE HEADMASTER MADE EMPLOYEE DEFERRALS OF \$12,000 UNDER THE 457(F) PLAN, THE ORGANIZATION MADE EMPLOYER CONTRIBUTIONS OF \$12,000 DURING THE YEAR FURTHER, THE 457(F) PLAN MADE A LIQUIDATING DISTRIBUTION OF \$72,000 DURING THE YEAR AND WAS CLOSED					

Schedule J (Form 990) 2012

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DLN: 93493326001103

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Noncash Contributions

Name of the organization THE COLUMBUS ACADEMY

Employer identification number

D۵	rt I Types of Property				31-4379445			
<u>r a</u>	Types of Property	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermı	_	ts
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	18	266,937	STOCK EXCHANGE			
0	Securities—Closely held stock .							
.1	Securities—Partnership, LLC, or trust interests							
2	Securities—Miscellaneous							
.3	Qualified conservation contribution—Historic structures							
4	Qualified conservation contribution—Other							
5	Real estate—Residential .							
6	Real estate—Commercial							
7	Real estate—Other							
8	Collectibles							
9	Food inventory							
0	Drugs and medical supplies .							
1	Taxıdermy							
2	Historical artifacts							
3	Scientific specimens							
4	Archeological artifacts							
5	O ther ► ()							
6	O ther ►()							
	O ther ►()							
	O ther ► ()							
	Number of Forms 8283 received for which the organization comple				29		1	
.0-	During the year, did the organiza	tion rocoly	a by contribution any propo	erty rapartad in Dart I. lines	1 - 2 0 +b >+ ı+		Yes	No
va	must hold for at least three year							
	for exempt purposes for the enti			on, and which is not require	a to be used			No
						30a		No
ь 1	If "Yes," describe the arrangement of the organization have a gift			review of any non-standard	contributions?	31	Yes	
						<u> </u>		
2a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell i	noncash • • •	32a		Νo
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	an amount	ın column (c) for a type of	property for which column (a) is checked,			

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Open to Public Inspection

Name of the organization THE COLUMBUS ACADEMY Employer identification number

31-4379445

ldentifier	Return Reference	Explanation
ORGANIZATION MISSION STATEMENT	FORM 990, PART I, LINE 1	THE COLUMBUS ACADEMY ASPIRES TO BE AN INCLUSIVE COMMUNITY WHERE ALL DIFFERENCES CONSISTENT WITH THE MISSION OF THE SCHOOL ARE VALUED, RESPECTED AND INTEGRATED INTO THE EDUCATION PROCESS
ORGANIZATION MISSION STATEMENT	FORM 990, PART III, LINE 1	THE COLUMBUS ACADEMY - AN INDEPENDENT, COEDUCATIONAL COLLEGE PREPARATORY SCHOOL - ENRICHES ITS ACADEMIC TRADITION OF EXCELLENCE BY VALUING A BROAD DIVERSITY OF STUDENTS AS IT SEEKS TO DEVELOP THE COMPLETE PERSON MIND, BODY AND CHARACTER THE SCHOOL REWARDS RIGOROUS EFFORT AND ACCOMPLISHMENT, FOSTERS COMPASSION, RESPECT AND MORAL COURAGE, AND INSISTS ON INTEGRITY, FAIR PLAY AND COMMUNITY SERVICE THE ACADEMY STRIVES TO DEVELOP AND SUSTAIN A COMMUNITY OF THOUGHTFUL, RESPONSIBLE, CAPABLE AND CONFIDENT CITIZENS EAGER TO ENGAGE IN A PLURALISTIC AND EVER-CHANGING WORLD
	FORM 990, PART VI, SECTION B, LINE 11	FORM 990 IS FIRST REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES IT IS THEN E-MAILED TO THE FULL BOARD OF TRUSTEES FOR THEIR REVIEW AND APPROVAL, AND FORMALLY ACCEPTED BY THE FULL BOARD OF TRUSTEES AT ITS NEXT MEETING, PRIOR TO THE FORM'S SUBMISSION TO THE IRS
	FORM 990, PART VI, SECTION B, LINE 12C	AT THE FIRST BOARD MEETING OF EVERY NEW FISCAL YEAR, TRUSTEES AND OFFICERS ARE GIVEN A COPY OF THE CONFLICT OF INTEREST AND ETHICS POLICY THEY ARE REQUIRED TO COMPLETE A QUESTIONNAIRE THAT DISCLOSES ANY CONFLICTS OF INTEREST, AND SUBMIT THIS SIGNED FORM TO THE ADMINISTRATION THE ADMINISTRATION FOLLOWS UP WITH TRUSTEES TO ENSURE THAT ALL BOARD MEMBERS SUBMIT THIS SIGNED FORM TO THE SCHOOL
	FORM 990, PART VI, SECTION B, LINE 15	THE REVIEW OF HEADMASTER COMPENSATION BY THE BOARD IS BASED UPON THE BOARD'S DETERMINATION OF THE HEADMASTER'S PERFORMANCE AS MEASURED AGAINST THE ACADEMY'S MISSION STATEMENT AND STRATEGIC PLAN, AS WELL AS, HIS SATISFACTION OF PRIOR PERFORMANCE GOALS ESTABLISHED AND APPROVED BY THE BOARD'S NOMINATING AND GOVERNANCE COMMITTEE OR SUCH SUCCESSOR COMMITTEE, CONSIDERATION OF COMPENSATION PRACTICES OF OTHER INDEPENDENT SCHOOLS, AND SUCH OTHER FACTORS DEEMED REASONABLE AND APPROPRIATE BY THE BOARD COMPENSATION OF OTHER KEY EMPLOYEES OR OFFICERS IS BASED UPON PERFORMANCE AND COMPARATIVE INFORMATION FROM OTHER INDEPENDENT SCHOOLS AT THE LOCAL, REGIONAL, AND NATIONAL LEVELS
	FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S FORMS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST FURTHER, THE ORGANIZATION'S FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION THROUGH ANOTHER'S WEBSITE, WWW GUIDESTAR ORG
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	PASS-THROUGH LOSS ADJUSTMENT FOR TAX RETURN 11,716 FASB 158 ADJUSTMENT 106,851
	FORM 990, PART XII, LINE 2C THE ORGANIZATION HAS A FINANCE AND AUDIT	COMMITTEE THAT OVERSEES THE AUDIT FURTHER, THIS COMMITTEE INTERVIEWS CANDIDATES FOR THE AUDIT FIRM AND MAKES A RECOMMENDATION BASED ON THIS PROCESS TO THE FULL BOARD OF TRUSTEES THE FULL BOARD OF TRUSTEES PASSES A RESOLUTION SELECTING THE EXTERNAL AUDITORS THIS PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR

The Columbus Academy EIN: 31-4379445

2012 Form 990 - Informational Statement Regarding §409A Relief under §VII.D. of IRS Notice 2008-113

(a) Name and Taxpayer Identification Number of Service Provider

John Mackenzie SSN xxx-xx-xxxx

The service provider is an "insider" with respect to the Columbus Academy within the meaning of Section III G of Notice 2008-113

(b) Name of Nonqualified Deferred Compensation Plan

The Columbus Academy John Mackenzie Amended and Restated Section 457 Plan (the "Plan")

(c) <u>Brief Description of the Failure and the Circumstances Under Which the Failure</u> Occurred

The Plan provides that Mr Mackenzie is entitled to a distribution of his 457(f) account under the Plan within 30 days after it vests. The Plan further provides that his 457(f) account vests upon the earliest to occur of (i) June 30, 2012, (ii) his death, (iii) his disability, (iv) his involuntary termination of service without cause, or (v) his voluntary termination of service for good reason. Under the terms of the Plan, Mr Mackenzie's 457(f) account vested on June 30, 2012, which, at the time the Plan was drafted, was his scheduled retirement date. The 457(f) account was inadvertently and unintentionally not distributed until June 2013 because Mr Mackenzie did not retire in 2012 and the Columbus Academy mistakenly believed the amounts were not distributable until his separation from service. The amount that should have been distributed to Mr Mackenzie in July 2012 equaled \$60,000. The Columbus Academy became aware of the error in May 2012 and the failure was corrected by distributing the amount in June 2013

(d) Brief Description of the Steps Taken to Avoid Recurrence

Mr Mackenzie is the only participant in the Plan and will be separating from service The Plan will terminate upon complete distribution of all amounts

(e) Statement that the Failure is Eligible for Correction

The operational failure described above is eligible for correction under the terms of §VII D of Notice 2008-113 because

• The failure is not a result of a failure of the terms and provisions of the Plan to satisfy the requirements of Code §409A,

- The failure was inadvertent and unintentional,
- The failure is not directly or indirectly related to participation in any listed transaction under Treas Reg §1 6011-4(b)(2),
- The Columbus Academy has taken commercially reasonable steps to avoid a recurrence of the operational failure,
- The same or a substantially similar operational failure has not occurred previously,
- Mr Mackenzie is not under examination,
- The Columbus Academy has not experienced a substantial financial downturn,
- An amount of deferred compensation under the Plan should have been paid or made available to the service provider on June 30, 2012 but such amount erroneously was not paid or made available to the service provider until June 2013,
- The failure is not eligible for relief under Sections IV C, V D and VI C of IRS Notice 2008-113, and
- The Columbus Academy paid the service provider the amount that should have been paid or made available to the service provider before the end of the service provider's second taxable year following the taxable year during which the failure occurred



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Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public

Department of the Treasury

Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS

generally cannot redact the information on the form

Inspection ▶ Information about Form 990 and its instructions is at www.IRS.gov/form990 A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014 D Employer identification number B Check if applicable THE COLUMBUS ACADEMY Address change 31-4379445 Doing Business As Name change Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 4300 CHERRY BOTTOM ROAD Terminated (614)509-2227 Amended return City or town, state or province, country, and ZIP or foreign postal code Application pending G Gross receipts \$ 37,319,016 Name and address of principal officer **H(a)** Is this a group return for MELISSA SODERBERG subordinates? Yes 🔽 No 4300 CHERRY BOTTOM ROAD GAHANNA, OH 43230 **H(b)** Are all subordinates included? Tax-exempt status **▽** 501(c)(3) **□** 501(c) () **◄** (insert no) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list (see instructions) Website: ► WWW COLUMBUSACADEMY ORG **H(c)** Group exemption number ▶ K Form of organization
✓ Corporation
☐ Trust
☐ Association
☐ Other ► L Year of formation 1911 M State of legal domicile OH Part I 1 Briefly describe the organization's mission or most significant activities Activities & Governance 2 Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . . . 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . 22 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 678 6 715 Total number of volunteers (estimate if necessary) **7a** Total unrelated business revenue from Part VIII, column (C), line 12 7a 735 ${f b}$ Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h) . 7,113,058 6,986,310 Program service revenue (Part VIII, line 2g) . 21,936,406 22,831,221 1,199,469 1,292,435 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 77,410 121,533 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 30,326,343 31,231,499 12) . 13 2,220,800 2,388,319 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 16,633,360 17,385,070 Expenses 5-10) 36,900 Professional fundraising fees (Part IX, column (A), line 11e) . . 25,450 16a Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 445,059$ 17 6,624,974 7,390,722 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 25,516,034 27,189,561 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 4,810,309 4,041,938 19 Revenue less expenses Subtract line 18 from line 12 $\,$. Assets or d Balances **Beginning of Current End of Year** 66,764,558 74,684,470 20 Total assets (Part X, line 16) . . 21 Total liabilities (Part X, line 26) 6,823,096 7,155,163 22 Net assets or fund balances Subtract line 21 from line 20 59,941,462 67,529,307 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2015-01-16 Signature of officer Sian Here MARGARET A KOERNER CHIEF FINANCIAL OFFICER Type or print name and title Preparer's signature

Paid Preparer

Use Only

Print/Type preparer's name JON YERIAN CPA Date 2015-01-16 P00575540 self-employed Firm's FIN ► 31-4419361 Firm's name ► 10HN GERLACH & COMPANY LLP Firm's address > 37 W BROAD ST STE 530 Phone no (614) 224-2164 COLUMBUS, OH 43215 ✓ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

Part IV Checklist of Required Schedule
--

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? *	2	Yes	
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		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
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	Yes	
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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ""	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
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		No
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2013)

18 Enter the number reported in Box 3 of form 1096 Enter 10- in fine applicable 1a 52 1b 0 0 0 0 0 0 0 0 0		Check if Schedule O contains a response or note to any line in this Part V		Yes	N.
be Enter the number of Forms W-2G included in line 1 a Entert - 0 - If not applicable in the programmation comby with backup withholding uses for reportable partments to vendors and reportable gaming (genting) entings to prize without the programmation of the p	1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable		res	IN
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So 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? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). But the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Diff "Yes," did the organization notify the donor of the value of the goods or services provided? Diff he organization self, exchange, or otherwise dispose of tangible personal property for which it was required to his Form \$282? If "Yes," indicate the number of Forms \$282 hied during the year Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? To but the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations file a Form 1058-C? Soponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations make any taxable distributions under section 4966? Soponsoring organizations make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Soction 501(c)(7) organizations. Enter To Bords income from members or shareholders Soction 501(c)(12) organizations. Enter To Bords income from members or shareholders Soction 501(c)(2) qualified nonprofit health insurance issuers. Soction 501(c)(2) qualified nonprofit health insurance issuers. Soction 501(c)(2) qualified nonprofit he			טכ		
organization solicit any contributions that were not tax deductible as charitable contributions? b If Y'es, 7 did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization seceive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 9 If Yes, 7 did the organization notify the donor of the value of the goods or services provided? 10 Unit to organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$2.82.7 11 If Yes, 1 indicate the number of Forms \$2.82.2 filed during the year. 20 If If Yes, 1 indicate the number of Forms \$2.82.2 filed during the year. 21 If the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 22 If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 23 If the organization received a contribution of qualified intellectual property, did the organization file organization file organization received a contribution of qualified intellectual property, did the organization file a Form 10.98-C? 11 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10.98-C? 12 If the organization make any taxable distributions and section 509(a) (3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a) (3) supporting organizations. 14 Section 501(c) (7) organizations maintaining donor advised funds and section 509(a) (3) supporting organizations. Did the organization make any taxable distributions under section 49.66? 12 Section 501(c) (7) organizations. Enter 13 Initiation fees and capital contributions included on Part VIII, line 12. In 10 In 10 In 10 In 10 In 10 In 10 In 10 In 10 I	_	In 163, to fine 3a of 3b, and the organization merofill 0000-1	5c		L
were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "ves," idd the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form \$282? of If "ves," indicate the number of Forms \$282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the organization make any taxable distributions under section 4966? a Did the organization make any taxable distributions under section 4966? a Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? a Did the organization make any taxable distribution and donor, donor advisor, or related person? b C Section 501(c)(2) organizations. Enter a Gross income from members or shareholders f Section 501(c)(12) organizations. Enter a Gross income from members or shareholders f Section 501(c)(12) organizations. Enter b Gross income from members or shareholders f Section 501(c)(12		organization solicit any contributions that were not tax deductible as charitable contributions?			٨
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year . 7d		were not tax deductible?			
services provided to the payor? b If "Yes," idd the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 3282? d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? S Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization make any taxable distributions under section 4966? S Sponsoring organizations maintaining donor advised funds. D Id the organization make any taxable distributions under section 4966? S b Id the organization make a distribution to a donor, donor advisor, or related person? S Section 501(c)(7) organizations. Enter a Intuition fees and capital contributions included on Part VIII, line 12 G Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities G Gross income from members or shareholders G Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them) T It is If "Yes," enter the amount of tax-exempt interest received or accrued during the year Note. See the instructions for additional information the organization must report on Schedule O E					
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? If If "Yes," indicate the number of Forms 8282 filed during the year. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? To Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12. 10a		services provided to the payor?			N
file Form 8282?		· · · · · · · · · · · · · · · · · · ·			
bill of TYYes," indicate the number of Forms 8282 filed during the year	С				
to contract?	d				
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations. The form 1098-C? h If the organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, nor a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand	e		7e		N
required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
Form 1098-C?	g		_		
the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	h		7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966?	8	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
a Did the organization make any taxable distributions under section 4966?			8		
b Did the organization make a distribution to a donor, donor advisor, or related person?	_				
O Section 501(c)(7) organizations. Enter a 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 1 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders					
a Initiation fees and capital contributions included on Part VIII, line 12			9b		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 1 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders		1 1			
1 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
a Gross income from members or shareholders					
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)					
against amounts due or received from them)			1		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ט	· · · · · · · · · · · · · · · · · · ·			
year	.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
3 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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	b	· · · · · · · · · · · · · · · · · · ·			
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	3		1		
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	а	Is the organization licensed to issue qualified health plans in more than one state?	120		
In which the organization is licensed to issue qualified health plans			134		_
	b	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
.4a Did the organization receive any payments for indoor tanning services during the tax year? 14a	С	Enter the amount of reserves on hand	[
	.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		N

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

Se	ection A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders,	7b		No
	or persons other than the governing body?	/6		NO
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
c		12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12b	Yes Yes	
13	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
13 14	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13	Yes Yes	
14 15	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14	Yes Yes Yes	
14 15 a	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14	Yes Yes Yes	
14 15 a	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14	Yes Yes Yes	
14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14	Yes Yes Yes	
14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14	Yes Yes Yes	No
14 15 a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b	Yes Yes Yes	No
14 15 a b 16a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b	Yes Yes Yes	No
14 15 a b 16a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b	Yes Yes Yes	No
14 15 a b 16a b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c 13 14 15a 15b	Yes Yes Yes	No

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

interest policy, and financial statements available to the public during the tax year

GAHANNA, OH 432300745 (614) 509-2227

►MARGARET A KOERNER CHIEF FINANCIAL OFFICER 4300 CHERRY BOTTOM ROAD

Form 990	(2013)	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid

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

List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

	(A) Name and Title	nd Title A verage hours per week (list any hours for related A verage hours per wore than one box, unless compensation compension person is both an officer and a director/trustee) A verage hours position (do not check reportable compensation compensation from relation organization (W- organ							Reportable compensation from related organizations (W-		(F) Estima mount o compens from t	ted f other ation he		
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		ganızatı relate organıza	ed
												-		
												1		
												-		
												-		
												-		
1b	Sub-Total							<u> </u>						
C TD	Total from continuation sheet	s to Part VII, S	ection A	٠.	•			.				-		
d	Total (add lines 1b and 1c) .							⊨		1,071,542	1	0		159,204
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	nan			
											_		Yes	No
3	Did the organization list any f oon line 1a? <i>If "Yes," complete S</i>					, key	emplo	yee,	, or highes	t compen	sated employee			_
4	For any individual listed on line					" mne	nsatio	n and	d other co	mnensati	on from the	3	Yes	
•	organization and related organ											4	Yes	
5	Did any person listed on line 1 services rendered to the organ									anızatıon • • •	or individual for	5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your fiv	ve highest comp												
	compensation from the organiz	(A)		ation	tor	the d	alend	arye	ar ending		(B)	on's t	ax year (C	
ОНТО	NEQUITIES MANAGEMENT 605 SOUTH F	lame and business		IMBUIC	. OH .	13311	-				cription of services NCE SERVICES	\perp	Comper	sation
	TO SERVICES LLC BIN 88604 MILWAUK		ZOU CULL	DUDUS	. UП 4	+3215	,			CLEANING		$\overline{}$		354,322 321,553
												\bot		
												+		

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

Form 99								Page 9
Part V	/##I	Statement o	o f Revenue ule O contains a respor	nse or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s t	1a	Federated cam	paigns 1a	47,250				
rant	b	Membership du	ies 1b					
ē ē	С	Fundraising eve	ents 1c					
iffs ar	d	Related organiz	zations 1d					
S, C	e	Government grant	s (contributions) 1e	351,820				
ution ner Si	f	All other contributions imilar amounts no	ons, gifts, grants, and 1f ot included above	6,587,240				
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contributi 1a-1f \$	ons included in lines	424,703				
Con	h	Total. Add lines	s 1a-1f	🗼	6,986,310			
				Business Code				
inua.	2a	TUITION & FEES		611600	21,667,956	21,667,956		
Ee v	b	SUMMER SCHOOL	& DAY CAMP	611600	866,182	866,182		
M C 0	С		OOL, TUTORING & SPR	611600	263,890	263,890		
Se.	d	ATHLETIC EVENTS		611600	33,193	33,193		
ran	e f	All other progra	am service revenue					
Program Service Revenue	'							
<u>*</u>	g 3		s 2a-2f		22,831,221			
			ome (including dividen ar amounts)		1,242,638		130	1,242,508
	4		stment of tax-exempt bond	· · · · · · · · · · · · · · · · · · ·	37		37	
	5	Royalties	(ı) Real	► (II) Personal	37		37	
	6a	Gross rents	43,296	(ii) i cissilai				
	ь	Less rental expenses	0					
	С	Rental income or (loss)	43,296					
	d	, ,	me or (loss)		43,296			43,296
		Gross amount	(ı) Securities	(II) O ther				
	7a	from sales of assets other than inventory	6,069,843					
	Ь	Less cost or other basis and	5,692,985	327,061				
	c	sales expenses Gain or (loss)	376,858	-327,061				
	d	Net gain or (los	ss)		49,797		-5,551	55,348
<u> </u>	8a	Gross income f events (not inc	_					
Other Revenue		\$ of contributions See Part IV, lin	s reported on line 1c)					
놂			a	9,500				
Ě	b c		penses b (loss) from fundraising	6,411 events	3,089			3,089
0	9a	Gross income f	from gaming activities					
	ь		penses b					
	102		(loss) from gaming acti	vities				
	10a	Gross sales of returns and allo		71,260				
	ь		oods sold b	61,060				
	С		(loss) from sales of inv		10,200	10,200		
	11a	FORFEITED EN		Business Code 611600	38,500	38,500		
	ь	DEPOSITS OTHER INCOM	<u></u> ИЕ	900099	20,292			20,292
	С	PASS-THROUG		211110	11,564		11,564	
	d		ue		-5,445		-5,445	
	e	Total. Add lines	s 11a-11d	▶	64,911			
	12	Total revenue.	See Instructions .	· · · · •	31,231,499	22,879,921	735	1,364,533

	· · ·
Part IX	Statement of Functional Expenses
Section 50	1(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Secu	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	ions must comp	lete column (A)	
	Check if Schedule O contains a response or note to any line in this	Part IX			<u>.</u> .
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	2,388,319	2,388,319		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	476,410		476,410	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	12,341,313	9,652,289	2,451,459	237,565
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	807,432	633,668	157,679	16,085
9	Other employee benefits	2,792,536	2,534,089	242,309	16,138
10	Payroll taxes	967,379	722,266	228,217	16,896
11	Fees for services (non-employees)				
а	Management	50,400	50,400		
b	Legal	96,669		96,669	
c	Accounting				
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	25,450			25,450
f	Investment management fees	52,983		52,983	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	343,986	259,471	84,515	
12	Advertising and promotion	129,974	4,696	114,664	10,614
13	Office expenses	1,612,688	1,401,421	178,031	33,236
14	Information technology	331,457	309,712	· · ·	33,230
15	Royalties	331,437	303,712	21,773	
16	Occupancy	1,560,241	1,560,241		
17	Travel	230,556	159,387	32,602	38,567
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	230,330	139,307	32,002	30,307
19	Conferences, conventions, and meetings	281,293	271,268	10,025	
20	Interest	307	307	10,023	
21	Payments to affiliates	337	307	 	
22	Depreciation, depletion, and amortization	1,318,036	1,066,291	224,066	27,679
23	Insurance	35,103	35,103	22.,,000	2.,,0.13
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	3,233	33,233		
а	CONTRACTED SERVICES	852,299	852,299		
b	SCHOOL EQUIPMENT R&M	270,334	270,334		
c	MISCELLANEOUS EXPENSES	132,502	4,917	114,372	13,213
d	MEMBERSHIP DUES & SUBSC	60,974	16,069	35,289	9,616
e	All other expenses	30,920	30,920		
25	Total functional expenses. Add lines 1 through 24e	27,189,561	22,223,467	4,521,035	445,059
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Par	τχ	Check if Schedule O contains a response or note to any line in	this Pa	art X		•	
					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing			696,441	1	738,889
	2	Savings and temporary cash investments			7,220,085	2	9,063,445
	3	Pledges and grants receivable, net			6,826,219	3	7,741,953
	4	Accounts receivable, net			122,501	4	98,011
	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete Paschedule L	art II d	of			
Assets	6	Loans and other receivables from other disqualified persons (a 4958(f)(1)), persons described in section 4958(c)(3)(B), and and sponsoring organizations of section 501(c)(9) voluntary e organizations (see instructions) Complete Part II of Schedule	contril mploy	outing employers	100,000	6	80,000
38.	7	Notes and loans receivable, net	_			7	
₹	8	Inventories for sale or use			7,844	8	3,827
	9	Prepaid expenses and deferred charges			610,416		769,207
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	42,801,109	<u> </u>		<u> </u>	
	ь	Less accumulated depreciation	10b	22,631,388	20,539,207	10c	20,169,721
	11	Investments—publicly traded securities		26,813,628	11	31,362,545	
	12	Investments—other securities See Part IV, line 11			3,828,217	12	4,656,872
	13	Investments—program-related See Part IV, line 11				13	_
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			66,764,558	16	74,684,470
	17	Accounts payable and accrued expenses			3,769,108	17	4,098,799
	18	Grants payable			-,,	18	.,,
	19	Deferred revenue			2,928,906	19	2,956,516
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Scho				21	
lities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali	ors, tr			21	
Liabiliti		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	s .		14,959	23	0
	24	Unsecured notes and loans payable to unrelated third parties				24	_
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	rt X of	Schedule			
		D			110,123		99,848
	26	Total liabilities. Add lines 17 through 25			6,823,096	26	7,155,163
.v du		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	and	complete			
Ë	27	Unrestricted net assets			28,635,386	27	30,576,953
<u>छ</u>	28	Temporarily restricted net assets		• •	11,146,920	28	16,338,913
<u> </u>	29	Permanently restricted net assets			20,159,156	29	20,613,441
Fund Balance	29	Organizations that do not follow SFAS 117 (ASC 958), check h			20, 133, 130	23	20,010,441
		complete lines 30 through 34.	ele F	j aliu			
ō	30	Capital stock or trust principal, or current funds	_			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
\$ S	32	Retained earnings, endowment, accumulated income, or other		·		32	
Net /	33	Total net assets or fund balances			59,941,462	33	67,529,307
ž	34	Total liabilities and net assets/fund balances			66,764,558	34	74,684,470
		rotar nabinates and net assets/land balances	• •	• •	00,704,000	J-4	17,004,410

	(2013)				aye 1
Par	Reconcilliation 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		31,2	231,499
2	Total expenses (must equal Part IX, column (A), line 25)	2		27,1	189,56
3	Revenue less expenses Subtract line 2 from line 1	3		4,0	041,938
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		59,9	941,46
5	Net unrealized gains (losses) on investments	5		3,9	062,474
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-4	100,000
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-16,56
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		67,5	529,30
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🔽
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed a separate basis, consolidated basis, or both	ed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both	ite			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight audit, review, or compilation of its financial statements and selection of an independent accountant?	of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Software ID: Software Version:

EIN: 31-4379445

Name: THE COLUMBUS ACADEMY

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		_,,	related organizations	
MS POE TIMMONS	10 00	х		Х				0	0	0	
PRESIDENT/TRUSTEE MRS KATHLEEN STARKOFF	10 00										
VICE PRESIDENT/TRUSTEE		Х		Х				0	0	0	
MRS KATHARINE MALLORY SECRETARY/TRUSTEE	10 00	х		х				0	0	0	
MR RICHARD JEFF JEFFERS	10 00	×		x				0	0	0	
TREASURER/TRUSTEE DR RITA AGRAWAL	6 00			<u> </u>					•		
TRUSTEE	8 00	x						0	0	0	
MS SARAH MILKS BETHEL	6 00	х						0	0	0	
TRUSTEE MR STEPHEN BROWNING	6 00	X						0	0	0	
TRUSTEE MRS BETH FISHER	6 00										
CO-PRESIDENT PACA/TRUSTEE		Х						0	0	0	
MR MICHAEL GROSS TRUSTEE	6 00	×						o	0	0	
MR ASIM HAQUE	6 00	×						0	0	0	
ALUMNI BOARD PRESIDENT/TRUSTEE MR HENRY HAUSER	6 00										
TRUSTEE MR KLAY HUDDLESTON	6 00	X						0	0	0	
TRUSTEE		Х						0	0	0	
MR JONATHAN KASS TRUSTEE	6 00	×						0	0	О	
MRS CATHERINE KENWORTHY	6 00	х						0	0	0	
TRUSTEE (THRU 11/21/13) MR WILLIAM KENWORTHY	6 00	×						0	0	0	
TRUSTEE (THRU 11/21/13) MR JIM KLINGBEIL	6 00										
TRUSTEE DR SUSAN MASSICK	6.00	×						0	0	0	
TRUSTEE	6 00	×						0	0	o	
MR KEVIN REEVES TRUSTEE	6 00	х						0	0	0	
MRS MARY FRANCES RESTREPO	6 00	×						0	0	0	
TRUSTEE MR GEORGE SKESTOS	6 00										
TRUSTEE MR ROBERT SOLOMON	6 00	×						0	0	0	
TRUSTEE	8 00	х						0	0	0	
MR VICTOR THORNE TRUSTEE	6 00	х						0	0	0	
MRS CLAUDIA WALTER	6 00	Х						0	0	0	
TRUSTEE MRS KELLY JENNINGS YEOMAN	6 00	X						0	0	0	
TRUSTEE MRS MARGARET KOERNER	40 00										
CHIEF FINANCIAL OFFICER				Х				141,355	0	29,395	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours for related (C) A verage hours person is both an officer and a director/trustee)				(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the organization and			
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
MS MELISSA SODERBERG	40 00				х			125,136	0	39,515
HEAD OF SCHOOL										
MR DOUG BENNETT	40 00					l _x l		117,620	0	19,014
DIRECTOR FACILITIES						,,		111,7020	, and the second	15,011
MR ERICH HUNKER DIR OF DEVELOPMENT & ASST	40 00					Х		152,766	0	30,331
MRS KARLA LONG MIDDLE SCHOOL HEAD	40 00					х		118,295	0	20,529
MS CORINNA IZOKAITIS UPPER SCHOOL HEAD	40 00					х		116,588	0	20,420
MR JOHN MACKENZIE FORMER HEAD OF SCHOOL	0 00						х	299,782	0	0

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

Name	of	the	orga	nizat	io
		MDIIC	ACAE	LMV	

Employer identification number

									31-43794		
	rt I			blic Charity Sta						nstructions	
Γhe	organı			e foundation becaus							
1		A chur	ch, conventi	on of churches, or a	ssociation of	churches d	escribed in s e	ection 170(b)(1)(A)(i).		
2	<u> </u>	A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Schedi	ule E)				
3	Г	A hosp	ıtal or a coo	perative hospital se	rvice organiz	ation descr	ıbed ın sectio	n 170(b)(1)(A)(iii).		
4	Г			n organization operat	ted ın conjun	ction with a	hospital desc	cribed in se	ction 170(b)((1)(A)(iii). E	nter the
_	_			ty, and state erated for the benefi	+ .f		h., a.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			+-1 	
5	ı	_	-	A)(iv). (Complete P	_	or universi	ty owned or o	perated by	a governmen	tai uiiit uest	.nped iii
6	_			local government or	•	al unit docc	ribad in casti	on 170/h\/	1\(\(\(\(\)\)\)		
7	<u>'</u>			at normally receives	3			. , ,	,, ,, ,	rom the gen	oral public
•	,	_		n 170(b)(1)(A)(vi).			Support Ironi	a governin	entar unit or i	rom the gen	erai public
8	Г			described in section			nplete Part II)			
9	Γ	An orga	anızatıon tha	at normally receives	(1) more th	an 331/3% c	f its support	from contri	butions, mem	bership fees	, and gross
		receipt	s from activ	ities related to its ex	xempt function	ons—subjec	t to certain e	xceptions,	and (2) no mo	re than 331,	/3 % of
		ıts sup	port from gr	oss investment inco	me and unrel	ated busine	ss taxable ın	come (less	section 511	tax) from bu	isinesses
		acquire	ed by the org	janization after June	30,1975 S	ee section !	509(a)(2). (C	omplete Pa	rt III)		
10	Γ	An orga	anızatıon orç	ganized and operated	d exclusively	to test for p	oublic safety	See sect io	n 509(a)(4).		
11	Γ	_		ganized and operated	,		, ,		,	•	
		one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check									
		the box that describes the type of supporting organization and complete lines 11e through 11h a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated									
e	Г										
	,	•		on managers and otl	_		,		, ,	•	•
		section	1509(a)(2)	_		·	,	-			
f				received a written d	etermination	from the IR	S that it is a	Type I, Typ	e II, or Type	III support	ing organizatio <u>n,</u>
g			this box	2006, has the organi	zation accer	nted any diff	or contribution	on from any	ofthe		ı
9			ng persons?	. o o o , mas the organi	zacion accep	rea any gne	or contribution	on nom any	or the		
		(i) A p	erson who d	rectly or indirectly o	ontrols, eith	er alone or t	ogether with	persons de	scribed in (ii)		Yes No
		and (III) below, the	governing body of th	e supported	organızatıoı	٦?			11g	(i)
		(ii) A fa	amıly memb	er of a person descr	bed in (i) abo	ove?				11g	
		(iii) A	35% contro	lled entity of a perso	n described	ın (ı) or (ıı) a	above?			11g	(iii)
h		Provide	e the following	ng information about	the supporte	ed organızat	ıon(s)				
			ı								
	(i) Nam		(ii) EIN	(iii) Type of	(iv) Is t		(v) Did you	•	(vi) Is		(vii) A mount of
	suppor rganiza			organization (described on	organızatı col (i) lıst		the organiz		organizat col (i) org		monetary support
·	rgumz.	acion		lines 1- 9 above	your gove		suppor		in the U		Зарроге
				or IRC section	docume	nt?					
				(see							_
				instructions))	Yes	No	Yes	No	Yes	No	
T-4-	.1										

instructions

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2009 **(b)** 2010 (c) 2011 **(d)** 2012 (e) 2013 (f) Total in) 🟲 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2009 **(b)** 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total in) 🟲 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, rovalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 through Gross receipts from related activities, etc (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check 13 Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage for 2012 Schedule A, Part II, line 14 15 16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test – 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt						
	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
4	business under section 513 Tax revenues levied for the						
•	organization's benefit and either						
	paid to or expended on its						
_	behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	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						
8	Public support (Subtract line 7c						
	from line 6) ction B. Total Support						
	ndar year (or fiscal year beginning	() 2000	(1) 2010	() 2011	(1) 2012	() 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	(b) 2010	(6) 2011	(4) 2012	(5,232	
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c,	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or 13, column (f)) ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or 13, column (f)) ge by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).								
	Facts And Circumstances Test								
Retu	ırn Reference	Explanation							
		Schodulo A / Form 0	000 er 000 E7) 201						

Schedule A (Form 990 or 990-EZ) 2013

DLN: 93493021000135

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

Ciriai	Trevenue Service	<u></u> .		Inspection
	me of the organization COLUMBUS ACADEMY			loyer identification number
Pa	organizations Maintaining Donor Adv			
	organization answered Tes to Form 950	(a) Donor advised funds		(b) Funds and other accounts
	Total number at end of year			
:	Aggregate contributions to (during year)			
	Aggregate grants from (during year)			
Ļ	Aggregate value at end of year			
•	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or	-	onor adv	sed Yes No
5	Did the organization inform all grantees, donors, and do used only for charitable purposes and not for the benef			
)a	conferring impermissible private benefit? rt III Conservation Easements. Complete if	the organization answered "Ves"	' to Forn	<u> </u>
	Purpose(s) of conservation easements held by the organization of land for public use (e.g., recreation) Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a	anization (check all that apply) or education) Preservation of a Preservation of a	an histor a certifie	ically important land area d historic structure
	easement on the last day of the tax year			
				Held at the End of the Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified histo	oric structure included in (a)	2c	
d	Number of conservation easements included in (c) acq historic structure listed in the National Register	uired after 8/17/06, and not on a	2d	
3	Number of conservation easements modified, transferr	ed, released, extinguished, or termina	ited by th	ne organization during
	the tax year 🗠			
ļ	Number of states where property subject to conservati	ion easement is located ►		
;	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, ha	indling of	violations, and Yes No
,	Staff and volunteer hours devoted to monitoring, inspec	cting, and enforcing conservation eas	ements o	during the year
,	A mount of expenses incurred in monitoring, inspecting \$\blue{\pi}\$\$, and enforcing conservation easemen	nts durin	g the year
1	Does each conservation easement reported on line 2(c) and section $170(h)(4)(B)(II)$?	d) above satisfy the requirements of s	ection 17	70(h)(4)(B)(ı)
)	In Part XIII, describe how the organization reports corbalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easeme	e footnote to the organization's financi		
ar	TIII Organizations Maintaining Collection Complete if the organization answered "Y		, or Ot	her Similar Assets.
la	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide, in Part XIII, the text of the footnote t	ts held for public exhibition, education	n, or rese	arch in furtherance of public
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to these	ts held for public exhibition, education		
	(i) Revenues included in Form 990, Part VIII, line 1			► \$
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS			
а	Revenues included in Form 990, Part VIII, line 1			► \$

b Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art,	<u>, His</u>	torical T	<u>reasu</u>	res, or Otl	<u>her Similar A</u>	ssets (cont	tınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, ch	eck any of	f the follo	wing that ar	e a significant us	e of its	
а	Public exhibition		d	┌ Loar	n or exch	ange progra	ms		
b	Scholarly research		e	┌ Oth	er				
c	Preservation for future generations								
4	Provide a description of the organization's c Part XIII	ollections and explai	ın hov	v they furth	ner the o	rganızatıon's	exempt purpose	: in	
5	During the year, did the organization solicit	or receive donations	ofar	t, historica	al treasuı	es or other s	sımılar		_
	assets to be sold to raise funds rather than							, ,	No
Par	Part IV, line 9, or reported an ar	nount on Form 99	0, Pa	art X, line	21.			990, ———	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lian or other interme	dıary	for contrib	outions o	r other asse	ts not	┌ Yes ┌	No
b	If "Yes," explain the arrangement in Part XI	II and complete the	follov	ving table		_			
							A	mount	
С	Beginning balance					1	.c		
d	Additions during the year					1	d		
е	Distributions during the year					_	e		
f	Ending balance					_ 1	f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					│ Yes │	_ No
b	If "Yes," explain the arrangement in Part XI	II Check here if the	expla	anation has	s been pi	ovided in Pa	art XIII		Γ
Pa	rt V Endowment Funds. Complete		n ans	wered "Y					
		(a)Current year	(b)	Prior year			(d)Three years back		
1a	Beginning of year balance	35,777,489		30,528,86	_	28,687,133	24,097,361	·	,088,154
Ь	Contributions	1,801,605		2,772,52	1	3,430,931	748,920	2,	,773,103
С	Net investment earnings, gains, and losses	5,545,989		3,703,03	7	-410,291	5,151,020	2,	,627,631
d	Grants or scholarships	817,884		696,76	4	643,071	642,328	3	709,041
е	Other expenditures for facilities and programs	533,848		478,90		485,762	617,728		634,450
f	Administrative expenses	52,983		51,26		50,074	50,112	2	48,036
g	End of year balance	41,720,368		35,777,489	9	30,528,866	28,687,133	3 24,	,097,361
2	Provide the estimated percentage of the cur	rent year end balanc	e (lın	e 1g, colui	mn (a)) h	eld as			
а	Board designated or quasi-endowment 🕨	22 320 %							
b	Permanent endowment ► 49 410 %								
c	Temporarily restricted endowment > 28 The percentages in lines 2a, 2b, and 2c sho	270 % uld equal 100%							
За	Are there endowment funds not in the posse	ssion of the organiza	ation	that are he	ld and a	dministered	for the		
	organization by						Γ_		No
	(i) unrelated organizations							`	No No
b	(ii) related organizations							a(ii) 3b	
4	Describe in Part XIII the intended uses of the	· · · · · · · · · · · · · · · · · · ·					· · · <u>· </u>		
Par	Land, Buildings, and Equipme 11a. See Form 990, Part X, line	ent. Complete if t			on answ	ered 'Yes'	to Form 990, P	art IV, line	<u> </u>
	Description of property	10.		(a) Cost of basis (inve		(b)Cost or other)			: value
	Land					2,155,5	51	2.	155,551
	Buildings					35,343,0			865,764
	Leasehold improvements					33,313,0			
	Equipment					4,944,8	79 4,154,0)60	790,819
	Other					357,5		_	357,587
	I. Add lines 1a through 1e (Column (d) must e		(, colu	mn (B), line	e 10(c).)				169,721
	. , , ,	,			. , ,			D (Form 990	

See Form 990, Part X, line 12. (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
(3)Other (A)ALTERNATIVE INVESTMENTS	3,256,545	F
(B) LIMITED PARTNERSHIP INVESTMENTS	1,400,327	F
(2) (2)	4,656,872	and West to See 2000 Best West and the
Part VIII Investments—Program Related. Co See Form 990, Part X, line 13.	implete if the organization	answered 'Yes' to Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		cost of one of your market takes
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization	answered 'Yes' to Form 990	Part IV line 11d See Form 990 Part X line 15
(a) Descri		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5.)	
Part X Other Liabilities. Complete if the orga		·
Form 990, Part X, line 25. (a) Description of liability	(b) Book value	
Federal income taxes	(S) BOOK FUNDS	
CUSTODIAN DEPOSITS	99,848	
-		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	99,848	

Sched	dule D (Form 990) 2013		Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn Complete ıf
	the organization answered 'Yes' to Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	31,839,986
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	4,354,401
3	Subtract line 2e from line 1	3	27,485,585
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 3,745,914		
c	Add lines 4a and 4b	4c	3,745,914
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	31,231,499
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return. Complete
	if the organization answered 'Yes' to Form 990, Part IV, line 12a.		T
1	Total expenses and losses per audited financial statements	1	24,236,309
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	791,927
3	Subtract line 2e from line 1	3	23,444,382
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)		
c	Add lines 4a and 4b	4c	3,745,179
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	27,189,561
Par	t XIII Supplemental Information		
Part	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b IV, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to rmation		de any additional
	Dahama Dafamana		

Return Reference	Explanation
PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED FOR FACULTY AND STAFF SALARIES, FINANCIAL AID, PROFESSIONAL DEVELOPMENT, ATHLETICS, STUDENT NEWSPAPER, AND COMMENCEMENT AWARDS
PART X, LINE 2	THE ACADEMY DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS WITH FEW EXCEPTIONS, THE ACADEMY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE US FEDERAL, STATE, AND LOCAL TAX AUTHORITIES FOR FISCAL YEARS ENDING 2011 AND PRIOR
PART XI, LINE 2D - OTHER ADJUSTMENTS	STUDENT STORE ACTIVITY EXPENSES, REPORTED ON PART VIII, LINE 10B 61,060 FUNDRAISING EVENT EXPENSES, REPORTED ON PART VIII, LINE 8B 6,411 LOSS ON DISPOSAL OF FIXED ASSETS 324,456
PART XI, LINE 4B - OTHER ADJUSTMENTS	STUDENT FINANCIAL AID, REPORTED ON PART IX, LINE 2 2,388,319 STUDENT TUITION REMISSIONS, REPORTED ON PART IX, LINE 9 1,356,860 PASS-THROUGH GAIN ADJUSTMENT FOR TAX RETURN 735
PART XII, LINE 2D - OTHER ADJUSTMENTS	STUDENT STORE ACTIVITY EXPENSES, REPORTED ON PART VIII, LINE 10B 61,060 FUNDRAISING EVENT EXPENSES, REPORTED ON PART VIII, LINE 8B 6,411 LOSS ON DISPOSAL OF FIXED ASSETS 324,456
PART XII, LINE 4B - OTHER ADJUSTMENTS	STUDENT FINANCIAL AID, REPORTED ON PART IX, LINE 2 2,388,319 STUDENT TUITION REMISSIONS, REPORTED ON PART IX, LINE 9 1,356,860
PART VI, LINE 1E, COLUMN (B) - OTHER	THE AMOUNT LISTED REPRESENTS ASSETS HELD AS CONSTRUCTION IN PROCESS AT THE END OF THE YEAR

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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As Filed Data -

DLN: 93493021000135

OMB No 1545-0047

SCHEDULE E

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Schools

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

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	e of the organization COLUMBUS ACADEMY	Employer identification	n nur	nber	
TITL	OLOMBOS ACADEMI	31-4379445			
Pa	rt I			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in other governing instrument, or in a resolution of its governing body?	ts charter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward student brochures, catalogues, and other written communications with the public dealing with student ad				
_	programs, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broad the period of solicitation for students, or during the registration period if it has no solicitation prothat makes the policy known to all parts of the general community it serves? If "Yes," please de	gram, in a way			
	please explain If you need more space use Part II		3	Yes	
4	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
	• Records documenting that scholarships and other financial assistance are awarded on a racially	nondiscriminatory	та	163	
•	basis?	nonaisemmacory	4b	Yes	
•	Copies of all catalogues, brochures, announcements, and other written communications to the pure with student admissions, programs, and scholarships?	ıblıc dealıng	4 c	Yes	
•	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	
5	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		5a		No
ı	• Admissions policies?		5b		No
(Employment of faculty or administrative staff?		5c		No
(Scholarships or other financial assistance?		5d		Νo
•	e Educational policies?		5e		No
1	Use of facilities?		5f		Νo
9	g Athletic programs?		5g		No
ı	Other extracurricular activities?		5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II				
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	-	6a 6b	Yes	No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4	01 through 4 05			
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Pa	irt II	7	Yes	

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

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	A STATEMENT AFFIRMING ITS NONDISCRIMINATORY POLICY WAS PLACED IN ALL ADVERTISEMENTS, BROCHURES, NEWSPAPER ARTICLES, AND OTHER TYPES OF MEDIA MENTIONING THE SCHOOL
SCHEDULE E, PART I, LINE 6	THE COLUMBUS ACADEMY RECEIVES REIMBURSEMENT FROM THE STATE OF OHIO FOR EXPENSES INCURRED BY THE SCHOOL'S EMPLOYEES IN THE COMPLETION OF CLERICAL AND ADMINISTRATIVE DUTIES REQUIRED BY FEDERAL, STATE OR LOCAL LAWS

Schedule E (Form 990 or 990-EZ) 2013

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DLN: 93493021000135

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding **Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. See separate instructions.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	COLUMBUS ACADEMY						Employer iden	th leation number
пЕ	COLUMBUS ACADEMY						31-4379445	
Pa	rt I Fundraising Act Form 990-EZ filers				ion answered "Yes" to part.	to Form	n 990, Part IV,	, line 17.
1	Indicate whether the organ	ızatıon raısed funds t	through ar	ny of the 1	following activities Che	eck all ti	hat apply	
а	Mail solicitations			е	Solicitation of non	ı-govern	ment grants	
b	✓ Internet and email solu	cıtatıons		f	Solicitation of gov	ernmen	t grants	
c	Phone solicitations			g	☐ Special fundraisin	g event	s	
d	✓ In-person solicitations							
2a	Did the organization have a or key employees listed in							Γ _{Yes} Γ ι
b	If "Yes," list the ten highes to be compensated at least			fundraıse	rs) pursuant to agreem	ents und	der which the fur	ndraiser is
	i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais cust cont	Did ser have ody or trol of	(iv) Gross receipts from activity	(or i	mount paid to retained by) aiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No No				
1	TRANSFORMATIONAL DEVELOPMENT COUNSEL 1403 VAN BUREN AVE STE B1	CONSULTING	163	No	0		25,450	C
	OXFORD, MS 38655							
2								
_								
3								
4								
5								
6								
7								
8								
9								
10								
ota	<u>.</u>			>			25,450	
3	List all states in which the registration or licensing	organization is regis	tered or li	censed to	o solicit contributions o	r has be	en notified it is	exempt from
Н								

Pa	rt II	Fundraising Events. Com more than \$15,000 of fundra events with gross receipts g	aising event contribut	ion answered "Yes" to tions and gross income	Form 990, Part IV, li on Form 990-EZ, lin	ne 18, or reported es 1 and 6b. List
			(a) Event #1	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	(-),
Revenue	1	Gross receipts				
eVe	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
Expenses	5	Noncash prizes				
	6	Rent/facility costs				
ă	7	Food and beverages .				
Direct	8	Entertainment				
ā	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 ın colum	n (d)		()
	11	Net income summary Subtract li	ne 10 from line 3, colum	n (d)		
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	orted more than
<u>Ф</u>		\$13,000 OH FORM 330 EZ, III	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col (a) through col (c)
<u>~</u>	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Non-cash prizes				
Direct B	4	Rent/facility costs				
<u>ā</u>	5	Other direct expenses				
	6	Volunteer labor	✓ Yes % ✓ No %	Г Yes% Г Nо	☐ Yes	
	7	Direct expense summary Add lines	s 2 through 5 in column	(d)		
	8	Net gaming income summary Subt	ract line 7 from line 1, c	olumn (d)		
9	Ent	er the state(s) in which the organiza	ition operates gaming ac	ctivities		
а		the organization licensed to operate				. Fyes Fno
b	If"	No," explain				
10a b		re any of the organization's gaming l Yes," explain				

			11
Does			Yes No
12			t or a member of a partnership or other entity
			· · · · · · · · · · · · · · · · · · ·
13	Indicate the percentage of gam	= ' '	
а			
b	An outside facility		<u>13b</u> %
14	Enter the name and address of	the person who prepares the o	organization's gaming/special events books and records
	Name 🟲		
	Address 🟲		
15a	_		whom the organization receives gaming
			· · · · · · · · · · · · · · · · · · ·
b			e organization 🟲 \$ and the
	amount of gaming revenue reta	ined by the third party 🟲 \$	
C	If "Yes," enter name and addre	ss of the third party	
	Name 🕨		
	Address 🕨		
16	Gaming manager information		
	Name 🟲		······
	Gaming manager compensation	າ ▶ \$	
	Description of services provide	ed 📂	
	Director/officer	□ Employee	Independent contractor
17	Mandatory distributions	r Employee	. Independent contractor
- <i>-</i> а	•	der state law to make charitat	ole distributions from the gaming proceeds to
-	-		···· · · · · · · · · · · · · · · · · ·
b			stributed to other exempt organizations or spent
_	in the organization's own exem	•	· · · · · · · · · · · · · · · · · · ·
Pai			planations required by Part I, line 2b, columns (iii) and (v), and
		10b, 15b, 15c, 16, and 17b	o, as applicable. Also complete this part to provide any
	Return Reference		Explanation
		CONSULTING RELAT	TING TO FUNDRAISING SOLICITATION
	EDULE G, PART I, E 2B, COLUMN (V)		- · · · · · · · · · · · · · · · · · · ·

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DLN: 93493021000135

OMB No 1545-0047

(Form 990)

Schedule I

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

Open to Public

Internal Revenue Service	► Informatio	n about Schedule I (Fo	Inspection Employer identification number				
Name of the organization THE COLUMBUS ACADEMY							on number
						31-4379445	
Part I General Informati							
 Does the organization maintain the selection criteria used to a Describe in Part IV the organi 	award the grants or as	sıstance [?]					✓ Yes
				United States. Con rt II can be duplicate			es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran
2 Enter total number of section!						· · · •	
3 Enter total number of other org	ganizations listed in th	ne line 1 table				<u> ▶ _</u>	

Ш	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990,	Part IV,	line 22
	Part III can be duplicated if additional space is needed.		

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance						
(1) FINANCIAL AID	221	2,388,319	0	N/A	N/A						
Part IV Supplemental Info	ormation. Provide the info	rmation required in Pa	art I, line 2, Part III,	column (b), and any other	additional information.						
Detum Deference	Debugg Defended										

Return Reference

Explanation

COLUMBUS ACADEMY SELECTS INDIVIDUALS USING NEED-BASED CRITERIA THE POTENTIAL RECIPIENT'S FAMILY SUBMITS A PACKET OF FINANCIAL AID INFORMATION, INCLUDING PERSONAL INCOME TAX RETURNS ONE COPY OF THE FINANCIAL AID INFORMATION IS FORWARDED TO AN INDEPENDENT AGENCY TO EVALUATE THE LEVEL OF NEED ANOTHER COPY OF THE FINANCIAL AID IS EVALUATED BY THE COMMITTEE TO DETERMINE THE ELIGIBILITY FOR FINANCIAL AID BASED ON THE POTENTIAL RECIPIENT'S NEED

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DLN: 93493021000135

OMB No 1545-0047

Compensation Information

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ► See separate instructions.

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

Open to Public Inspection

Name of the organization THE COLUMBUS ACADEMY

Employer identification number

31-4379445

Par	rt I Questions Regarding Compensat	tion				
					Yes	No
1a			ny of the following to or for a person listed in Form ide any relevant information regarding these items			
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	굣	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the reimbursement or provision of all of the expense.			1b	Yes	
2	Did the organization require substantiation prior directors, trustees, officers, including the CEO/E			2	Yes	
3	Indicate which, if any, of the following the filing o organization's CEO/Executive Director Check a used by a related organization to establish comp	II that apply				
	▼ Compensation committee	굣	Written employment contract			
	☐ Independent compensation consultant	굣	Compensation survey or study			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
	During the year, did any person listed in Form 99 or a related organization	90, Part VII	, Section A , line 1a with respect to the filing organization $% \left(1\right) =\left(1\right) \left(1\right$			
а	Receive a severance payment or change-of-conf	trol paymen	t?	4a		No
b	Participate in, or receive payment from, a supple	mental non	qualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equit	y-based co	mpensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and	d provide th	e applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only	must comp	olete lines 5-9.			
5	For persons listed in Form 990, Part VII, Sectio compensation contingent on the revenues of					
а	The organization?			5a		No
b	Any related organization?			5b		No
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Sectio compensation contingent on the net earnings of	n A , line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
b	Any related organization?			6b		No
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes			7		No
8	Were any amounts reported in Form 990, Part V	II, paid or a	ccured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe					
	ın Part III			8		No
	If "Yes" to line 8, did the organization also follow section 53 $4958-6(c)$?	the rebutta	able presumption procedure described in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)MRS MARGARET KOERNER CHIEF FINANCIAL OFFICER	(i) (ii)	141,355 0	0	0	15,150 0	14,245 0	170,750 0	0
(2)MS MELISSA SODERBERG HEAD OF SCHOOL	(i) (ii)	125,136 0	0	0	25,550 0	13,965 0	164,651 0	0
(3)MR ERICH HUNKER DIR OF DEVELOPMENT & ASST	(i) (ii)	152,766 0	0	0	16,070 0	14,261 0	183,097 0	0
(4)MR JOHN MACKENZIE FORMER HEAD OF SCHOOL	(i) (ii)	264,447 0	0	35,335 0	0	0	299,782 0	0

Schedule J (Form 990) 2013

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
	THE COLUMBUS ACADEMY PAYS FOR A SOCIAL CLUB MEMBERSHIP FOR ITS HEAD OF SCHOOL SO THAT SHE IS ABLE TO PERFORM REQUISITE VOLUNTEER AND DONOR ENTERTAINING APPROPRIATE FOR HER LEADERSHIP ROLE TO ADVANCE THE INSTITUTION EXPENSES SHE INCURS FOR THE PERSONAL USE OF HER MEMBERSHIP ARE INCLUDED IN HER TAXABLE COMPENSATION
The state of the s	THE COLUMBUS ACADEMY MAINTAINED A NONQUALIFIED DEFERRED COMPENSATION PLAN FOR ITS HEAD OF SCHOOL, UNDER IRC 457(F) UNDER THE 457(F) PLAN, THE ORGANIZATION INCURRED AN EMPLOYER CONTRIBUTION LIABILITY OF \$12,800 DURING THE YEAR

Schedule J (Form 990) 2013

DLN: 93493021000135

OMB No 1545-0047

Transactions with Interested Persons Schedule L (Form 990 or 990-EZ)

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. ▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the	organ	ızatıor
THE CO	HIMBLE	SACADI	-MV

Department of the Treasury

Internal Revenue Service

Employer identification number

										-4379				
					501(c)(3) a							/ lung /	106	
	of disqualifie				n Form 990, F p between dis		25a	(c) Descrip					(d) Corre	ected?
1 (a) Name of disquamed pers		a person			nd organizati			(4) 5 65 611	, , , , , ,	· cranc	, 400.011	Yes		No
2 Enter the an 4958	nount of tax i	ncurred by	/ organiza	ition mai	nagers or disc			s during the	year u	inders	section • ¢ -			
3 Enter the an	nount of tax	· · · ıfanvon l	ine 2 ab	ove rein	· · · · · · · · · · · · · · · · · · ·					•	- - \$			
5 Enter the an	nounc or cax,	ii aiiy, oii i	inc z, ab	ove, rem	ibarsea by th	c organizati	OII .			•	· · ·			
	ns to and													
					on Form 990			e 38a, or Fo	rm 990	O, Par	t IV, lını	e 26, o	rıfthe	
(a) Name of				ount on Form 990, Part X, line 5, 6, or 22 pose of (d) Loan to (e)Origina		(e)Original (f)Balance (g) In (h)			(i)Wr	itten				
interested	Relationsh	hip loan		or from the		principa					Approv			nent?
person	with			organiz	ation?	amount	:				by			
	organizatio								1		board or			
											commi	ttee?		
				То	From				Yes	No	Yes	No	Yes	No
1) MS MELISSA		то со			X	100,	,000	80,000		No	Yes		Yes	
O DERBERG	SCHOOL	COSTS	CATION											
		00011											ı	
													_	
													_	
													_	
											ļ		_	
otal		> :	т					80,000						
					iterested F		L T	N/ line 27						
		Organiza (b) Relatio			"Yes" on Fo					+	(2)	Durnaa	f	.ctono
(a) Name of int person		נ ס) Relatio nterested			(C) Amount o	n assistance	=	(d) Type of	assis	tance	(e)	Purpos	e of assi	istanc
,			nızatıon											
							_							
							_							
							_							

Part IV Business Transactions II	nvolving Interested	i Persons.			
Complete if the organization	<u>n answered "Yes" on F</u>	<u>Form 990, Part IV, lın</u>	e 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	action (e) Sha of organiz revenu	
				Yes	No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Schedule L (Form 990 or 990-EZ) 2013

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DLN: 93493021000135

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Noncash Contributions

Open to Public Inspection

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization THE COLUMBUS ACADEMY

Employer identification number

31-4379445

	Types of Property	1		<u> </u>				
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d Method of d noncash contrib	etermı		ts
1	Art—Works of art			- 5				
	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	Х	25	424,703	STOCK EXCHANGE			
	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation							
	contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ▶ ()							
26	O ther ►()							
27	O ther ►()							
	O ther ► ()							
29	Number of Forms 8283 received for which the organization comple				29	-	1	
30-	During the year did the error	tion receive	o by contribution any rece	urty reported in Dort I lines	1 through 20 th-t		Yes	No
JU a	During the year, did the organiza							
	it must hold for at least three ye			ition, and which is not requi	reu to de usea	_		
_	for exempt purposes for the enti					30a		Νo
b 31	If "Yes," describe the arrangement			raviaw of any non, standard	contributions?	31	Yes	
	Does the organization have a gif					<u> </u>	1 5 3	
32a	Does the organization hire or us contributions?	e third parti • • •	es or related organizations	to solicit, process, or sell i	noncash • • •	32a		Νo
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	an amount	ın column (c) for a type of	property for which column (a) is checked,			

Part II

Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2013)

DLN: 93493021000135

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization THE COLUMBUS ACADEMY

Employer identification number

31-4379445

990 Schedule O, Supplemental Inform Return Reference	Explanation
FORM 990, PART I, LINE 1	•
FORM 990, PART III, LINE 1	THE COLUMBUS ACADEMY - AN INDEPENDENT, COEDUCATIONAL COLLEGE PREPARATORY SCHOOL - ENRICHES ITS ACADEMIC TRADITION OF EXCELLENCE BY VALUING A BROAD DIVERSITY OF STUDENTS AS IT SEEKS TO DEVELOP THE COMPLETE PERSON MIND, BODY AND CHARACTER THE SCHOOL REWARDS RIGOROUS EFF ORT AND ACCOMPLISHMENT, FOSTERS COMPASSION, RESPECT AND MORAL COURAGE, AND INSISTS ON INTE GRITY, FAIR PLAY AND COMMUNITY SERVICE THE ACADEMY STRIVES TO DEVELOP AND SUSTAIN A COMMU NITY OF THOUGHTFUL, RESPONSIBLE, CAPABLE AND CONFIDENT CITIZENS EAGER TO ENGAGE IN A PLURA LISTIC AND EVER-CHANGING WORLD
FORM 990, PART VI, SECTION A, LINE 2	TRUSTEES WILLIAM AND CATHERINE KENWORTHY ARE HUSBAND AND WIFE
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 IS FIRST REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES IT IS THEN E -MAILED TO THE FULL BOARD OF TRUSTEES FOR THEIR REVIEW AND APPROVAL, AND FORMALLY ACCEPTED BY THE FULL BOARD OF TRUSTEES AT ITS NEXT MEETING, PRIOR TO THE FORM'S SUBMISSION TO THE IRS
FORM 990, PART VI, SECTION B, LINE 12C	AT THE FIRST BOARD MEETING OF EVERY NEW FISCAL YEAR, TRUSTEES AND OFFICERS ARE GIVEN A COP Y OF THE CONFLICT OF INTEREST AND ETHICS POLICY THEY ARE REQUIRED TO COMPLETE A QUESTIONN AIRE THAT DISCLOSES ANY CONFLICTS OF INTEREST, AND SUBMIT THIS SIGNED FORM TO THE ADMINIST RATION THE ADMINISTRATION FOLLOWS UP WITH TRUSTEES TO ENSURE THAT ALL BOARD MEMBERS SUBMI T THIS SIGNED FORM TO THE SCHOOL
FORM 990, PART VI, SECTION B, LINE 15	THE REVIEW OF HEAD OF SCHOOL COMPENSATION BY THE BOARD IS BASED UPON THE BOARD'S DETERMINA TION OF THE HEAD OF SCHOOL'S PERFORMANCE AS MEASURED AGAINST THE ACADEMY'S MISSION STATEME NT AND STRATEGIC PLAN, AS WELL AS HER SATISFACTION OF PRIOR PERFORMANCE GOALS ESTABLISHED AND APPROVED BY THE BOARD'S NOMINATING AND GOVERNANCE COMMITTEE OR SUCH SUCCESSOR COMMITTE E, CONSIDERATION OF COMPENSATION PRACTICES OF OTHER INDEPENDENT SCHOOLS, AND SUCH OTHER FA CTORS DEEMED REASONABLE AND APPROPRIATE BY THE BOARD COMPENSATION OF OTHER KEY EMPLOYEES OR OFFICERS IS BASED UPON PERFORMANCE AND COMPARATIVE INFORMATION FROM OTHER INDEPENDENT S CHOOLS AT THE LOCAL, REGIONAL, AND NATIONAL LEVELS
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S FORMS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST FURTHER, THE OR GANIZATION'S FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION THROUGH ANOTHER'S WEBSITE, WWW GU IDESTAR ORG
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 9	PASS-THROUGH LOSS ADJUSTMENT FOR TAX RETURN -735 FASB 158 ADJUSTMENT - 15,832
FORM 990, PART XII, LINE 2C THE ORGANIZATION HAS A FINANCE AND AUDIT	COMMITTEE THAT OVERSEES THE AUDIT FURTHER, THIS COMMITTEE INTERVIEWS CANDIDATES FOR THE A UDIT FIRM AND MAKES A RECOMMENDATION BASED ON THIS PROCESS TO THE FULL BOARD OF TRUSTEES THE FULL BOARD OF TRUSTEES PASSES A RESOLUTION SELECTING THE EXTERNAL AUDITORS THIS PROCE SS REMAINS UNCHANGED FROM THE PRIOR YEAR
FORM 990, PART XI, LINE 8 THE PRIOR PERIOD ADJUSTMENT REPRESENTS A PLEDGE	FROM A PRIOR YEAR THAT WAS DEEMED UNCOLLECTIBLE DURING THE CURRENT TAX YEAR

The Columbus Academy EIN: 31-4379445

2013 Form 990 – Information Statement Reporting §409A Relief under §VII.D. of IRS Notice 2008-113

(a) Name and Taxpayer Identification Number of Service Provider

John Mackenzie SSN xxx-xx-xxxx

The service provider is an "insider" with respect to the Columbus Academy within the meaning of Section III G of Notice 2008-113

(b) Name of Nonqualified Deferred Compensation Plan

The Columbus Academy John Mackenzie Amended and Restated Section 457 Plan (the "Plan")

(c) <u>Brief Description of the Failure and the Circumstances Under Which the Failure</u> Occurred

The Plan provides that Mr Mackenzie is entitled to a distribution of his 457(f) account under the Plan within 30 days after it vests. The Plan further provides that his 457(f) account vests upon the earliest to occur of (i) June 30, 2012, (ii) his death, (iii) his disability, (iv) his involuntary termination of service without cause, or (v) his voluntary termination of service for good reason. Under the terms of the Plan, Mr Mackenzie's 457(f) account vested on June 30, 2012, which, at the time the Plan was drafted, was his scheduled retirement date. The 457(f) account was inadvertently and unintentionally not distributed until June 2013 because Mr Mackenzie did not retire in 2012 and the Columbus Academy mistakenly believed the amounts were not distributable until his separation from service. The amount that should have been distributed to Mr Mackenzie in July 2012 equaled \$60,000. The Columbus Academy became aware of the error in May 2012 and the failure was corrected by distributing the amount in June 2013

(d) <u>Brief Description of the Steps Taken to Avoid Recurrence</u>

Mr Mackenzie is the only participant in the Plan and will be separating from service The Plan will terminate upon complete distribution of all amounts

(e) Statement that the Failure is Eligible for Correction

The operational failure described above is eligible for correction under the terms of §VII D of Notice 2008-113 because

• The failure is not a result of a failure of the terms and provisions of the Plan to satisfy the requirements of Code §409A,

- The failure was inadvertent and unintentional,
- The failure is not directly or indirectly related to participation in any listed transaction under Treas Reg §1 6011-4(b)(2),
- The Columbus Academy has taken commercially reasonable steps to avoid a recurrence of the operational failure,
- The same or a substantially similar operational failure has not occurred previously,
- Mr Mackenzie is not under examination,
- The Columbus Academy has not experienced a substantial financial downturn,
- An amount of deferred compensation under the Plan should have been paid or made available to the service provider on June 30, 2012 but such amount erroneously was not paid or made available to the service provider until June 2013,
- The failure is not eligible for relief under Sections IV C, V D and VI C of IRS Notice 2008-113, and
- The Columbus Academy paid the service provider the amount that should have been paid or made available to the service provider before the end of the service provider's second taxable year following the taxable year during which the failure occurred



See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public ► Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2014 ca	alendar year, or tax year beginning 07-01-201	4 , and ending 06-	-30-2015			
B Che	eck ıf a	pplicable	C Name of organization THE COLUMBUS ACADEMY			D	Employer i	identification number
┌ Add	lress cl	nange	THE COLOMBOS ACADEMI				31-43794	445
┌ Nai	ne cha	ınae	Doing business as					
Init		-	Doing Dusiness as					
Fin			Number and street (or P O box if mail is not deliv	vered to street address)	Room/suite	E	Telephone r	number
		mınated	4300 CHERRY BOTTOM ROAD				(614)509	9-2227
┌ Am	ended	return	City or town, state or province, country, and ZIP of	or foreign postal code				
☐ Apr	licatio	n pending	GAHANNA, OH 43230	, , , , , , , , , , , , , , , , , , ,		G	Gross receip	ots \$ 36,263,270
		•		<u>, </u>	T	<u> </u>		_
			F Name and address of principal office MELISSA SODERBERG	ı	"	(a) Is this a subordina		urn for
			4300 CHERRY BOTTOM ROAD			Saborani	aces	, , , , , , , , , , , , , , , , , , , ,
			GAHANNA,OH 43230		H	(b) Are all su		es
	v-even	npt statu	s		27	included		st (see instructions)
		·		4947(a)(1) 01 32	27	11 110, 6	attacii a ii.	st (see ilistractions)
J W	ebsit	e: ► W	WW COLUMBUSACADEMY ORG		H	(c) Group ex	xemption	number 🟲
K Forr	n of or	ganızatıc	n 🔽 Corporation 🗆 Trust 🗀 Association 🗀 Other 🕨			L Year of format	ion 1911	M State of legal domicile OH
Pa	rt I	Sur	nmary					
	1	Briefly	describe the organization's mission or most s	significant activities				
		SEE SC	CHEDULE O					
<u>ခို</u>								
Ē								
á	2	 Check	this box দ if the organization discontinued	ıts operations or dis	posed of mo	ore than 25%	of its net	assets
Governance			,					
	3	Numbe	r of voting members of the governing body (P	art VI, line 1a).			3	22
Activities &	4	Numbe	r of independent voting members of the gove	ning body (Part VI,	line 1b) .		. 4	22
돌	5	Total n	umber of individuals employed in calendar ye	ar 2014 (Part V, lın	e 2a)		. 5	411
្ន	6	Total n	umber of volunteers (estimate if necessary)				. 6	715
-			nrelated business revenue from Part VIII, co				. 7	a 67,074
	ь	Net uni	related business taxable income from Form 9	90-T, line 34			. 71	b 11,587
						Prior Ye	ear	Current Year
a.	8	8 Contributions and grants (Part VIII, line 1h)				6	,986,310	4,992,574
Revenue	9	Prog	ram service revenue (Part VIII, line 2g) .		· · L	22	,831,221	23,488,710
9	10	Inve	stment income (Part VIII, column (A), lines :	3,4, and 7d)	· · L	1	,292,435	2,354,272
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					121,533	147,812
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, colur					31	,231,499	30,983,368
	13	12)					,388,319	
	14		fits paid to or for members (Part IX, column (_		0	
	l		ries, other compensation, employee benefits		_		- 0	0
82	15	5-10		(Part 1X, Column (A)	, illies	17	,385,070	18,069,170
Expenses	16a	Profe	essional fundraising fees (Part IX, column (A)	, line 11e)	[25,450	63,910
⊕ ⊕	ь	Total	fundraising expenses (Part IX, column (D), line 25) 📂	66,039				
Ð			_		_		200 722	0.000.050
	17		r expenses (Part IX, column (A), lines 11a-:				,390,722	
	18		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12				,189,561	
. 02	19	Reve	nue less expenses Subtract line 18 from line	e 1 2 · · · ·	<u> </u>		,041,938	2,102,437
Not Assets or Fund Balances						Beginning of Year		End of Year
20 G	20	Tota	l assets (Part X, line 16)		🖯	74	,684,470	75,810,392
2.5 2.8	21		l liabilities (Part X, line 26)		–		,155,163	
25	22		assets or fund balances Subtract line 21 from		_		,529,307	68,098,314
Pai	t II	_	nature Block				, ,	, ,
Unde	r pena	alties o	f perjury, I declare that I have examined this I belief, it is true, correct, and complete Dec					
prepa	rer ha	as any	knowledge					
		***	****			2016-0)1-15	
Sign	l	Sig	nature of officer			Date		
Here			RGARET A KOERNER CHIEF FINANCIAL OFFICER					
_			pe or print name and title					
			Print/Type preparer's name Preparer's		Date	Check	1 000	N 9575540
Paid	t	JON YERIAN CPA FIRM'S name ► JOHN GERLACH & COMPANY LLP			1	self-emp	oloyed Puu IN ► 31-44:	
Pre	pare	r						
Use			Firm's address ► 37 W BROAD ST STE 530			Phone no	o (614) 22	4-2164
		-	COLUMBUS, OH 43215					

Part IV	Checkli	st of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	2	Yes	<u> </u>
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		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
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	Yes	<u> </u>
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	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ""	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥦	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
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	Yes	
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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
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		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	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Pal	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	.l No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 62		163	140
	Enter the number of Forms W-2G included in line 1a Enter-0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
Ī	gaming (gambling) winnings to prize winners?	1c	Yes	
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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	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	4a		No
	account)?			NO
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	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	6a		Νo
	organization solicit any contributions that were not tax deductible as charitable contributions?			
D	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	7a	Yes	
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	- · · · · · · · · · · · · · · · · · · ·	1		1
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	H		110
9	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	76		
	Form 1098-C?	7h		
0	Did a donor advised fund maintaining donor advised runds.			
	during the year?	8		
9a	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		
LO	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]		
1 1				
l1 -	Section 501(c)(12) organizations. Enter Gross income from members or shareholders			
	Gross income from members or shareholders	1		
U	against amounts due or received from them)			
2-	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	120		
,	year			
L3	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		
L	Note. See the instructions for additional information the organization must report on Schedule O	- -		
D	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			
c	Enter the amount of reserves on hand	1		
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes" has it filed a Form 720 to report these payments? If "No" provide an explanation in Schedule O	14b		

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

Ch 1 C - 1 1 - 1 C	North transfer of the control of the	_
Check it Schedule C	contains a response or note to any line in this Part VI	

Se	ction A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			ī.
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a 10b	Yes	
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		Yes	
b 11a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b		
b 11a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 11a b 12a b c 13 14	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes Yes Yes	No

- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►MARGARET Á KOERNÉR CHIEF FINANCIAL OFFICER

Form 990 (2014)	
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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Former Highest compensated employee Key employee Officer Institutional Trustee Individual trustee or chiector	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Form **990** (2014)

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	han d n ıs l	ne l both	box, an	heck unless officer stee)		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

Lb	Sub-Total	•			
c	Total from continuation sheets to Part VII, Section A	•			
d	Total (add lines 1b and 1c)	►	1,284,682	0	189,857

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►11

				140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
		-	165	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
OHIO EQUITIES MANAGEMENT 605 SOUTH FRONT STREET STE 200 COLUMBUS, OH 43215	MAINTENANCE SERVICES	364,865
SCIOTO SERVICES LLC BIN 88604 MILWAUKEE, WI 53288	CLEANING SERVICES	327,853

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

Vas No

Form 99		<u> </u>						Page 9
Part V	/		o f Revenue ule O contains a respor	nse or note to any lu	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 ×	1a	Federated cam	paigns 1a	37,218				
rant	b	Membership du	es 1b					
s, G Am	С	Fundraising eve	ents 1c	13,385				
Siffe Iar	d	Related organiz	zations 1d					
<u>ي</u> کي	е	Government grant	s (contributions) 1e	375,840				
Contributions, Giffs, Grants and Other Similar Amounts	f	All other contributions and similar amounts no	ons, gifts, grants, and 1f ot included above	4,566,131				
ntrik A Ot	g	Noncash contributi 1a-1f \$	ons included in lines	196,347				
Col	h	Total. Add lines	s 1 a - 1 f		4,992,574			
<u> </u>				Business Code				
۲eu	2a	TUITION & FEES		611600	22,264,190			
<u>22</u>	b	SUMMER SCHOOL		611600	934,587	934,587		
Š	d	ATHLETIC EVENTS	OOL, TUTORING & SPR	611600	259,615	259,615		
38	e	ATTILLIC EVENTS		611600	30,318	30,318		
Program Serwoe Revenue	f	All other progra	am service revenue					
Š	g	Total. Add lines	s 2a-2f		23,488,710			
	3		ome (including dividen		1,525,989		455	1,525,534
	4		ar amounts) stment of tax-exempt bond					
	5	Royalties						
			(ı) Real	(11) Personal				
	6a	Gross rents	45,691					
	b	Less rental expenses	0					
	С	Rental income or (loss)	45,691					
	d	Net rental inco	me or (loss)		45,691			45,691
	7a	Gross amount	(ı) Securities	(II) O ther				
		from sales of assets other than inventory	6,009,354	38,912				
	b	Less cost or other basis and	5,216,376	3,607				
	c	sales expenses Gaın or (loss)	792,978	35,305				
	d	Net gain or (los	ss)		828,283		38,912	789,371
<u>ə</u>	8a	Gross income f						
Other Revenue		Ψ	reported on line 1c)					
<u>.</u>	.		a	6,174				
тħе	b c		penses b (loss) from fundraising	6,174	0			
o	9a	Gross income f	rom gaming activities ne 19	svents : : p				
	ь	Less direct ex	a penses b					
	С		loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo		67,291				
	b	Less cost of a	oods sold b	53,745				
	С		loss) from sales of inve		13,546	13,546		
		Miscellaneous		Business Code				
	11a	OTHER INCOM		900099	42,368 23,221		23,221	42,368
	b	PASS-THROUG	_	611600	18,500	18,500	23,221	
	C	FORFEITED ENDEPOSITS		011000	·	·		
	d		ue		4,486		4,486	
	е		s 11a-11d	•	88,575			
	12	Total revenue.	See Instructions .	🕨	30,983,368	23,520,756	67,074	2,402,964

Part IX Statement of Functional Expenses

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

7b, 8b, 9b, 1 Gra don 2 Gra indi 3 Gra gov and 4 Ber 5 Cor key 6 Cor (as des 7 Oth 8 Per and 9 Oth 10 Pay 11 Fee a Mai b Leg c Acc d Lob e Pro	Check if Schedule O contains a response or note to any line in this clude amounts reported on lines 6b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
7b, 8b, 9b, 1 Gra don 2 Gra indi 3 Gra gov and 4 Ber 5 Cor key 6 Cor (as des 7 Oth 8 Per and 9 Oth 10 Pay 11 Fee a Mai b Leg c Acc d Lob e Pro	ants and other assistance to domestic organizations and		_		,
don 2 Gra indi 3 Gra gov and 4 Ber 5 Cor key 6 Cor (as des 7 Oth 8 Per and 9 Oth 10 Pay 11 Fee a Mai b Leg c Acc d Lob e Pro					Скрспаса
3 Gragov and 4 Ber 5 Cor (as des 7 Oth 8 Per and 9 Oth 10 Pay 11 Fee a Mai b Leg c Acc d Lobe Pro	mestic governments See Part IV, line 21				
gover and a service of the service o	ants and other assistance to domestic lividuals See Part IV, line 22	2,524,801	2,524,801		
5 Corkey 6 Cor(as des 7 Oth 8 Per and 9 Oth 10 Pay 11 Fee a Mai b Leg c Acc d Lob e Pro	ants and other assistance to foreign organizations, foreign vernments, and foreign individuals See Part IV, lines 15 d 16				
 key Cor (as des Oth Per and Oth Pay Fee Mai Leg Acc Lob Pro 	nefits paid to or for members				
(as des des des des des des des des des de	mpensation of current officers, directors, trustees, and y employees	502,188		502,188	
 8 Per and 9 Oth 10 Pay 11 Fee a Mai b Leg c Acc d Lob e Pro 	mpensation not included above, to disqualified persons defined under section 4958(f)(1)) and persons scribed in section 4958(c)(3)(B)				
9 Oth 10 Pay 11 Fee a Mai b Leg c Acc d Lob e Pro	her salarıes and wages	12,917,664	10,063,116	2,578,127	276,421
 10 Pay 11 Fee a Mai b Leg c Acc d Lob e Pro 	nsion plan accruals and contributions (include section 401(k) d 403(b) employer contributions)	816,981	631,182	168,266	17,533
 11 Fee a Mai b Leg c Acc d Lob e Pro 	her employee benefits	2,862,743	2,584,454	253,174	25,115
 a Mai b Leg c Acc d Lob e Pro 	yroll taxes	969,594	729,243	221,449	18,902
b Legc Accd Lobe Pro	es for services (non-employees)				
c Acc d Lob e Pro	nagement	55,200	55,200		
d Lob e Pro	gal	62,989		62,989	
e Pro	counting				
	bbying				
f Inv	ofessional fundraising services See Part IV, line 17	63,910			63,910
	estment management fees	53,880		53,880	
	her (If line 11g amount exceeds 10% of line 25, column (A) ount, list line 11g expenses on Schedule O)	319,889	230,250	87,959	1,680
12 Adv	vertising and promotion	145,102	7,423	137,679	
13 Offi	ice expenses	1,690,056	1,496,690	150,318	43,048
14 Info	ormation technology	341,725	329,534	12,191	
15 Roy	yaltıes				
16 Occ	cupancy	1,744,497	1,744,497		
17 Tra	avel	214,223	154,247	14,798	45,178
	yments of travel or entertainment expenses for any federal, ite, or local public officials				
19 Cor	nferences, conventions, and meetings	277,033	267,379	9,654	
	erest				
21 Pay	yments to affiliates				
22 Dep	preciation, depletion, and amortization	1,428,922	1,148,854	251,490	28,578
	surance	44,299	44,299		
mıs	her expenses Itemize expenses not covered above (List scellaneous expenses in line 24e If line 24e amount exceeds 10% line 25, column (A) amount, list line 24e expenses on Schedule O)				
a <u>CO</u>	NTRACTED SERVICES	1,171,177	1,171,177		
b SCI	HOOL EQUIPMENT R&M	419,761	419,761		
c MIS	SCELLANEOUS EXPENSES	155,408	4,428	114,694	36,286
d ME	MBERSHIP DUES & SUBSC	64,518	18,548	36,582	9,388
e All	other expenses	34,371	34,371		
25 Tot	tal functional expenses. Add lines 1 through 24e	28,880,931	23,659,454	4,655,438	566,039
26 Joir rep edu her	nt costs. Complete this line only if the organization				

Form 990 (2014)

Part X Balance Sheet

Par	t X	Balance Sheet Check if Schedule O contains a response or note to any line in	this P	art X			
					(A)		(B)
	1				Beginning of year		End of year
	1	Cash-non-interest-bearing			738,889		1,160,568
	2	Savings and temporary cash investments			9,063,445		8,302,930
	3	Pledges and grants receivable, net			7,741,953		7,355,734
	4	Accounts receivable, net			98,011	4	111,483
	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete P. Schedule L	art II	of	80.000	5	60,000
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	contri mploy	buting employers	n Total	6	60,660
8	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use			3,827	8	3,819
	9	Prepaid expenses and deferred charges			769,207	9	772,716
	10a	Land, buildings, and equipment cost or other basis Complete		1			
		Part VI of Schedule D	10a	45,772,49	_		
	b	Less accumulated depreciation	10b	<u> </u>			21,859,750
	11	Investments—publicly traded securities			31,362,545		31,815,862
	12	Investments—other securities See Part IV, line 11			4,656,872	12	4,367,530
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			74,684,470		75,810,392
	17	Accounts payable and accrued expenses			4,098,799	17	4,603,455
	18	Grants payable	•			18	
	19	Deferred revenue			2,956,516	19	3,016,988
	20	Tax-exempt bond liabilities				20	
Ø.	21	Escrow or custodial account liability Complete Part IV of Sch	edule	D		21	
Liabilitie	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqual		ustees,			
<u>, 65</u>		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	es .	•		23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa D	art X of	f Schedule	99,848	25	91,635
	26	Total liabilities. Add lines 17 through 25			7,155,163	26	7,712,078
<u></u>		Organizations that follow SFAS 117 (ASC 958), check here ▶					
Fund Balance		lines 27 through 29, and lines 33 and 34.					
<u>a</u>	27	Unrestricted net assets			30,576,953	27	31,243,888
<u>е</u>	28	Temporarily restricted net assets			16,338,913	28	13,111,517
2	29	Permanently restricted net assets			20,613,441	29	23,742,909
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	nere ►	┌─ and			
Š	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
Ą	32	Retained earnings, endowment, accumulated income, or other	funds			32	
Net	33	Total net assets or fund balances			67,529,307	33	68,098,314
_	34	Total liabilities and net assets/fund balances	<u>.</u> .	<u></u>	74,684,470	34	75,810,392
							Form 990 (2014)

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				. ৮
1	Total revenue (must equal Part VIII, column (A), line 12)	1		30,9	83,368
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3			02,437
5	Net unrealized gains (losses) on investments	4		67,5	529,307
		5		-1,8	318,587
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			005 157
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			98,314
Par	t XII Financial Statements and Reporting	10		00,0	790,314
	Check if Schedule O contains a response or note to any line in this Part XII				. ᅜ
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed o	۱ ا		
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	arate			
	▼ Separate basis				
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversig audit, review, or compilation of its financial statements and selection of an independent accountant?	ht of th	1e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain is Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a	1	No
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

Software ID: **Software Version:**

EIN: 31-4379445

Name: THE COLUMBUS ACADEMY

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related	Posit more th perso and a	ion (e nan o n is b	ne b oth ctor/	ox, u an of /trus	inless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1033-11130/	2/1033-11136/	related organizations
(1) MS POE TIMMONS	10 00	х		×				0	0	0
PRESIDENT/TRUSTEE (1) MR KEVIN REEVES	10 00									
VICE PRESIDENT/TRUSTEE		х		х				0	0	0
(2) MR VICTOR THORNE SECRETARY/TRUSTEE	10 00	х		х				0	0	0
(3) MR RICHARD JEFF JEFFERS	10 00									
TREASURER/TRUSTEE		Х		×				0	0	0
(4) DR RITA AGRAWAL	6 00	х						0	0	0
TRUSTEE (5) MS SARAH MILKS BETHEL										
	6 00	Х						0	0	0
TRUSTEE (6) MR MICHAEL GROSS	6 00									
TRUSTEE		Х						0	0	0
(7) MR ASIM HAQUE	6 00	x						0	0	0
ALUMNI BOARD PRESIDENT/EX-OFFICIO								Ů		
(8) MR HENRY HAUSER	6 00	X						0	0	0
TRUSTEE (9) MR KLAY HUDDLESTON	6 00									
TRUSTEE		Х						0	0	0
(10) MR JONATHAN KASS	6 00									
TRUSTEE		Х						0	0	0
(11) MRS LEANNE KEITH	6 00	X						0	0	0
PACA CO-PRESIDENT/EX-OFFICIO	6.00								_	
(12) MR JIM KLINGBEIL	6 00	Х						0	0	0
TRUSTEE (13) MRS KATHARINE MALLORY	6 00									
TRUSTEE		Х						0	0	0
(14) DR SUSAN MASSICK	6 00	V							0	
TRUSTEE		X						0	0	0
(15) MR MARTIN NESBITT	6 00	X						0	0	0
TRUSTEE (16) MR GEORGE PROICOU	6 00									
PACA REPRESENTATIVE/EX-OFFICIO		х						0	0	О
(17) MRS MARY FRANCES RESTREPO	6 00							0	0	0
TRUSTEE		Х						0	0	0
(18) MR GEORGE SKESTOS	6 00	X						0	0	0
TRUSTEE (19) MR ROBERT SOLOMON	6 00									
		х						0	0	0
TRUSTEE (20) MRS CLAUDIA WALTER	6 00									
TRUSTEE		X						0	0	0
(21) DR SUSAN WILLIAMS	6 00	х						0	0	0
TRUSTEE		<u> </u>					_	<u> </u>		
(22) MR STEVE WITTMANN	6 00	x						0	0	0
TRUSTEE (23) MR EDWARD YEN	6 00									
TRUSTEE		х						0	0	0
(24) MRS KELLY JENNINGS YEOMAN	6 00	\ ,							-	
TRUSTEE	0 00	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Position of dilector	ion (e nan o n is b	ne b	ox, u an of trus	nless ficer		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(26) MRS MARGARET KOERNER CHIEF FINANCIAL OFFICER	40 00			х				154,374	0	32,272
(1) MS MELISSA SODERBERG HEAD OF SCHOOL	40 00				х			294,846	0	34,915
(2) MR DOUG BENNETT DIRECTOR FACILITIES	40 00					х		120,975	0	19,801
(3) MR ERICH HUNKER DIR OF DEVELOPMENT & ASST	40 00					х		157,365	0	31,814
(4) MRS KARLA LONG MIDDLE SCHOOL HEAD	40 00					х		121,657	0	21,726
(5) MS CORINNA IZOKAITIS UPPER SCHOOL HEAD	40 00					х		116,517	0	21,638
(6) MS KAY MASON LOWER SCHOOL HEAD	40 00					х		138,762	0	27,691
(7) MR JOHN MACKENZIE FORMER HEAD OF SCHOOL	1 00						Х	180,186	0	0

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DLN: 93493019001116

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Total

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public

Inspection

Name of the organization Employer identification number THE COLUMBUS ACADEMY 31-4379445 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). $\overline{\mathbf{v}}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement. (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i)Name of supported (ii) EIN (iv) Is the organization (v) A mount of (vi) A mount of (iii) Type of organization organization listed in your governing monetary support other support (see (described on lines document? (see instructions) instructions) 1-9 above or IRC section (see instructions)) Yes No

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.)									
S	Section A. Public Support									
Cal	endar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
	in) ►	(4) 2010	(5) 2011	(3) 23 22	(2) 2010	(0) 2021	(1) otal			
1	Gifts, grants, contributions, and membership fees received (Do not									
	include any "unusual									
	grants ")									
2	Tax revenues levied for the									
	organization's benefit and either									
	paid to or expended on its behalf									
3	The value of services or facilities									
-	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions									
	by each person (other than a governmental unit or publicly									
	supported organization) included on									
	line 1 that exceeds 2% of the									
	amount shown on line 11, column									
_	(f)									
6	Public support. Subtract line 5 from line 4									
Section B. Total Support										
Cal	endar year (or fiscal year beginning	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
_	in) ►	(4) 2010	(5) 2011	(6) 2012	(4) 2013	(0) 2011	(I) Focus			
7	A mounts from line 4									
8	Gross income from interest,	'								
	dividends, payments received on securities loans, rents, royalties									
	and income from similar									
	sources									
9	Net income from unrelated									
	business activities, whether or not the business is regularly carried									
	on									
10	Other income Do not include gain	t include gain								
	or loss from the sale of capital									
	assets (Explain in Part VI) Total support Add lines 7 through									
11	10									
12										
13										
	organization, check this box and stop here									
<u>S</u>	ection C. Computation of Pub Public support percentage for 2014			11 column (f)\						
	· · · · · · · · · · · · · · · · · · ·	14								
15	Public support percentage for 2013 Schedule A, Part II, line 14									
16a	5a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
b	b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this									
	box and stop here. The organization qualifies as a publicly supported organization									
17a	10%-facts-and-circumstances test-									
	is 10% or more, and if the organization									
	in Part VI how the organization mee organization	is the lacts-and	u-circumstances"	test The organi	Zacion quanties as	a publicly suppo	orted F			
ь	10%-facts-and-circumstances test—	- 2013. If the ora	anızatıon dıd not o	check a box on lu	ne 13, 16a, 16b. d	or 17a, and line	-1			
_	15 is 10% or more, and if the organ									
	Explain in Part VI how the organizat	ion meets the "f	acts-and-circums	stances" test Th	e organization qua	alıfıes as a publıc				
10	supported organization	ا الما المام المام المام المام	, a hay an line 43	165 165 17-	or 17h obselvelse	. hav and	► □			
18	Private foundation. If the organization instructions	on ala not check	ca DOX OH HITE 13	, 10a, 10b, 1/a,	or 170, CHECK THIS	S DOX alla See	▶ □			

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V $\,)$

Section A. All Supporting Organizations

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or (2) ? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section $509(a)(1)$ or (2) .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
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.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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 $(2)^7$ 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in 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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) 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 .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

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

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	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.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	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? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each			l

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

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

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	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		
e	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 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions	Current Year		
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009			
b From 2010			
c From 2011			
d From 2012			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 31 and 4c			
8 Breakdown of line 7			
a From 2010			
b From 2011			
c From 2012			
d From 2013			

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

Facts And Circumstances Test

Return Reference	Explanation

Schedule A (Form 990 or 990-EZ) 2014

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DLN: 93493019001116

OMB No 1545-0047

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

Open to Public

e of the organization COLUMBUS ACADEMY	Employer identification number
Ouganisations Maintaining Dansy Advised Funds on Other Civile	31-4379445
Organizations Maintaining Donor Advised Funds or Other Simila organization answered "Yes" to Form 990, Part IV, line 6.	ir Funds or Accounts. Complete if the
(a) Donor advised funds	(b) Funds and other accounts
Total number at end of year	
Aggregate value of contributions to (during year)	
Aggregate value of grants from (during year)	
Aggregate value at end of year	
Did the organization inform all donors and donor advisors in writing that the assets held in funds are the organization's property, subject to the organization's exclusive legal control	
Did the organization inform all grantees, donors, and donor advisors in writing that grant fo used only for charitable purposes and not for the benefit of the donor or donor advisor, or f conferring impermissible private benefit?	
Conservation Easements. Complete if the organization answered "Ye	es" to Form 990, Part IV, line 7.
Protection of natural habitat Preservation of Preservation of Open space Complete lines 2a through 2d if the organization held a qualified conservation contribution	of an historically important land area of a certified historic structure n in the form of a conservation
easement on the last day of the tax year	
Total number of conservation easements	Held at the End of the Year
Total acreage restricted by conservation easements	2b
Number of conservation easements on a certified historic structure included in (a)	2c 2c
Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
Number of conservation easements modified, transferred, released, extinguished, or termi	inated by the organization during
the tax year 🕨	
Number of states where property subject to conservation easement is located 🛌	
Does the organization have a written policy regarding the periodic monitoring, inspection, enforcement of the conservation easements it holds?	handling of violations, and Yes No
Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation e	asements during the year
*	
Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easem	nents during the year
* \$	
Does each conservation easement reported on line 2(d) above satisfy the requirements of and section $170(h)(4)(B)(II)^2$	f section 170(h)(4)(B)(i) Γ Yes Γ No
In Part XIII, describe how the organization reports conservation easements in its revenue balance sheet, and include, if applicable, the text of the footnote to the organization's final the organization or conservation easements	ncial statements that describes
Organizations Maintaining Collections of Art, Historical Treasure Complete if the organization answered "Yes" to Form 990, Part IV, line 8	
If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its r works of art, historical treasures, or other similar assets held for public exhibition, educat service, provide, in Part XIII, the text of the footnote to its financial statements that desc	revenue statement and balance sheet tion, or research in furtherance of public
If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its reve works of art, historical treasures, or other similar assets held for public exhibition, educat service, provide the following amounts relating to these items	enue statement and balance sheet
(i) Revenue included in Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	► \$
If the organization received or held works of art, historical treasures, or other similar asse following amounts required to be reported under SFAS 116 (ASC 958) relating to these it	
Revenue included in Form 990, Part VIII, line 1	► \$
Assets included in Form 990, Part X	<u></u>

Part	Organizations Maintaining Co	llections of Art, I	<u>Hist</u>	<u>orical</u>	Treas	<u>ures, or Ot</u>	<u>her S</u>	<u>imilar As</u>	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	, che	ck any	of the fo	llowing that ar	e a sıg	nıfıcant use	e of its	
а	Public exhibition		d	┌ Lo	an or ex	change progra	ms			
b	Scholarly research		e	┌ ot	her					
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	how	they fur	ther the	organization's	exem	pt purpose	ın	
5	During the year, did the organization solicit	or receive donations o	of art,	histori	cal treas	ures or other	sımılar			
	assets to be sold to raise funds rather than t	o be maintained as pa	art of	the org	anızatıoı	n's collection?			Yes	☐ No
Par	Part IV, line 9, or reported an an					on answered	"Yes"	to Form 9	990,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?	ian or other intermed	iary fo	or conti	ributions	or other asse	ts not		┌ Yes	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the fo	llown	ng table	:	_				
								1A	nount	
C	Beginning balance					_	.c			
d	Additions during the year					<u> 1</u>	.d			
е	Distributions during the year						.e			
f	Ending balance					_1	.f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, fo	rescro	worcus	todial account	lıabılı	ty?	┌ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the e	xplar	nation h	as been	provided in Pa	art XIII			Γ
Pa	rt V Endowment Funds. Complete									
		(a)Current year	(b) Pr	or year		Two years back	(d) Three		(e) Four	years back
1a	Beginning of year balance	41,720,368		35,777,4	_	30,528,866		28,687,133		24,097,361
b	Contributions	804,003		1,801,6	505	2,772,521		3,430,931		748,920
C	Net investment earnings, gains, and losses	463,089		5,545,9	89	3,703,037		-410,291		5,151,020
d	Grants or scholarships	904,764		817,8	384	696,764		643,071		642,328
е	Other expenditures for facilities and programs	1,821,544		533,8	348	478,902		485,762		617,728
f	Administrative expenses	53,880		52,9	83	51,269		50,074		50,112
g	End of year balance	40,207,272		41,720,3	368	35,777,489		30,528,866		28,687,133
2	Provide the estimated percentage of the cur	rent year end balance	(lıne	1g, col	umn (a))) held as				
а	Board designated or quasi-endowment 🕨	19 080 %								
b	Permanent endowment ► 59 050 %									
c	Temporarily restricted endowment ► 21 to	370 % uld equal 100%								
За	Are there endowment funds not in the posse		ıon th	at are l	neld and	admınıstered	for the			
	organization by	-							Ye	s No
	(i) unrelated organizations							3a	• •	No
	(ii) related organizations						•	3a		No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the second organization.	•						3	b	
	t VI Land, Buildings, and Equipme					wered 'Ves'	to For	m 990 P:	art IV	line
Fell	11a. See Form 990, Part X, line		e ore	garriza	.1011 4113	wered res	10 1 01	111 220, 14	arciv,	iiiic
	Description of property				or other vestment)	(b) Cost or oth basis (other)) Accumulated depreciation	(d)	Book value
1a	Land					2,155,5	551			2,155,551
	Buildings					37,025,8	_	19,571,66	52	17,454,169
	Leasehold improvements		.							<u> </u>
	Equipment		.			5,626,5	522	4,341,08	12	1,285,440
	 Other		ļ			964,5				964,590
	I. Add lines 1a through 1e <i>(Column (d) must e</i>		colum	nn (B), I	ne 10(c)	.)		▶		21,859,750
	•	· · · · · · · · · · · · · · · · · · ·						Schedule I) (Form	990) 2014

Part VII Investments—Other Securities. Cor See Form 990, Part X, line 12.	mplete if the organization a	inswered 'Yes' to Form 990, Part IV, line 11b.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives (2)Closely-held equity interests		
(3)Other		
(A) ALTERNATIVE INVESTMENTS	3,083,195	F
(B) LIMITED PARTNERSHIP INVESTMENTS	1,284,335	F
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	4 ,367,530	
Part VIII Investments—Program Related. Co		answered 'Yes' to 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
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u>*</u>	
Part IX Other Assets. Complete if the organizatio (a) Description		Part IV, line 11d See Form 990, Part X, line 15 (b) Book value
(2)		(2)
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. Complete if the organized Form 990, Part X, line 25.	anization answered 'Yes' to	Form 990, Part IV, line 11e or 11f. See
1 (a) Description of liability	(b) Book value	
Federal income taxes		
CUSTODIAN DEPOSITS	91,635	
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	/	
2. Liability for uncertain tax positions In Part XIII, provid	ie the text of the footnote to the	e organization's financial statements that reports the

Sche	due D (1 01111 9 90) 2014		Page =
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per the organization answered 'Yes' to Form 990, Part IV, line 12a.	er Retu	rn Complete ıf
1	Total revenue, gains, and other support per audited financial statements	1	26,277,932
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		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII) 2d 63,526		
e	Add lines 2a through 2d	2e	63,526
3	Subtract line 2e from line 1	3	26,214,406
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		
Ь	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	4,768,962
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	30,983,368
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.	per Re	turn. Complete
1	Total expenses and losses per audited financial statements	1	26,061,156
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	1,089,135
3	Subtract line 2e from line 1	3	24,972,021
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)		
c	Add lines 4a and 4b	4c	3,908,910
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	28,880,931

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED FOR FACULTY AND STAFF SALARIES, FINANCIAL AID, PROFESSIONAL DEVELOPMENT, ATHLETICS, STUDENT NEWSPAPER, AND COMMENCEMENT AWARDS
PART X, LINE 2	THE ACADEMY DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS WITH FEW EXCEPTIONS, THE ACADEMY IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U S FEDERAL, STATE, AND LOCAL TAX AUTHORITIES FOR FISCAL YEARS ENDING 2012 AND PRIOR
PART XI, LINE 2D - OTHER ADJUSTMENTS	STUDENT STORE ACTIVITY EXPENSES, REPORTED ON PART VIII, LINE 10B 53,745 FUNDRAISING EVENT EXPENSES, REPORTED ON PART VIII, LINE 8B 6,174 LOSS ON DISPOSAL OF FIXED ASSETS 3,607
PART XI, LINE 4B - OTHER ADJUSTMENTS	STUDENT FINANCIAL AID, REPORTED ON PART IX, LINE 2 2,524,801 STUDENT TUITION REMISSIONS, REPORTED ON PART IX, LINE 9 1,384,109 PASS-THROUGH GAIN ADJUSTMENT FOR TAX RETURN 67,074 NET REALIZED GAINS ON THE SALE OF INVESTMENTS, REPORTED ON PART VIII 792,978
PART XII, LINE 2D - OTHER ADJUSTMENTS	STUDENT STORE ACTIVITY EXPENSES, REPORTED ON PART VIII, LINE 10B 53,745 FUNDRAISING EVENT EXPENSES, REPORTED ON PART VIII, LINE 8B 6,174 NET REALIZED AND UNREALIZED LOSSES 1,029,216
PART XII, LINE 4B - OTHER ADJUSTMENTS	STUDENT FINANCIAL AID, REPORTED ON PART IX, LINE 2 2,524,801 STUDENT TUITION REMISSIONS, REPORTED ON PART IX, LINE 9 1,384,109
PART VI, LINE 1E, COLUMN (B) - OTHER	THE AMOUNT LISTED REPRESENTS ASSETS HELD AS CONSTRUCTION IN PROCESS AT THE END OF THE YEAR

Conceded by (1 of the 1500) Ed 15		1 age 5
Part XIII Supplemental Information	on (continued)	
Return Reference	Explanation	
l		
-		

Schedule D (Form 990) 2014

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DLN: 93493019001116

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

SCHEDULE E

(Form 990 or 990-EZ)

Schools

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

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization THE COLUMBUS ACADEMY Employer ident		Employer ident if icat	ion nur	nber	
	OLOT DOS ACASETA	31-4379445			
Pa	rt I			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in other governing instrument, or in a resolution of its governing body?	its charter, bylaws,	1	Yes	
2	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?				
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broad the period of solicitation for students, or during the registration period if it has no solicitation prothat makes the policy known to all parts of the general community it serves? If "Yes," please deplease explain If you need more space use Part II	ogram, in a way	3	Yes	
			- - -		
4	Does the organization maintain the following?				
	Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially basis?	nondiscriminatory	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the private with student admissions, programs, and scholarships?	ublic dealing	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Part II				
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		5a		No
b	Admissions policies?		5b		No
c	Employment of faculty or administrative staff?		5c		Νo
d	Scholarships or other financial assistance?		5d		No
e	e Educational policies?		5e		No
f	Use of facilities?		5f		No
g	Athletic programs?		5g		No
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II		5h		No.
			-		
	Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?		6a 6b	Yes	No
	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 of Rev. Proc. 75-50.1975-2 C.B. 587. covering racial nondiscrimination? If "No." explain on Pa		7	Vac	140

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)

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	A STATEMENT AFFIRMING ITS NONDISCRIMINATORY POLICY WAS PLACED IN ALL ADVERTISEMENTS, BROCHURES, NEWSPAPER ARTICLES, AND OTHER TYPES OF MEDIA MENTIONING THE SCHOOL
SCHEDULE E, PART I, LINE 6	THE COLUMBUS ACADEMY RECEIVES REIMBURSEMENT FROM THE STATE OF OHIO FOR EXPENSES INCURRED BY THE SCHOOL'S EMPLOYEES IN THE COMPLETION OF CLERICAL AND ADMINISTRATIVE DUTIES REQUIRED BY FEDERAL, STATE OR LOCAL LAWS

Schedule E (Form 990 or 990-EZ) (2014)

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DLN: 93493019001116

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ.

Inspection

Internal Revenue Service Name of the organization

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

HE COLUMBUS ACADEMY						
					31-4379445	
Part I Fundraising Acti filers are not requi			janizatio	n answered "Yes" to	Form 990, Part IV,	line 17. Form 990-E
1 Indicate whether the orgai	nization raised funds	through ar	ny of the f	ollowing activities Che	ck all that apply	
a Mail solicitations			е	Solicitation of non	-government grants	
b Internet and email sol	ıcıtatıons		f	Solicitation of gov		
c Phone solicitations			q	Special fundraising	-	
d In-person solicitation	S		9	, opecial fallarations	gevents	
•						
2a Did the organization have or key employees listed in						V Yes □
b If "Yes," list the ten higher to be compensated at least			undraise	rs) pursuant to agreeme	ents under which the fui	ndraiser is
(i) Name and address of	(ii) Activity	(iii)) Did	(iv) Gross receipts	(v) A mount paid to	(vi) Amount paid to
ındıvıdual			ser have	from activity	(or retained by)	(or retained by)
or entity (fundraiser)			ody or		fundraiser listed in	organization
			rol of outions?		col (i)	
		Yes	No			
1 HARRIS CONNECT LLC 1400 CROSSWAYS BLVD	PHONE/MAIL SOLICITATION		No	78,846	56,910	78,846
STE 101						
CHESAPEAKE, VA 23320	CAPITAL		No	0	7,000	
TRANSFORMATIONAL DEVELOPMENT COUNSEL 1403 VAN BUREN AVE	CAPITAL CAMPAIGN CONSULTANT		No	U	7,000	
STE B1						
OXFORD, MS 38655						
3						
4						
5						
6						
7						
8	+					
9						
10						
			_			
otal	· · · · ·		•	78,846	63,910	78,846
3 List all states in which the registration or licensing	organization is regis	tered or li	censed to	solicit contributions of	r has been notified it is	exempt from
) H						

		more than \$15,000 of fundr events with gross receipts g		The article of the ar		
			(a) Event #1 GOLF OUTING	(b) Event #2	(c) O ther events	(d) Total events (add col (a) through col (c))
			(event type)	(event type)	(total number)	(6)
ΕŒ	1	Gross receipts	19,559	P		19,559
Revenue	2	Less Contributions	13,385	5		13,385
<u>~</u>	3	Gross income (line 1 minus line 2)	6,174	1		6,174
	4	Cash prizes				
မွာ	5	Noncash prizes				
Expenses	6	Rent/facility costs	5,440			5,440
ă	7	Food and beverages .	304	1		304
Direct	8	Entertainment				
ā	9	Other direct expenses .	430			430
	10	Direct expense summary Add lir	ies 4 through 9 in column	ı(d)		(6,174)
	11	Net income summary Subtract li	ne 10 from line 3, columr	n (d)		0
Par	t II	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or rep	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u> ~</u>	1	Gross revenue				
Expenses	2	Cash prizes				
Хре́	3	Non-cash prizes				
78 ਜ	4	Rent/facility costs				
ᇢ	5	Other direct expenses				
	6	Volunteerlabor	│ Yes %	┌ Yes % No	☐ Yes %	_
	7	Direct expense summary Add line	s 2 through 5 ın column (d)		
	8	Net gaming income summary Subt	tract line 7 from line 1, co	olumn (d)		
9		ter the state(s) in which the organiza				
a b		the organization licensed to conduc 'No," explain				Tyes No
10a b		re any of the organization's gaming	licenses revoked, susper	nded or terminated during	the tax year?	
-						

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	CONSULTING/FEES RELATING TO FUNDRAISING SOLICITATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493019001116 OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Treasury **Inspection** Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number THE COLUMBUS ACADEMY 31-4379445 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ✓ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant non-cash assistance organization ıf applıcable cash valuation or assistance grant or government assistance (book, FMV, appraisal, other)

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3	Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) FINANCIAL AID	243	2,524,801	0	N/A	N/A

Part IV Supplemental I	nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
Return Reference	Explanation
	COLUMBUS ACADEMY SELECTS INDIVIDUALS USING NEED-BASED CRITERIA THE POTENTIAL RECIPIENT'S FAMILY SUBMITS A PACKET OF FINANCIAL AID INFORMATION, INCLUDING PERSONAL INCOME TAX RETURNS ONE COPY OF THE FINANCIAL AID INFORMATION IS FORWARDED TO AN INDEPENDENT AGENCY TO EVALUATE THE LEVEL OF NEED ANOTHER COPY OF THE FINANCIAL AID IS EVALUATED BY THE COMMITTEE TO DETERMINE THE ELIGIBILITY FOR FINANCIAL AID BASED ON THE POTENTIAL RECIPIENT'S NEED

Schedule I (Form 990) 2014

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DLN: 93493019001116

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization THE COLUMBUS ACADEMY

Employer identification number

31-4379445

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
		-	165	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	▼ Compensation committee ▼ Written employment contract			
	Form 990 of other organizations A pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
ь	Any related organization?	5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was			
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8		Νo
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred in prior Form 990
MRS MARGARET KOERNER, CHIEF FINANCIAL OFFICER	(i) (ii)	154,374 0	0	0 17,000 15,272 0 0 0		15,272 0	186,646 0	0
2 MS MELISSA SODERBERG, HEAD OF SCHOOL	(i) (ii)	253,917 0	0	40,929 0	19,625 0	15,290 0	329,761 0	0 0
3 MR ERICH HUNKER, DIR OF DEVELOPMENT & ASST	(i) (ii)	157,365 0	0	0	16,550 0	15,264 0	189,179	0
4 MS KAY MASON, LOWER SCHOOL HEAD	(i) (ii)	138,762	0	0	12,500 0	15,191 0	166,453	0
5 MR JOHN MACKENZIE, FORMER HEAD OF SCHOOL	(i) (ii)	169,070 0	0	11,116	0	0	180,186	0

Schedule J (Form 990) 2014

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 4B	THE COLUMBUS ACADEMY MAINTAINED A NONQUALIFIED DEFERRED COMPENSATION PLAN FOR ITS HEAD OF SCHOOL, UNDER IRC 457(F) UNDER THE 457(F) PLAN, THE ORGANIZATION INCURRED AN EMPLOYER CONTRIBUTION LIABILITY OF \$6,625 DURING THE YEAR

Schedule J (Form 990) 2014

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

►Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

DLN: 93493019001116

2014

Open to Public Inspection

	rganization CADEMY								er identi	fication	numbe	r
Part I Exc	ess Benefit Tr	ansactions (se	ction 50	1(c)(3), section 50	1 (c)(4	1). and 501(c			9445 Izations	only)		
				orm 990, Part IV,							40b	
1 (a) Nan	ne of disqualified p			between disqualifie	i l	(c) Descri	ption c	of tran	saction		(d) Corr	ected?
		рє	erson and	lorganization							Yes	No
4958 .				gers or disqualified • • • • • ursed by the organi			year (under •	section ► \$ ► \$			
Complete if th	nd/or From In ne organization ans mount on Form 990	wered "Yes" on F	orm 990	-EZ, Part V , line 38	a, or I	Form 990, Pa	rt IV,	line 2	6, or ıf t	he orga	nızatıor	1
Loans to a Complete if th	ne organization ans	wered "Yes" on F), Part X, line 5, 6 (c) Purpose of	orm 990	in to (i the Ori	a, or l	Form 990, Pa (f) Balance due	rt IV , (g) defa	In	6, or if t (h) Appro by boal	ved rd or	(i)Wr agreer	ıtten
Complete if the reported an air (a) Name of interested	ne organization ans mount on Form 990 (b) Relationship	wered "Yes" on F), Part X, line 5, 6 (c) Purpose of	orm 990 , or 22 (d) Loa or from	in to (i the Ori	e) Jinal Cipal	(f) Balance	(g)	In	(h) Appro by boa	ved rd or	(i)Wr	ıtten
Complete if the reported an air (a) Name of interested	ne organization ans mount on Form 990 (b) Relationship	wered "Yes" on F), Part X, line 5, 6 (c) Purpose of	orm 990 , or 22 (d) Loa or from organiza	in to (Original of the Original e) Jinal Cipal	(f) Balance due	(g) defa	In ult?	(h) A ppro by boar commit	ved rd or	(i)Wr agreer	itten nent?	

Part IV Business Transactions Involving Interested Person

Part IV Business Transactions I Complete if the organization			e 28a, 28b, or 28c.		
(a) Name of Interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization' revenues?	
				Yes	No
(1) CONTINENTAL BUILDING SYSTEMS	JONATHAN KASS, TRUSTEE, HAS A FAMILY RELATIONSHIP WITH AN OWNER/OFFICER		THE SCHOOL HAS A CONSTRUCTION PROJECT CONTRACT WITH CONTINENTAL BUILDING SYSTEMS FOR VARIOUS CAMPUS RENOVATION AND EXPANSION PROJECTS THE RELATIONSHIP BETWEEN THE TRUSTEE AND THE INTERESTED PERSON WAS PROPERLY DISCLOSED PER THE SCHOOL'S CONFLICT OF INTEREST POLICY, PER PROPER DISCLOSURE ON THE TRUSTEE'S ANNUAL CONFLICT OF INTEREST STATEMENT PRIOR TO THE BOARD'S CONSIDERATION OF THE CONSTRUCTION PROJECT, MR KASS AGAIN DISCLOSED HIS CONFLICT AND ABSTAINED FROM VOTING ON MATTERS RELATING TO THE		No

Part V **Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference Explanation

CONSTRUCTION PROJECT

DLN: 93493019001116

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

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

Name of the organization THE COLUMBUS ACADEMY

Employer identification number

				31	-4379445			
Pai	Types of Property							
•	Art. Works of out	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash conti		_	nts
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household goods							
	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	14	195,052	STOCK EXCHAI	NGE		
0	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
3	Qualified conservation contribution—Historic							
4	structures							
	contribution—Other Real estate—Residential .							
	Real estate—Commercial							
	Real estate—Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
3	Scientific specimens							
	Archeological artifacts							
	Other ► (Х	6	1,295	FMV OF ITEMS	PER D	O N C	
N C	ATED PRODUCTS)	_						
6	O ther ▶()							
7	O ther ▶()							
8	O ther ▶ ()				<u> </u>			
	Number of Forms 8283 received by t				9			
	for which the organization completed	FORM 8283,	Part IV, Donee Acknowled	agement <u>-</u>	<u> </u>		Yes	No
Ωa	During the year, did the organization	receive by	contribution any property r	enorted in Part I lines 1	through 28 that		162	INC
-	it must hold for at least three years							
	for exempt purposes for the entire ho		·	•		202		N o
h	If "Yes," describe the arrangement i					30a		Νo
1	Does the organization have a gift ac-		licy that requires the revie	w of any non-standard co	ntributions?	31	Yes	
∠ā	Does the organization hire or use thi contributions?	ru parties 01	related organizations to s	oncit, process, or sell no		32a		No
b	If "Yes," describe in Part II							
	If the organization did not report an a describe in Part II	amount in co	olumn (c) for a type of prop	erty for which column (a)	ıs checked,			

Page 2

Schedule M (Form 990) (2014)

Part II Supplemental Information. Provide the information required by Part I, lines 30b,

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference Explanation

Schedule M (Form 990) (2014)

DLN: 93493019001116

OMB No 1545-0047

Inspection

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization THE COLUMBUS ACADEMY **Employer identification number**

	31-4379445
90 Schedule O, Supplemental Infor	mation
Return Reference	Explanation
FORM 990, PART I, LINE 1	
FORM 990, PART III, LINE 1	THE COLUMBUS ACADEMY - AN INDEPENDENT, COEDUCATIONAL COLLEGE PREPARATORY SCHOOL - ENRICHES ITS ACADEMIC TRADITION OF EXCELLENCE BY VALUING A BROAD DIVERSITY OF STUDENTS AS IT SEEKS TO DEVELOP THE COMPLETE PERSON MIND, BODY AND CHARACTER THE SCHOOL REWARDS RIGOROUS EFF ORT AND ACCOMPLISHMENT, FOSTERS COMPASSION, RESPECT AND MORAL COURAGE, AND INSISTS ON INTE GRITY, FAIR PLAY AND COMMUNITY SERVICE THE ACADEMY STRIVES TO DEVELOP AND SUSTAIN A COMMU NITY OF THOUGHTFUL, RESPONSIBLE, CAPABLE AND CONFIDENT CITIZENS EAGER TO ENGAGE IN A PLURA LISTIC AND EVER-CHANGING WORLD
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 IS FIRST REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES IT IS THEN E -MAILED TO THE FULL BOARD OF TRUSTEES FOR THEIR REVIEW AND APPROVAL, AND FORMALLY ACCEPTED BY THE FULL BOARD OF TRUSTEES AT ITS NEXT MEETING, PRIOR TO THE FORM'S SUBMISSION TO THE IRS
FORM 990, PART VI, SECTION B, LINE 12C	AT THE FIRST BOARD MEETING OF EVERY NEW FISCAL YEAR, TRUSTEES AND OFFICERS ARE GIVEN A COP Y OF THE CONFLICT OF INTEREST AND ETHICS POLICY THEY ARE REQUIRED TO COMPLETE A QUESTIONN AIRE THAT DISCLOSES ANY CONFLICTS OF INTEREST, AND SUBMIT THIS SIGNED FORM TO THE ADMINIST RATION THE ADMINISTRATION FOLLOWS UP WITH TRUSTEES TO ENSURE THAT ALL BOARD MEMBERS SUBMI T THIS SIGNED FORM TO THE SCHOOL
FORM 990, PART VI, SECTION B, LINE 15	THE REVIEW OF HEAD OF SCHOOL COMPENSATION BY THE BOARD IS BASED UPON THE BOARD'S DETERMINA TION OF THE HEAD OF SCHOOL'S PERFORMANCE AS MEASURED AGAINST THE ACADEMY'S MISSION STATEME NT AND STRATEGIC PLAN, AS WELL AS HER SATISFACTION OF PRIOR PERFORMANCE GOALS ESTABLISHED AND APPROVED BY THE BOARD'S NOMINATING AND GOVERNANCE COMMITTEE OR SUCH SUCCESSOR COMMITTE E, CONSIDERATION OF COMPENSATION PRACTICES OF OTHER INDEPENDENT SCHOOLS, AND SUCH OTHER FA CTORS DEEMED REASONABLE AND APPROPRIATE BY THE BOARD COMPENSATION OF OTHER KEY EMPLOYEES OR OFFICERS IS BASED UPON PERFORMANCE AND COMPARATIVE INFORMATION FROM OTHER INDEPENDENT S CHOOLS AT THE LOCAL, REGIONAL, AND NATIONAL LEVELS
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S FORMS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST FURTHER, THE OR GANIZATION'S FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION THROUGH ANOTHER'S WEBSITE, WWW GU IDESTAR ORG
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST
FORM 990, PART XI, LINE 9	PASS-THROUGH LOSS ADJUSTMENT FOR TAX RETURN -67,074 FASB 158 ADJUSTMENT 352,231
FORM 990, PART XII, LINE 2C THE ORGANIZATION HAS A FINANCE AND AUDIT	COMMITTEE THAT OVERSEES THE AUDIT FURTHER, THIS COMMITTEE INTERVIEWS CANDIDATES FOR THE A UDIT FIRM AND MAKES A RECOMMENDATION BASED ON THIS PROCESS TO THE FULL BOARD OF TRUSTEES THE FULL BOARD OF TRUSTEES PASSES A RESOLUTION SELECTING THE EXTERNAL AUDITORS THIS PROCE SS REMAINS UNCHANGED FROM THE PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493020008057

OMB No 1545-0047

Open to Public

Department of the Departure Treasury

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

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

Return of Organization Exempt From Income Tax

▶ Information about Form 990 and its instructions is at <u>www IRS gov/foim990</u>

Inspection

		nue Servic	<u>'</u>			_				
			lendar year, or tax year bed C Name of organization	ginning 07-01-2015 , and ending 06	6-30-201	6	D Emple	over i	identification number	
	eck if ap Idress cl	pplicable hange	THE COLUMBUS ACADEMY					-		
_	ame cha	-	Davida husinasa sa				31-4	3/94	145	
☐ In	ıtıal retu	ırn	Doing business as							
Fil eturn/	nal 'termina	ated	Number and street (or P O be	ox if mail is not delivered to street address)	Room/sui	te	E Teleph	one n	umber	
	ended i		4300 CHERRY BOTTOM ROAD				(614	509	9-2227	
Ap	plication	pending	City or town, state or province GAHANNA, OH 43230	e, country, and ZIP or foreign postal code						
			GAHANNA, OH 43230				G Gross	receip	ots \$ 39,763,525	
			F Name and address of p MELISSA SODERBERG	rincipal officer			s this a group			
			4300 CHERRY BOTTOM	ROAD			ubordınates? No		☐ Yes 🗸	
			GAHANNA,OH 43230			н(b) ^А	re all subord	ınate	es Yes No	
[la:	x-exem	pt status	√ 501(c)(3)) ◀ (insert no) 4947(a)(1) or	527		ncluded? f "No " attacl	با جا	st (see instructions)	
ı w	ebsite	:► ww	W COLUMBUSACADEMY	ORG			Group exemp		,	
€ Forr	n of ora	ianization	✓ Corporation Trust	Association ☐ Other ►	ı		of formation 1		M State of legal domicile Of	
			T# Composition Trace , account of the control of the cont							
Pa	rt I		mary							
			scribe the organization's mi EDULE O	ssion or most significant activities						
e e										
Ĕ	_									
Governance	2 C	heck th	ıs box ▶ □ ıf the organizat	ion discontinued its operations or dis	sposed o	of more th	an 25% of it	s net	assets	
ģ			1 3	·						
			-	overning body (Part VI, line 1a) .				3	24	
Activities &				bers of the governing body (Part VI,				4	24	
<u> </u>				ed in calendar year 2015 (Part V, line	•			5	711	
AC			•	e if necessary)				6	715	
				om Part VIII, column (C), line 12 . ne from Form 990-T, line 34				7a 7b	•	
	D INC	. Cum Cia	ited business taxable incor	ne nom r om 3 30 - 1 , me 3 4	• •		Prior Year	/L	-3,441 Current Year	
	8	Contri	butions and grants (Part V.	III.line 1h)			4,992	.574		
₫.	9		- ·	III, line 2g)			23,488,710			
Rəvenuə	10	Invest	ment income (Part VIII, c	olumn (A), lines 3, 4, and 7d)			2,354	,272	1,680,902	
ď	11	Other	revenue (Part VIII, column	n (A), lines 5, 6d, 8c, 9c, 10c, and 1	1e)		147	,812	91,507	
	12		revenue—add lines 8 throug	gh 11 (must equal Part VIII, column	ı (A), lıne	9	30,983	,368	30,743,002	
	12	12)	and cimilar amounts haid	(Part IX, column (A), lines 1-3) .			2,524	901	2 660 423	
	13 14		•	Part IX, column (A), line 4)			2,324	0	2,669,433	
	15		·	nployee benefits (Part IX, column (A			10.000			
Ses		5-10)	· · · · · · · · · · · · · · · · · · ·		,,		18,069	,1/0	18,608,747	
Expenses	16a		•	art IX, column (A), line 11e)		٠ 📖	63	,910	C	
푎	b		ndraising expenses (Part IX, colu							
	17		•	(A), lines 11a-11d, 11f-24e) .			8,223			
	18 19		•	7 (must equal Part IX, column (A), lır t lıne 18 from lıne 12	-		28,880		29,165,204	
. s	19	Keven	ue less expelises Subtract	time 18 nom me 12	• •	1_	2,102			
Net Assets or Fund Balances						Beginni	ng of Current	Year	End of Year	
Asse Bal	20		assets (Part X, line 16) .				75,810	,392	81,463,597	
2 E	21					•	7,712			
	22			tract line 21 from line 20			68,098	,314	65,991,908	
Jnde ny ki	nowled	Ities of p		ve examined this return, including ac d complete Declaration of preparer (•					
		****	* *				2017-01-20			
Sign	ı	Signa	ature of officer				Date			
Here			GARET A KOERNER CHIEF FINAN	CIAL OFFICER					_	
		<u> </u>	or print name and title	I Down a war !	T =			I ===	NI .	
n - '	J		nnt/Type preparer's name ON YERIAN CPA	Preparer's signature JON YERIAN CPA		ate 017-01-20	Check I if	PTI POC	N 0575540	
Paid		_ F	ırm's name ► JOHN GERLACH	& COMPANY LLP			self-employed Firm's EIN ► 3	<u> </u> 31-44:		
	pare	r	ırm's address ▶ 37 W BROAD ST				Phone no (61			
use	Onl	У	COLUMBIE OF	4221E						

. Yes No

Par	t 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥞	2	Yes	
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		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🔰	10	Yes	
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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	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		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 3	11 c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11 f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
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	Yes	
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

complete Schedule J . . .

Yes

Nο

Νo

Nο

Νo

Νo

Νo

Νo

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25b

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35a

35b

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Yes

Form 990 (2015)

Yes

Yes

Yes

Yes

1 0111	7550 (2015)			raye 🕶
Pa	t IV Checklist of Required Schedules (continued)			
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		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	Yes	
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,"	23	Yes	

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

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?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial

contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance				_
		Check if Schedule O contains a response or note to any line in this Part V		• •	 Vaa	· No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a	60		Yes	No
		the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b	0			
		ne organization comply with backup withholding rules for reportable payments to vendors and reporta	_			
-		ng (gambling) winnings to prize winners?		1 c	Yes	
2a		the number of employees reported on Form W-3, Transmittal of Wage and				
		s return	711			
b	•	east one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes	
_		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ŀ			
3a	Did th	ne organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes	
b	If "Yes	s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b	Yes	
4a		y time during the calendar year, did the organization have an interest in, or a signature or other autho a financial account in a foreign country (such as a bank account, securities account, or other financi				
		a finalicial account in a foreign country (such as a bank account, securities account, or other finalici int)?	aı .	4a		No
b	If "Ye:	es," enter the name of the foreign country				
	See in	nstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accou	nts			
_	(FBAR					
		he organization a party to a prohibited tax shelter transaction at any time during the tax year? .	ŀ	5a		No No
		ny taxable party notify the organization that it was or is a party to a prohibited tax shelter transactio	Π'	5b		N o
c	If"Ye	s," 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		6a		No
	organı	ization solicit any contributions that were not tax deductible as charitable contributions?				
b		es," did the organization include with every solicitation an express statement that such contributions not tax deductible?	or gifts	6 b		
7		nizations that may receive deductible contributions under section 170(c).				
а		ne organization receive a payment in excess of \$75 made partly as a contribution and partly for good	ls and	7a	Yes	
1-		ces provided to the payor?		76	Vac	
		es," did the organization notify the donor of the value of the goods or services provided? The organization sell, exchange, or otherwise dispose of tangible personal property for which it was rec	ŀ	7b	Yes	
С		ne organization sell, exchange, or otherwise dispose of tangible personal property for which it was rec orm 8282?	•	7 c		No
d	If"Ye	s," indicate the number of Forms 8282 filed during the year				
_	Did #F	ne organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	act2			
-	Dia til	is organization receive any lands, directly of mallectly, to pay premiums on a personal benefit confic	1011	7e		No
f	Dıd th	ne organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	[7f		No
g		organization received a contribution of qualified intellectual property, did the organization file Form 8	3899 as	70		
h	require If the	red'	file a	/g		
•	Form :	1098-C?	•	7h		
8	•	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess business holdings at an	v time			
		g the year?	•	8		
9a	Did th	ne sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did th	ne sponsoring organization make a distribution to a donor, donor advisor, or related person?	.	9 b		
10	Sectio	on 501(c)(7) organizations. Enter				
а	Initiat	tion fees and capital contributions included on Part VIII, line 12 10a				
b	Gross facılıtı	receipts, included on Form 990, Part VIII, line 12, for public use of club				
11		on 501(c)(12) organizations. Enter				
а		s income from members or shareholders				
b		s income from other sources (Do not net amounts due or paid to other sources				
	agains	st amounts due or received from them)........... 11b				
12a	Sectio	on 4947(a)(1) non-exempt charitable trusts.Is the organization filing Form 990 in lieu of Form 1041	?	12 a		
b		s," enter the amount of tax-exempt interest received or accrued during the				
13	year Sectio	on 501(c)(29) qualified nonprofit health insurance issuers.				
		,				
а		e organization licensed to issue qualified health plans in more than one state? Note. See the instructi onal information the organization must report on Schedule O	ons for	13a		
Ь		the amount of reserves the organization is required to maintain by the states		134		
,		ch the organization is licensed to issue qualified health plans				
c	Enter	the amount of reserves on hand				
		ne organization receive any payments for indoor tanning services during the tax year?	.]	14a		No
b	If"Ye	es," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

Dart VI	Governance	Management	and Disclosure
	governance.	manauement	allu Disclosule

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

Se	ction A. Governing Body and Management			-	-	
	1		ı		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	24			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	24			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management col			3		No
4	Did the organization make any significant changes to its governing documents since filed?		·	4		No
5	Did the organization become aware during the year of a significant diversion of the oi	 raanız	ation's assets?	5		No
6	Did the organization have members or stockholders?			6		No
	Did the organization have members, stockholders, or other persons who had the pow	erto	elect or appoint one or			
	more members of the governing body?			7a 7b		No No
_	or persons other than the governing body?					
8	Did the organization contemporaneously document the meetings held or written active year by the following ${\sf SI}$	ons ui	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ction B. Policies (This Section B requests information about policies not	requi	red by the Internal R	eveni	ie Cod	e.)
					Yes	No
L0a	Did the organization have local chapters, branches, or affiliates?			10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization			10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of it the form?	s gov	erning body before filing	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this F	orm 9	90			
L2a	Did the organization have a written conflict of interest policy? If "No," go to line 13 $$.			12 a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts?	ly inte	rests that could give	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	the p	olicy? <i>If "Yes," des cribe</i>	12 c	Yes	
L3	Did the organization have a written whistleblower policy?			13	Yes	
L 4	Did the annual transfer bears a symbol of a constant and a constant and declaration and declar					
	Did the organization have a written document retention and destruction policy? .			14	Yes	
LO	Did the process for determining compensation of the following persons include a revision dependent persons, comparability data, and contemporaneous substantiation of the			14	Yes	
	Did the process for determining compensation of the following persons include a revi	e deli		14 15a	Yes	
а	Did the process for determining compensation of the following persons include a revi independent persons, comparability data, and contemporaneous substantiation of the	e deli				
а	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official	e deli		15 a	Yes	
a b	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official	e deli	beration and decision?	15 a	Yes	No
a b L6a	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	e deli or sım izatioi	beration and decision?	15a 15b	Yes	No
a b L6a b	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official	e deli or sım izatioi	beration and decision?	15a 15b	Yes	No
a b .6a b	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	or sim	beration and decision?	15a 15b 16a	Yes Yes	
b L6a b	Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	or sim ization step iL, K	beration and decision?	15a 15b 16a	Yes Yes	

State the name, address, and telephone number of the person who possesses the organization's books and records
►MARGARET A KOERNER CHIEF FINANCIAL OFFICER 4300 CHERRY BOTTOM ROAD GAHANNA, OH 432300745
(614) 509-2227

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

interest policy, and financial statements available to the public during the tax year

Part VII

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

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (list any hours	A verage hours per week (list any hours any hours any hours						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
Co. Address Data Table		Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated eniptovee	Former	2/1099-MISC)	(W- 2/1099- MISC)	organization and related organizations
See Additional Data Table										

art VII	Section A. Officers	, Directors,	Trustees,	Key Employ	ees, and Hig	hest Com	pensated Emplo	yees	(continued)

(A) Name and Title	(B) Average hours per week (list any hours for related	more than one box, unless t person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	related organizations
See Additional Data Table										
1b Sub-Total						•				
c Total from continuation sheets d Total (add lines 1b and 1c) .	s to Part VII, S	ection A		•	٠	>		1,216,857	0	203,246
2 Total number of individuals (inc \$100,000 of reportable compe						l abov	e) wl	no received more th	an	

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
OHIO EQUITIES MANAGEMENT	MAINTENANCE SERVICES	343,468
605 SOUTH FRONT STREET STE 200 COLUMBUS, OH 43215		
SCIOTO SERVICES LLC	CLEANING SERVICES	335,243
BIN 88604 MILWAUKEE, WI 53288		
EPS	SECURITY SYSTEM MAINTENANCE	148,841
8845 BASIL WESTERN ROAD CANAL WINCHESTER, OH 43110		
VORYS SATER SEYMOUR & PEASE	LEGAL	146,058
PO BOX 73487 CLEVELAND, OH 44193		

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \blacktriangleright 4

Form 99								Page 9
Part V	1 # # 1	Statement o						
		Check If Schedi	ule O contains a respor	nse or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
,, s	1a	Federated cam	paigns 1a	26,211				
ant	ь	Membership du	es 1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising eve	ents 1c	15,589				
	d	Related organiz	zations 1d					
<u>1</u> .6	e	Government grants	s (contributions) 1e	398,348				
ons Sir	f	All other contribution	ons, gifts, grants, and 1f	3,863,144				
outi her	•	sımılar amounts no	ot included above					
	g	Noncash contribution 1a-1f \$	ons included in lines	188,039				
Cor	h	Total. Add lines	s 1a-1f		4,303,292			
				Business Code				
Program Service Revenue	2a	TUITION & FEES		611600	23,376,754	23,376,754		
<u>₹</u>	ь	SUMMER SCHOOL	& DAY CAMP	611600	981,533	981,533		
ec.	С	CARE AFTER SCHO	OOL, TUTORING & SPR	611600	270,619	270,619		
}	d	ATHLETIC EVENTS		611600	38,395	38,395		
E	e							
ibo.	f	All other progra	am service revenue					
<u>~</u>	g	Total. Add lines	s 2a-2f		24,667,301			
	3		ome (including dividendar amounts)		1,411,940		190	1,411,750
	4		stment of tax-exempt bond	<u>-</u>				
	5	Royalties	<u></u>	▶	3,102		10	3,092
	_		(I) Real	(II) Personal				
	6a	Gross rents	44,691					
	ь	Less rental expenses	0					
	С	Rental income or (loss)	44,691					
	d		me or (loss)		44,691			44,691
		C	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	9,233,607	908				
	ь	Less cost or other basis and	8,958,636	6,917				
		sales expenses Gain or (loss)	274,971	-6,009				
	c d		(ss)	·	268,962		447	268,515
ne	8a	Gross income f	rom fundraising					
Other Revenue		* <u></u>	reported on line 1c)	6 944				
феr	ь	Less direct ex	penses b	6,844 6,844				
ō	С	Net income or ((loss) from fundraising	events 🕨	0			
	9a	Gross income f See Part IV, lin	rom gaming activities ne 19 a					
	ь	Less direct ex	penses b					
	С	Net income or ((loss) from gaming acti	vities				
	10a	Gross sales of returns and allo		56,159				
	ь	Less cost of a	oods sold b	48,126				
		-	(loss) from sales of inve		8,033	8,033		
		Miscellaneous	s Revenue	Business Code				
	11a	OTHER INCOM	1E	900099	43,751			43,751
	b	FORFEITED EN	NROLLMENT	611600	40,000	40,000		
	С	PASS-THROUG	GH INCOME	900099	-48,070		-4,088	-43,982
	d	All other reven	ue					
	e	Total. Add lines	s 11a-11d	•	35,681			
	12	Total revenue.	See Instructions .		30,743,002	24,715,334	-3,441	1,727,817
	ı				30,743,002	21,713,334	3,441	1,727,017

Part IX Statement of Functional Expenses

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

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

	Γ				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22	2,669,433	2,669,433		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				_
5	Compensation of current officers, directors, trustees, and key employees	571,774		571,774	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	13,191,939	10,378,646	2,527,739	285,554
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	870,782	691,911	159,245	19,626
9	Other employee benefits	2,965,870	2,651,080	280,796	33,994
10	Payroll taxes				
		1,008,382	773,458	215,757	19,167
11	Fees for services (non-employees)				
a	Management	56,000	56,000		
b	Legal	63,124		63,124	
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	52,834		52,834	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	265,993	145,771	97,862	22,360
12	Advertising and promotion	167,526	8,961	158,565	
13	Office expenses	1,760,753	1,511,350	195,014	54,389
14	Information technology	426,343	415,936	10,407	
15	Royalties				
16	Occupancy	1,541,822	1,541,822		
17	Travel	205,435	152,930	12,284	40,221
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	303,386	289,634	13,752	
20	Interest	23,261	23,261		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,515,904	1,218,787	266,799	30,318
23	Insurance	40,372	40,372		
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	CONTRACTED SERVICES	937,031	937,031		
b	SCHOOL EQUIPMENT R&M	258,689	258,689		
c	MISCELLA NEOUS EXPENSES	166,643	4,618	146,691	15,334
d	MEMBERSHIP DUES & SUBSC	66,133	19,879	36,217	10,037
е	All other expenses	35,775	35,775		
25	Total functional expenses. Add lines 1 through 24e	29,165,204	23,825,344	4,808,860	531,000
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

(B)

End of year

852,988

4,462,915

5,924,522

142,168

40 000

5,838

1,638,356

33,567,539

31,813,811

3,015,460

81,463,597

6,514,500

3,080,491 5,489,118

387.580

15,471,689

31,409,055

9 893 094

24,689,759

65.991.908

81,463,597

Form 990 (2015)

(A)

Beginning of year

1,160,568

8.302.930

7,355,734

111,483

60,000

3,819

772,716

21,859,750

31,815,862

4,367,530

75,810,392

4,603,455

3,016,988

91.635

7,712,078

31,243,888

13.111.517

23.742.909

68.098.314

75.810.392

58,980,206

25,412,667

10a

10b

1

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3

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10c

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14 15

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Part X	Balance Sh
	Check if Sched

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Net Assets or Fund Balances

Part X	Balance Shee
	Check if Schedul

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

4	Ва	lanc	e Sh	neet

-		
	Balance	Sheet

Schedule L .

II of Schedule L

Grants payable

Deferred revenue

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Cash-non-interest-bearing

Savings and temporary cash investments

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of

Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part

Pledges and grants receivable, net

Notes and loans receivable, net . .

Prepaid expenses and deferred charges

Investments—publicly traded securities .

Land, buildings, and equipment cost or other basis

Investments—other securities See Part IV, line 11

Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D .

key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here >

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

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities. Add lines 17 through 25 .

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

complete lines 30 through 34.

Total net assets or fund balances

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Inventories for sale or use

Complete Part VI of Schedule D

Less accumulated depreciation

Intangible assets

Other assets See Part IV, line 11

Accounts payable and accrued expenses

Accounts receivable, net . .

Investment expenses

column (B))

Schedule O

Separate basis

Separate basis

basis, consolidated basis, or both

Prior period adjustments .

otal revenue (must equal Part VIII, column (A), line 12)	•	٠	٠	•	٠	٠	
otal expenses (must equal Part IX, column (A), line 25)							
Revenue less expenses Subtract line 2 from line 1							

Other changes in net assets or fund balances (explain in Schedule O) .

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If the organization changed its method of accounting from a prior year or checked "Other," explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Net unrealized gains (losses) on investments . .

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Donated services and use of facilities .

2 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . .

29,165,204 1,577,798 68,098,314 -2,980,398

Page 12

30,743,002

-703,806

▽

No

Νo

65,991,908

Yes

Yes

2a

2b

3b

Form 990 (2015)

1

4

5

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Yes If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a Nο Single Audit Act and OMB Circular A-133?

Cash ✓ Accrual COther

Both consolidated and separate basis

Both consolidated and separate basis

Software ID: Software Version:

EIN: 31-4379445

Name: THE COLUMBUS ACADEMY

Form 990, Part VII - Compensation Compensated Employees, and Inde	of Officers, pendent Co	Direc ntrac	ctor tors	s,T	rus	tees	i, K	ey Employees	, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours	Pos more pers	sition than on is	(C) (do one bot	not box th an or/tr	check x, unle n office rustee	ess er e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee		(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MR KEVIN REEVES PRESIDENT/TRUSTEE	10 00	x		х				0	0	d
MR VICTOR THORNE VICE PRESIDENT/TRUSTEE	10 00	х		х				0	0	d
MRS KELLY JENNINGS YEOMAN SECRETARY/TRUSTEE	10 00	х		х				0	0	C
MR RICHARD JEFF JEFFERS TREASURER/TRUSTEE	10 00	х		х				0	0	C
MS POE TIMMONS IMMEDIATE PAST PRESIDENT	6 00	х						0	0	C
DR RITA AGRAWAL TRUSTEE	6 00	x						0	0	d
MS SARA MILKS BETHEL TRUSTEE	6 00	x						0	0	d
MRS SANDY DOYLE-AHERN TRUSTEE	6 00	x						0	0	(
MR MICHAEL GROSS TRUSTEE	6 00	x						0	0	
MR MATTHEW HARRIS TRUSTEE	6 00	x						0	0	C

Form 990, Part VII - Compensation Compensated Employees, and Inde					Trus	stee	:s, k	(ey Employee	es, Highest	
(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	Pos m unles	sition nore t ess pe	(C) than ersor icer ttor/t	not one on is and trust	itee)	, an	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
		Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC		organization and related organizations
MR HENRY HAUSER TRUSTEE	6 00	х						0	0	0
MR KLAY HUDDLESTON TRUSTEE	6 00	x						0	0	
MR JONATHAN KASS TRUSTEE	6 00	х						0	0	, c
MR JIM KLINGBEIL TRUSTEE	6 00	х						0	0	(
DR SUSAN MASSICK TRUSTEE	6 00	х						0	0	
MR MARTIN NESBITT TRUSTEE	6 00	х						0	0	(
MR GEORGE PROICOU	6 00	х			Г			0	0	, (

6 00

6 00

6 00

Х

Χ

PACA REPRESENTATIVE/EX-OFF

MRS MARY FRANCES RESTREPO

TRUSTEE

TRUSTEE

MR BRIAN SHEPARD

MR GEORGE SKESTOS

ALUMNI BOARD PRESIDENT

.....

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

20,486

32,823

22,474

22,386

Compensated Employees, and Inde	[-	i i						(5)	(E)	(5)
(A) Name and Title	(B)	l Bos	··t.on	(do		chec	L	(D) Reportable	(E) Reportable	(F) Estimated
Name and Title	Average hours per	1		•				compensation	compensation	amount of
	week (list	ek (list unless person is both an hours officer and a						from the organization (W- 2/1099-	from related	other
	any hours								organizations	compensation
	for related								(W- 2/1099-	from the
	organizations	L	ı			•	_	MISC)	MISC)	organization
	below dotted line)	individual trustee or director	Institutional		key employee	Highest com employee	Former			and related organizations
		Stee	Trustee		Ď	compensated				
MRS CLAUDIA WALTER	6 00									
TRUSTEE		X						0	0	0
DR SUSAN WILLIAMS	6 00	Γ!								
TRUSTEE		X						0	0	O
MR STEVE WITTMANN	6 00									
TRUSTEE		X						0	0	o
MR EDWARD YEN	6 00									
TRUSTEE		X						0	0	o
MRS MARGARET KOERNER	40 00									
CHIEF FINANCIAL OFFICER				×				171,363	0	33,332
MS MELISSA SODERBERG	40 00									
UEAD OF COURSE					Х			367,327	0	43,241

40 00

40 00

40 00

40 00

Χ

Χ

Χ

128,747

167,817

129,933

128,271

HEAD OF SCHOOL

MR DOUG BENNETT

MR ERICH HUNKER

MRS KARLA LONG

MIDDLE SCHOOL HEAD

MS CORINNA IZOKAITIS

UPPER SCHOOL HEAD

DIRECTOR FACILITIES

DIR OF DEVELOPMENT & ASST

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors												
(A)	(B)			(C))			(D)	(E)	(F)		
	I ⁻ I	Pos m unle:	sition ore t ss pe	(C) (do han ersor cer a tor/t	not one on is and rust	tee)		(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
			क			ಯಕರ						

MS KAYETHEL MASON

LOWER SCHOOL HEAD

28,504

123,399

etile	GRAPHIC	print -	DO NOT	PROCESS	As Filed	Data

hospital's name, city, and state

www.irs.gov/form990.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

DLN: 93493020008057

Employer identification number

31-4379445

SCHEDULE A (Form 990 or 990EZ)

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.

OMB No 1545-0047 Open to Public Inspection

Treasury Internal Revenue Service Name of the organization THE COLUMBUS ACADEMY

Department of the

Part I

⊽

(i)

Total

1

2

3

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (ii)EIN (iii) (iv) (v) (vi) Name of supported organization Type of Is the organization A mount of A mount of other listed in your governing organization monetary support support (see (described on lines document? (see instructions) instructions) 1-9 above (see instructions)) Yes No

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants) 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 from line 4 Section B. Total Support Calendar vear **(b)**2012 (d)2014 (a)2011(c)2013 (e)2015 (f)Total (or fiscal year beginning in) 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 or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 **12** Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 Public support percentage for 2014 Schedule A, Part II, line 14 15 16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶□ 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) ⊤otal
•	iscal year beginning in) ▶		(-,	(-/	(-,	(-)	(-,
1	Gifts, grants, contributions, and membership fees received (Do	I					
	not include any "unusual grants")	I					
2	Gross receipts from admissions,	 [
_	merchandise sold or services	I					
	performed, or facilities furnished	I					
	in any activity that is related to	I					
	the organization's tax-exempt	I					
_	purpose						
3	Gross receipts from activities that are not an unrelated trade or	I					
	business under section 513	I					
4	Tax revenues levied for the						
•	organization's benefit and either	I					
	paid to or expended on its behalf						
5	The value of services or facilities	I					
	furnished by a governmental unit	1					
_	to the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2, and 3 received from disqualified	1					
	persons	I					
b	Amounts included on lines 2 and	ĺ					
	3 received from other than	I					
	disqualified persons that exceed	1					
	the greater of \$5,000 or 1% of	I					
	the amount on line 13 for the year						
	Add lines 7a and 7b Public support. (Subtract line 7c						
8	from line 6)	1					
Se	ction B. Total Support						
	Calendar year		T		I		
or f	iscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d)2014	(e) 2015	(f) Total
9	A mounts from line 6						
0a	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						
c	Add lines 10a and 10b						
L1	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on Other income Do not include						
L2	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
L3	Total support. (Add lines 9, 10c,						
L4	11, and 12) First five years.If the Form 990 is f	or the organizati	on's first second	third fourth or	fifth tay year ac a	soction FO1/a	\(\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
.4	•	or the organization	on s mst, second	, tilila, louitii, oi	ilitii tax yeal as a	section 301(c	
50	check this box and stop here	lic Support B	orcontago				•
	ction C. Computation of Pub			12 (6)			
L5	Public support percentage for 2015	•	• •	13, column (f))		15	
L6	Public support percentage from 201	.4 Schedule A, P	art III, line 15			16	
Se	ction D. Computation of Inv	estment Inco	me Percenta	ge			
L7	Investment income percentage for	2015 (line 10c, c	olumn (f) dıvıded	by line 13, colun	nn (f))	17	
18	Investment income percentage from	n 2014 Schedule	A, Part III, line	17		18	
	33 1/3% support tests—2015.If the				l line 15 is more t		and line 17 is not
	more than 33 1/3%, check this box						Ma III € 17 13 110€
b	33 1/3% support tests—2014.If the	-				-	•
	18 is not more than 33 1/3%, check	-					_
20	Private foundation. If the organizati		-	·			

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A, D, and D, and Complete Part V.)

Se	1, complete Sections A and D, and complete Part V) action A. All Supporting Organizations			
	A A A Cappoint of guinzunons		Yes	No
1	A re all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
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	2		
3a	509(a)(1) or (2) Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer (b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)?	3b		
c	If "Yes," describe in Part VI when and how the organization made the determination 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	3 c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
c	Did the organization supported organizations 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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in 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)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9(a)) 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 .	9 c		
.0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below	10 a		
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)	10 b		
.1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		

Part IV	Supporting	Organizations	(continued)

				9 9		(
Section	R	Tyne	T	Supporting	Orgai	nizations

Se	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
Se	ection C. Type II Supporting Organizations			
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 the supported organization(s)	1	Yes	No
Se	ection 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
<u> </u>	ection E. Type III Functionally-Integrated Supporting Organizations			
1 1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see The organization satisfied the Activities Test Complete line 2 below	instru	ictions)	
C	The organization supported a governmental entity Describe in Part VI how you supported a government ei instructions)	ntity (s	see	
2	,		Yes	No
ā	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	2a		
Ł	Do Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>	3a		
t	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	3b		

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E				
:	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
L I	Net short-term capital gain	1		
1	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
,	Add lines 1 through 3	4		
I	Depreciation and depletion	5		
9	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	A verage monthly value of securities	1a		
b	A verage monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	A cquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
:	Section C - Distributable Amount			Current Year
,	Adjusted net income for prior year (from Section A , line 8 , Column A)	1		
l	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
:	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

Part V Type III Non-Functionally Integr	ated 509(a)(3) Suppo	rting Organizations (c	ontinued)
Section D - Distributions			Current Year
A mounts paid to supported organizations to accom	plish exempt purposes		
2 Amounts paid to perform activity that directly furth		ported organizations un	
excess of income from activity	ers exempt purposes or supp	orted organizations, in	
3 Administrative expenses paid to accomplish exem	pt purposes of supported orga	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval re	quired)		
6 Other distributions (describe in Part VI) See instri			
7 Total annual distributions. Add lines 1 through 6			
7 Total allilual distributions. And lines 1 through 6			
8 Distributions to attentive supported organizations details in Part VI) See instructions	to which the organization is r	esponsive (provide	
9 Distributable amount for 2015 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
	T	····	I
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
<u>C</u>			
d From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract			
lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013			
d From 2014			
e From 2015			
		Schodulo A	(Form 990 or 990-F7) (2015

DLN: 93493020008057

Employer identification number

SCHEDULE D

(Form 990)

Department of the

Internal Revenue Service

Treasury

Supplemental Financial Statements

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

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

OMB No 1545-0047

Inspection

	me of the organization ECOLUMBUS ACADEMY			Empl	oyer identification numbe	r
Inc	COLUMBUS ACADEMI			31-4	379445	
Pa	rt I Organizations Maintaining Donor Complete if the organization answere	r Advised Funds or ed "Yes" on Form 990	Other Similar F , Part IV, line 6.	unds	or Accounts.	
		(a) Donor advised fund	ds	(b)	Funds and other accounts	
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor a funds are the organization's property, subject to			nor advi:	sed Yes	┌ No
6	Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?	benefit of the donor or do	onor advisor, or for a	iny othei	r purpose Yes	No
Pa	rt III Conservation Easements. Comple	ete if the organization	answered "Yes"	on Forn	n 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by th	ne organization (check al	l that apply)			
	Preservation of land for public use (e g , recreducation)	reation or	Preservation of a	an histor	ically important land area	
	Protection of natural habitat	Γ	Preservation of a	certifie	d historic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization easement on the last day of the tax year	held a qualified conserva	ation contribution in	the form	of a conservation	
					Held at the End of the	Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easeme			2b		
С	Number of conservation easements on a certified		• •	2c		
d	Number of conservation easements included in (a historic structure listed in the National Register			2d		
3	Number of conservation easements modified, tra	nsferred, released, exting	guished, or terminat	ed by th	e organization during the	
	tax year ▶					
4	Number of states where property subject to cons	ervation easement is loc	ated ▶			
5	Does the organization have a written policy regar violations, and enforcement of the conservation e		rıng, ınspection, har	ndling of	□ Yes □ No	o o
6	Staff and volunteer hours devoted to monitoring, year	inspecting, handling of v	iolations, and enforc	ing cons	servation easements durin	ig the
	>					
7	A mount of expenses incurred in monitoring, inspersely.	ecting, handling of violati	ions, and enforcing o	conserva	ation easements during the	e year
8	Does each conservation easement reported on II (B)(I) and section $170(h)(4)(B)(II)^{2}$	ne 2(d) above satisfy the	e requirements of se	ction 17	0(h)(4)	o
9	In Part XIII, describe how the organization repor balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	t of the footnote to the or		•	•	
Par	TIII Organizations Maintaining Collection Complete if the organization answere			or Oth	ner Similar Assets.	
1a	If the organization elected, as permitted under SI works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the foot	FAS 116 (ASC 958), not rassets held for public e:	to report in its reve xhibition, education,	or resea	arch in furtherance of publ	
b	If the organization elected, as permitted under SI	FAS 116 (ASC 958), to 1	report in its revenue	statem	ent and balance sheet	

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

service, provide the following amounts relating to these items

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

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

▶ \$ __

works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Par		Organizations Maintaining (continued)	Collections of	Art, H	listori	cal	Treasures,	or O	ther Similar	Asse	ts	
3		the organization's acquisition, accion items (check all that apply)	ession, and other re	ecords,	check a	any c	of the following	that a	re a sıgnıfıcant	use of	ıts	
а	┌ P	ublic exhibition		d	, L	Lo	an or exchang	e progr	ams			
b	┌ s	cholarly research		е	• _	Οt	her					
c		reservation for future generations										
4	•	e a description of the organization	's collections and e	vnlain h	now they	/ furt	her the organ	ızatıon'	s evemnt nurno	e in		
-	Part XI	III			·		_			oc III		
5		the year, did the organization sol to be sold to raise funds rather th							_	'es	□ No	
Pa		Escrow and Custodial Arra Complete if the organization Part X, line 21.	_	n Forn	n 990,	Par	t IV, line 9,	or rep	•			
1a		organization an agent, trustee, cu ed on Form 990, Part X?	stodian or other inte	ermedia	ary for c	ontri	butions or oth	erasse	ets not	'es	┌ No)
ь	If"Y	es," explain the arrangement in F	art XIII and comple	ete the	followin	a tab	ole		A	moun	t	
c		nning balance				,		1c				
d		itions during the year						1d				
e	Dist	ributions during the year						1e				
f	Endi	ng balance						1f				
2 a	Did the	e organization include an amount o	on Form 990, Part X	, line 2:	1, for es	crov	w or custodial	accoun	it liability?	'es	□ No	
									'		,	_
ь		," explain the arrangement in Par										
Pa	rt V	Endowment Funds. Comple				ed "\						
	Doguna	una of ware balance	(a)Current year 40,207,272	(b)P	9rior year 41,720,	368	b (c) Two years 35,777		d) Three years back 30,528,86	+		ears back 8,687,133
1a b	Contril	ing of year balance	946,850		804,		•	1,605	2,772,52			3,430,931
U			540,030		004,		1,00	1,003	2,772,32	-	•	3,430,331
c	Net inv losses	estment earnings, gains, and	-1,236,379		463,	089	5,54	5,989	3,703,03	7		-410,291
d		or scholarships	939,532		904,	764	81	7,884	696,76	4		643,071
e	Other	expenditures for facilities ograms	762,861		1,821,	544	53.	3,848	478,90	2		485,762
f	A dmın	istrative expenses	52,834		53,	880	5.	2,983	51,26	9		50,074
g	End of	year balance	38,162,516		40,207,	272	41,72	0,368	35,777,48	9	3(0,528,866
2	Provid	' e the estimated percentage of the	current year end ba	alance ((line 1g,	colu	ımn (a)) held a	as				
а	Board	designated or quasi-endowment >	. 18 350 %									
b	Perma	nent endowment ► 64 700 %										
c		rarily restricted endowment >	16 960 %									
		rcentages on lines 2a, 2b, and 2c	should equal 100%	o								
3a		ere endowment funds not in the po	ssession of the orga	anızatıo	n that a	re h	eld and admın	ıstered	for the			
	_	zation by							Г	2-/:>	Yes	No
		elated organizations				•			<u> </u>	3a(i) 3a(ii)		No No
b		" on 3a(II), are the related organi				Iule∣	R?			3b		
4	Descri	be in Part XIII the intended uses	of the organization's	s endow	vment fu	ınds			_			
Pa		Land, Buildings, and Equip		_								
		Complete if the organization Description of property	answered 'Yes' to			a)	(b)	Accumulate	d		ik value
					(inves				, ,			
								2,155,55	1			2,155,551
	Building						37	7,137,728	8 20,656,	296	1	6,481,432
		old improvements		. -				5 162 44	2 1756	271		1 407 072
	Equipme Other	:III		. -				5,163,443	3 4,756,	3/1		1,407,072
			<u></u> .				13	3,523,48	4		1	3,523,484
Tota	al. A dd li	nes 1a through 1e <i>(Column (d) mu</i>	st equal Form 990, Pa	art X, co	olumn (B), lin	e 10(c)) .		>		3:	3,567,539

(including name of security)	У	(b) Book value	(c)Method of valuation Cost or end-of-year market val
(1)Financial derivatives			,
(2)Closely-held equity interests (3)O ther			
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
art VIII Investments—Program Related. Complete if the organization answere	ed 'Yes' on Form 990	, Part IV, line 11c.s.	ee Form 990 Part X line 13
(a) Description of investment		(b) Book value	(c) Method of valuation Cost or end-of-year market val
			Cost of end-of-year market val
	Ion answered 'Yes' on F	Form 990 Part IV line	11d See Form 990 Part X June 15
	ıon answered 'Yes' on f	Form 990, Part IV, line	11d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organizat	ıon answered 'Yes' on f	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organizat	ıon answered 'Yes' on f	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organizat	ıon answered 'Yes' on f	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organizat	ıon answered 'Yes' on f	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organizat	ıon answered 'Yes' on f	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organizat	ıon answered 'Yes' on f	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organizat	ıon answered 'Yes' on f	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organizat	ıon answered 'Yes' on f	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organizat	ıon answered 'Yes' on f	Form 990, Part IV, line	
Part IX Other Assets. Complete if the organizat (a) Desi	ion answered 'Yes' on f	Form 990, Part IV, line	(b) Book value
Other Assets. Complete if the organizat (a) Desired (ion answered 'Yes' on ficription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization of the complete in the organization of the complete in the organization of the complete in the organization of the complete in the organization of the complete in the organization of the complete in the organization of the complete in the organization of the complete in the organization of the complete in the organization of the complete in the organization of the complete in the organization of the complete in the organization of the complete in the organization of the complete in the complete in the organization of the complete in the complete	ion answered 'Yes' on ficription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization of liability (a) Description of liability	e 15) ganızatıon answered		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25. (a) Description of liability Federal income taxes	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25. (a) Description of liability Gederal income taxes	e 15)		(b) Book value
Part IX Other Assets. Complete if the organizat (a) Description of liability Federal income taxes CUSTODIAN DEPOSITS	e 15)		(b) Book value
Part IX Other Assets. Complete if the organizat (a) Description of liability Federal income taxes CUSTODIAN DEPOSITS	e 15)		(b) Book value
Part IX Other Assets. Complete if the organizat (a) Description of liability Federal income taxes CUSTODIAN DEPOSITS	e 15)		(b) Book value
Fotal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25.	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25. L. (a) Description of liability Federal income taxes	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	e 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the ore See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes	e 15)		(b) Book value

Schedule D (Form 990) 2015

1

2

information

PART V, LINE 4

Return Reference

26,472,904

e	Add lines 2a through 2d	2e	192,461
3	Subtract line 2e from line 1	3	26,280,443
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)		
c	Add lines 4a and 4b	4c	4,462,559
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	30,743,002
Part	Reconciliation of Expenses per Audited Financial Statements With Expense Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	s per	Return.
1	Total expenses and losses per audited financial statements	1	28,128,243
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		
c	Other losses		
d	Other (Describe in Part XIII)		
e	Add lines 2a through 2d	2e	3,039,164
3	Subtract line 2e from line 1	3	25,089,079
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)]	
c	Add lines 4a and 4b	4c	4,076,125
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	29,165,204

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

Explanation

THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED FOR FACULTY AND STAFF SALARIES, FINANCIAL AID, PROFESSIONAL DEVELOPMENT, ATHLETICS, STUDENT NEWSPAPER, AND

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b,

COMMENCEMENT AWARDS

2a

2b

2c

2d

192,461

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

Total revenue, gains, and other support per audited financial statements

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Net unrealized gains (losses) on investments . . .

Donated services and use of facilities

Recoveries of prior year grants .

Other (Describe in Part XIII)

OMB No 1545-0047

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SCHEDULE E Schools (Form 990 or

▶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.

▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

990-EZ)

	e of the organization OLUMBUS ACADEMY	Employer identificati	on nur	nber	
Da	rtI	31-4379445			
Fe				YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in other governing instrument, or in a resolution of its governing body?	its charter, bylaws,	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward student brochures, catalogues, and other written communications with the public dealing with student acprograms, and scholarships?		2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broad the period of solicitation for students, or during the registration period if it has no solicitation prothat makes the policy known to all parts of the general community it serves? If "Yes," please deplease explain If you need more space use Part II	ogram, in a way	3	Yes	
			-		
4 a	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?		4a	Yes	
Ь	Records documenting that scholarships and other financial assistance are awarded on a racially basis?	/ nondiscriminatory	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the pwith student admissions, programs, and scholarships?	oublic dealing	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?		4d	Yes	
_	If you answered "No" to any of the above, please explain If you need more space, use Part II		-		
5 a	Does the organization discriminate by race in any way with respect to Students' rights or privileges?		5a		No
b	Admissions policies?		5 b		Νo
c	Employment of faculty or administrative staff?		5c		Νo
d	Scholarships or other financial assistance?		5d		Νo
е	Educational policies?		5e		Νo
f	Use of facilities?		5f		Νo
g	Athletic programs?		5g		Νo
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II		5h		Νo
			-		
_			1		
	Does the organization receive any financial aid or assistance from a governmental agency?		6a	Yes	
b	, Has the organization's right to such aid ever been revoked or suspended?		6b	<u> </u>	No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II Does the organization certify that it has complied with the applicable requirements of sections 4 of Rev. Proc. 75-50.1975-2 C.B. 587, covering racial nondiscrimination? If "No." explain on P	•		Vec	

Page 2

Return Reference Explanation SCHEDULE E, PART I, LINE 3 A STATEMENT AFFIRMING ITS NONDISCRIMINATORY POLICY WAS PLACED IN ALL ADVERTISEMENTS. BROCHURES. NEWSPAPER ARTICLES. AND OTHER

Schedule E (Form 990 or 990EZ) (2015)

TYPES OF MEDIA MENTIONING THE SCHOOL SCHEDULE E. PART I, LINE 6 THE COLUMBUS A CADEMY RECEIVES REIMBURSEMENT FROM THE STATE OF OHIO FOR EXPENSES INCURRED BY THE SCHOOL'S EMPLOYEES IN THE COMPLETION OF CLERICAL AND ADMINISTRATIVE DUTIES REQUIRED BY

FEDERAL. STATE OR LOCAL LAWS

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DLN: 93493020008057

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

ame of the organization HE COLUMBUS ACADEMY						Employer ide	ntification number
TE COLONDOS ACADEMI						31-437944	5
Part I Fundraising Ac Form 990-EZ file			_	ation answered "Yes' his part.	on Form	n 990, Part I\	/, line 17.
Indicate whether the orga	nızatıon raısed fun	ds throug	h any of th	ne following activities (heck all t	hat apply	
a Mail solicitations				e Solicitation of r	on-goverr	nment grants	
b Internet and email so	licitations			f Solicitation of g	jovernmen	t grants	
c Phone solicitations				g	sıng event	S	
d In-person solicitation	าร						
Did the organization have or key employees listed in services?							es No
b If "Yes," list the ten high to be compensated at lea				isers) pursuant to agre	ements un	der which the f	undraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust con	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) ser listed in col (i)	(vi) A mount paid to (or retained by) organization
1		Yes	No				
2							
_							
3							
4							
5							
6							
7							
8							
9							
0							
otal							
List all states in which the registration or licensing	organization is reg	ıstered or	licensed t	to solicit contributions (or has bee	n notified it is	L exempt from

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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	receipts greater than \$5,000	(a) Event #1	(b) Event #2	(c)O ther events	(d) Total events
		GOLF OUTING (event type)	(event type)	(total number)	(add col (a) through col (c))
Reverkie	1 Gross receipts	22,433			22,433
≆	2 Less Contributions	15,589			15,589
	3 Gross income (line 1 minus line 2)	6,844			6,844
	4 Cash prizes				
	5 Noncash prizes	369			369
ွှ	6 Rent/facility costs				
Expenses	7 Food and beverages	767			767
<u>ă</u>	8 Entertainment	5,708			5,708
Direct	9 Other direct expenses				
<u>څ</u>	10 Direct expense summary Add lines	4 through 9 ın column (d)		6,844
	11 Net income summary Subtract line 1	.0 from line 3, column (d)		C
Par	Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	e 19, or reported mo	re than \$15,000 on
Reverkie		(a) Bıngo	(b)Pull tabs/Instant bingo/progressive bingo	(c)O ther gaming	(d) Total gaming (add col (a) through col (c))
Re	1 Gross revenue				
JSes	2 Cash prizes				
Expenses	3 Noncash prizes				
Ulrea	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	│ Yes	├ Yes <u> </u>	✓ Yes % No	
	7 Direct expense summary Add lines	2 through 5 ın column (d)		
	8 Net gaming income summary Subtra	act line 7 from line 1, col	umn (d)		
9 a	Enter the state(s) in which the organization licensed to conduct		•		Yes
	If "No," explain				
b					
b					
b Oa	Were any of the organization's gaming l			; the tax year?	Yes

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule I (Form 990)

Department of the

Internal Revenue Service

Name of the organization

Treasury

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990.

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

OMB No 1545-0047

2015

DLN: 93493020008057

Open to Public Inspection

Employer identification number

THE COLUMBUS ACADEMY						31-4379445	
Part I General Informatio	n on Grants an	d Assistance					
Does the organization maintain the selection criteria used to aw Describe in Part IV the organization	ard the grants or a	ssistance?				tance, and	√ Yes
Part II Grants and Other Assistation that received more than s				plete if the organization	answered "Yes" on Fo	orm 990, Part IV, line 2:	l, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
		+					
2 Enter total number of section 503 Enter total number of other orga							
For Paperwork Reduction Act Notice, see	the Instructions for	Form 990.		Cat No 50055P		Schedu	le I (Form 990) 2015

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book FMV, appraisal, other)	, (f) Description of non-cash assistance
(1) FINANCIAL AID				N/A	N/A
Part IV Supplemental Inform	ation. Provide the inf	ormation required in	Part I, line 2, Part III,	column (b), and any other	additional information.

Part IV Supplem	ental Information. Provide the	information required	 d ın Part I, lıne 2, Part III,	column (b), and any other	additional information.
Return Reference	Explanation				
PART III					ENT'S FAMILY SUBMITS A PACKET

FORWARDED TO AN INDEPENDENT AGENCY TO EVALUATE THE LEVEL OF NEED ANOTHER COPY OF THE FINANCIAL AID IS EVALUATED BY THE COMMITTEE TO DETERMINE THE ELIGIBILITY FOR FINANCIAL AID BASED ON THE POTENTIAL RECIPIENT'S NEED.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule J

(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

DLN: 93493020008057 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service		► Information about Schedule J (Fe	orm 990)) and its instructions is at <u>www.irs.</u>			o Pul ectio	
Naı	ne of the organiz				Employer identificati	on nur	nber	
THE	COLUMBUS ACADEN	1Y			31-4379445			
Pa	rt I Questi	ons Regarding Compensation	1		01 1073110			
							Yes	No
1a		opiate box(es) if the organization pro Section A, line 1a Complete Part III						
	First-clas	s or charter travel		Housing allowance or residence for	personal use			
	Travel for	companions		Payments for business use of perso	onal residence			
	Tax idemr	nification and gross-up payments	√	Health or social club dues or initiat	ion fees			
	Discretion	nary spending account	Г	Personal services (e g , maid, chau	ffeur, chef)	 	 	
b		xes in line 1a are checked, did the or or provision of all of the expenses de				1b		No
2								
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?					2	Yes	
3	organization's (used by a relate	If any, of the following the filing organ CEO/Executive Director Check all the ed organization to establish compens	at apply ation of	Do not check any boxes for method the CEO/Executive Director, but ex	ls			
		ation committee	v	Written employment contract		 	 	
		ent compensation consultant	~	Compensation survey or study	tion committee	! 	! 	!
	✓ Form 990	of other organizations	✓	Approval by the board or compensa	ition committee	 	! 	!
4	During the year or a related org	r, did any person listed on Form 990, anization	Part VII	, Section A , line 1a with respect to t	he filing organization			
а	Receive a seve	rance payment or change-of-control	payment	?		4a		Νo
b	Participate in, o	or receive payment from, a supplemen	ntal nonc	qualified retirement plan?		4b	Yes	
c	Participate in, o	or receive payment from, an equity-ba	ased con	npensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and pro	ovide the	e applicable amounts for each item ii	n Part III			
	O-l- 504(-)(3)	F01(a)(4) and F01(a)(20) annuminat		et commiste lines 5.0				
5	For persons list	, 501(c)(4), and 501(c)(29) organizat ted on Form 990, Part VII, Section A contingent on the revenues of		-	any			
а	The organizatio	n?				5a		No
b	Any related org	anization?				5b		Νo
	If "Yes," on line	e 5a or 5b, describe in Part III						
6	•	ted on Form 990, Part VII, Section A contingent on the net earnings of	, line 1a	, did the organization pay or accrue ϵ	any			
а	The organizatio	n?				6 a		Νo
b	Any related org	anization?				6b		Νo
	If "Yes," on line	e 6a or 6b, describe in Part III						
7		ced on Form 990, Part VII, Section A lescribed in lines 5 and 67 If "Yes," d			n-fixed	7		No
8		nts reported on Form 990, Part VII, nitial contract exception described in				8		No
9	If "Yes" on line section 53 495	8, did the organization also follow the $8-6(c)$?	e rebutta	able presumption procedure describe	d in Regulations	9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		Base (1) compensation	(iı) Bonus & ıncentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990	
1 MRS MARGARET KOERNER CHIEF FINANCIAL OFFICER	(i)	171,363	0	0	17,500	15,832	204,695	0	
	(ii)	0	0	0	0	0	0	0	
2 MS MELISSA SODERBERG HEAD OF SCHOOL	(i)	275,859	0	91,468	27,400	15,841	410,568	0	
	(ii)	0	0	0	0	0	0	0	
3 MR ERICH HUNKER DIR OF DEVELOPMENT &	(i)	167,817	0	0	17,000	15,823	200,640	0	
ASST	(ii)	0	0	0	0	0	0	0	
4 MRS KARLA LONG MIDDLE SCHOOL HEAD	(i)	129,933	0	0	6,715	15,759	152,407	0	
	(ii)	0	0	0	0	0	0	0	
5 MS CORINNA IZOKAITIS UPPER SCHOOL HEAD	(i)	128,271	0	0	6,630	15,756	150,657	0	
	(ii)	0	0	0	0	0	0	0	
6 MS KAYETHEL MASON LOWER SCHOOL HEAD	(i)	123,399	0	0	12,755	15,749	151,903	0	
	(ii)	0	0	0	0	0	0	0	

Schedule J (Form 990) 2015	Page 3						
Part III Supplemental Information							
Provide the information, explanation, or	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information						
Return Reference	Explanation						
,	THE COLUMBUS ACADEMY PAYS FOR A SOCIAL CLUB MEMBERSHIP FOR ITS HEAD OF SCHOOL SO THAT SHE IS ABLE TO PERFORM REQUISITE VOLUNTEER AND DONOR ENTERTAINING APPROPRIATE FOR HER LEADERSHIP ROLE TO ADVANCE THE INSTITUTION EXPENSES SHE INCURS FOR THE PERSONAL USE OF HER MEMBERSHIP ARE INCLUDED IN HER TAXABLE COMPENSATION						
PART I, LINE 4B	THE COLUMBUS ACADEMY MAINTAINED A NONQUALIFIED DEFERRED COMPENSATION PLAN FOR ITS HEAD OF SCHOOL, UNDER IRC 457(F)						

UNDER THE 457(F) PLAN, THE ORGANIZATION INCURRED AN EMPLOYER CONTRIBUTION LIABILITY OF \$14,150 DURING THE YEAR

Schedule J (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS As Filed Data -Schedule K

Supplemental Information on Tax Exempt Bonds

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

▶ Attach to Form 990.

2015 Open to Public

DLN: 93493020008057 OMB No 1545-0047

Inspection

Employer identification number

31-4379445

Internal Revenue Service

Department of the Treasury

(Form 990)

Name of the organization

THE COLUMBUS ACADEMY

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

Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (g) Defeased (h) On (i) Pool behalf of financing ıssuer Yes No Yes No Yes No CITY OF GAHANNA OHIO 31-6400492 000000000 07-13-2015 15,000,000 SEE PART VI Х Х Х Part II **Proceeds** Α С 1.073.165 A mount of bonds legally defeased 2 Total proceeds of issue 6.701.849 Gross proceeds in reserve funds 5

7 50,001 8 9 10 6,651,848 2016 Yes No Yes No Yes Yes No

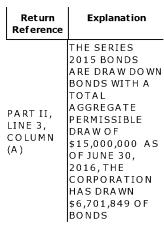
11 12 13 Were the bonds issued as part of a current refunding issue? Х 14 Were the bonds issued as part of an advance refunding issue? Х 15 16 Х Does the organization maintain adequate books and records to support the final 17 Χ allocation of proceeds? Private Business Use Α В С D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned

Are there any lease arrangements that may result in private business use of bondХ

Х

			Α		E	3		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No	
3a	Are there any management or service contracts that may result in private by of bond-financed property?		×								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or o counsel to review any management or service contracts relating to the finan		Х								
prope	'							-	-		
С	Are there any research agreements that may result in private business use financed property?			×							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or o counsel to review any research agreements relating to the financed property										
4	Enter the percentage of financed property used in a private business use by other than a section $501(c)(3)$ organization or a state or local government .			0 %							
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government	section		0 %							
6	Total of lines 4 and 5			0 %							
7	Does the bond issue meet the private security or payment test?			Х							
8a	Has there been a sale or disposition of any of the bond-financed property to nongovernmental person other than a 501(c)(3) organization since the bond issued?			х							
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or di	sposed of									
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations so 1 141-12 and 1 145-2?	ections									
9	Has the organization established written procedures to ensure that all nonque bonds of the issue are remediated in accordance with the requirements unde Regulations sections 1 141-12 and 1 145-2?		Х								
Par	t IV Arbitrage										
		А			В		С			D	
	-	Yes	No	Yes	No	Ye	s	No	Yes	No	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		Х								
2	If "No" to line 1, did the following apply?										
а	Rebate not due yet?	Х									
b	Exception to rebate?	Х									
С	No rebate due?	Х									
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed										
3	Is the bond issue a variable rate issue?	×									
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	х									
b		NC BANK NA ASSOCIATIO									
С	Term of hedge	700 00000	00000 %								
d	Was the hedge superintegrated?		Х								
e	Was the hedge terminated?		Х								
	<u> </u>										

			165	140	l tes	140	1 1 65	140	res	140
5a	Were gross proceeds i contract (GIC)?	nvested in a guaranteed investment		Х						
b	Name of provider									
С	Term of GIC	Term of GIC								
d		fe harbor for establishing the fair market fied?								
6	Were any gross procee period?	eds invested beyond an available temporary		Х						
7	7 Has the organization established written procedures to monitor the requirements of section 148?		×							
Pa	rt V Procedures	To Undertake Corrective Action								
			А		В		С		D	
			Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?			×							
Pa	art VI Suppleme	ntal Information. Provide additional inform	ation for resp	onses to qu	estions on So	chedule K (s	ee instructioi	ns).	•	
	Return Reference		Explanation							
PAR (F)	T I, LINE A, COLUMN	FINANCE (1) THE ACQUISITION, CONSTRUCT OF CERTAIN CAPITAL EXPENDITURES OF THE INCLUDING, BUT NOT LIMITED TO, ADDITION THE CORPORATION, FURNITURE, FIXTURES A THERETO LOCATED ON THE REAL PROPERTY OHIO, AND (2) CERTAIN COSTS AND EXPENSE THE SERIES 2015 BONDS	COLUMBUS A IS TO AND RE ND EQUIPMEI LOCATED AT	ACADÉMY (TH NOVATIONS NT AND ALL N 4300 CHERRY	IE "CORPORA OF CERTAIN IECESSARY A / BOTTOM RO	TION") BUILDINGS (PPURTENAN(AD, GAHANN	OF CES IA,			



Return Reference	Explanation
PART IV, LINE 2 C, COLUMN (A)	THE 2015 BONDS ARE DRAW DOWN BONDS THE CORPORATION ONLY DRAWS UPON THE BONDS WHEN IT HAS REIMBURSABLE EXPENSES AND USES SUCH DRAWS TO EITHER IMMEDIATELY PAY SUCH EXPENSES OR TO REIMBURSE ITSELF FOR SUCH EXPENSES BECAUSE OF THIS THERE ARE NO INVESTMENT EARNINGS ON THE SERIES 2015 BONDS AND THEREFORE NO NEED FOR REBATE

Schedule L

(Form 990 or 990-EZ)

DLN: 93493020008057

Transactions with Interested Persons

► Complete if the organization answered

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2015

epartment of the reasury nternal Revenue Serv	ıce	►TU	Tormation abou	it Sched	www.irs.gov		na its instruct	ions	is at			n to Pu Ispecti	
Name of the orga THE COLUMBUS ACA									ployer -4379		ication	number	-
			insactions (s					29)o	rganız	ations (
			ation answered '							•			ontod?
1 (a) Name	of disqualif	iea pe	erson	(в) кен	•	veen disqualifie Janization	a person and	(c		ription action	or	(d) Corr	No No
					_	,					-	163	NO
			I										
							+				-+		
2 Enter the am	nount of tax	ıncıır	red by organiza	tion ma	nagers or disc	malified nerson	s during the v	earu	nder s	ection		•	
4958		•	· · · · ·						.]	▶ \$ -			
3 Enter the am	ount of tax	, ıf an	y, on line 2, abo	ve, reir	mbursed by th	e organization .			. 1	> \$			
Part III Loa	no to and	1/05	From Intere	octod	Borconc								
Com	plete if the	organ	ization answere an amount on F	d "Yes'	" on Form 990		e 38a, or Forr	m 990) , Part	IV, line	e 26, o	or if the	
(a) Name of	(b)		(c) Purpose of		Loan to	(e)	(f)Balance) In	(h	-	(i)Wr	
nterested person	Relations with organizat	ı .	ioan	or from the organization?		Original principal amount	due	aera	ault?	by boa	ard or	agreer	nentz
	organiza	.1011		То	From			Yes	No	Yes	No	Yes	No
	HEAD OF SCHOOL		TO COVER RELOCATION COSTS		Х	100,000	40,000		No	Yes		Yes	
											<u> </u>		
				-							├		
				+							+		
				+							+		
otal			▶ \$				40,000						
			nce Benefiti anızatıon ans				IV line 27						
(a) Name of int		(b)	Relationship be rested person a	tween		of assistance	(d) Type of	assıs	tance	(e)	Purpos	se of ass	ıstance
·			organization										
										_			
					1					+			

Schedule L (Form 990 or 990-EZ) 2015					Page 2
Part IV Business Transactions : Complete if the organization			o 202 20h or 20c		
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sh organiz reven	ation's
(1) CONTINENTAL BUILDING SYSTEMS	JONATHAN KASS, TRUSTEE, HAS A FAMILY RELATIONSHIP WITH AN OWNER/OFFICER		THE SCHOOL HAS A CONSTRUCTION PROJECT CONTRACT WITH CONTINENTAL BUILDING SYSTEMS FOR VARIOUS CAMPUS RENOVATION AND EXPANSION PROJECTS THE RELATIONSHIP BETWEEN THE TRUSTEE AND THE INTERESTED PERSON WAS PROPERLY DISCLOSED PER THE SCHOOL'S CONFLICT OF INTEREST POLICY, PER PROPER DISCLOSURE ON THE TRUSTEE'S ANNUAL CONFLICT OF INTEREST STATEMENT PRIOR TO THE BOARD'S CONSIDERATION OF THE CONSTRUCTION DISCLOSED HIS CONFLICT AND ABSTAINED FROM VOTING ON MATTERS RELATING TO THE CONSTRUCTION PROJECT		No
			1		

Supplemental Information

Part V

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference **Explanation**

As Filed Data efile GRAPHIC print - DO NOT PROCESS **SCHEDULE M**

(Form 990)

Department of the

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

DLN: 93493020008057 OMB No 1545-0047

2015

Open to Public

	rnal Revenue Service					Inspectio	n
Nar	ne of the organization				Employer identificati	on number	
HE	COLUMBUS ACADEMY				24 4270445		
Ð	art I Types of Property				31-4379445		
-	Types of Froperty	Τ.,	4.		T		
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermining	ıts
	Art—Works of art						
	Art—Historical treasures .						
	Art—Fractional Interests				 		
4	•				 		
5	Clothing and household goods						
6	goods				1		
7					+		
8	·						
9	· · ·	Х	21	188,039	STOCK EXCHANGE		
10	Securities—Closely held stock			·			
11	Securities—Partnership, LLC, or trust interests						
12	Securities—Miscellaneous						
13	Qualified conservation contribution—Historic structures						
14	Qualified conservation contribution—Other						
15	Real estate—Residential .						
16	Real estate—Commercial						
17	Real estate—Other						
	Collectibles						
	Food inventory						
	Drugs and medical supplies .						
	Taxidermy						
	Historical artifacts						
	Scientific specimens Archeological artifacts				+		
	3				+		
	Other ► () Other ► ()						
	Other ▶ ()						
	Other ▶ ()						
	Number of Forms 8283 received for which the organization comple				29		
	-					Yes	No
30	a During the year, did the organization it must hold for at least three year				- '		
	for exempt purposes for the enti			•		30a	N.C
	b If "Yes," describe the arrangem					J04	No
	Does the organization have a gr					31 Yes	1
21	- Does the binanization have a di	н ассертари	. e oour v roar reduires the r	eview of any non-standard	a contributions / L	I I E S	1

contributions? . . .

b If "Yes," describe in Part II

describe in Part II

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

32a

Νo

Schedule M (Form 990) (2015)

Page 2

Schedule M (Form 990) (2015)

Return Reference Explanation

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	ONB No 1545-0047 ONB No 1545-0047 2015 Open to Public Inspection	
Name of the organiza THE COLUMBUS ACADEMY		Employer identification number 31-4379445
	Supplemental Information	
Return Reference	Explanation	
FORM 990, PART I, LINE 1	THE COLUMBUS A CADEMY ASPIRES TO BE AN INCLUSIVE COMMUNITY WHERE AT THE MISSION OF THE SCHOOL ARE VALUED, RESPECTED AND INTEGRATED INTO	
FORM 990, PART III, LINE 1	THE COLUMBUS ACADEMY - AN INDEPENDENT, COEDUCATIONAL COLLEGE PREFITS ACADEMIC TRADITION OF EXCELLENCE BY VALUING A BROAD DIVERSITY OF TO DEVELOP THE COMPLETE PERSON MIND, BODY AND CHARACTER THE SCHOOL OF AND ACCOMPLISHMENT FOSTERS COMPASSION, RESPECT AND MORAL CO	F STUDENTS AS IT SEEKS OOL REWARDS RIGOROUS EFF

GRITY, FAIR PLAY AND COMMUNITY SERVICE THE ACADEMY STRIVES TO DEVELOP AND SUSTAIN A COMMUNITY OF THOUGHTFUL, RESPONSIBLE, CAPABLE AND CONFIDENT CITIZENS EAGER TO ENGAGE IN A PLURA

DLN: 93493020008057

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LISTIC AND EVER-CHANGING WORLD

990 Schedule O, Supplemental Information

Poturn Poforonco

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	FORM 990 IS FIRST REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES IT IS THEN E-MAILED TO THE FULL BOARD OF TRUSTEES FOR THEIR REVIEW AND APPROVAL, AND FORMALLY ACCEPTED BY THE FULL BOARD OF TRUSTEES AT ITS NEXT MEETING, PRIOR TO THE FORM'S SUBMISSION TO THE IRS
	AT THE FIRST BOARD MEETING OF EVERY NEW FISCAL YEAR, TRUSTEES AND OFFICERS ARE GIVEN A COP Y OF THE CONFLICT OF INTEREST AND ETHICS POLICY THEY ARE REQUIRED TO COMPLETE A QUESTIONN AIRE THAT DISCLOSES ANY CONFLICTS OF INTEREST, AND SUBMIT THIS SIGNED FORM TO THE ADMINIST RATION THE ADMINISTRATION FOLLOWS UP WITH TRUSTEES TO ENSURE THAT ALL BOARD MEMBERS SUBMI T THIS SIGNED FORM TO THE SCHOOL

Evalanation

990 Schedule O, Supplemental Information

IDESTAR ORG

Return

PART VI.

LINE 15

SECTION B.

SECTION C.

LINE 18

Reference THE REVIEW OF HEAD OF SCHOOL COMPENSATION BY THE BOARD IS BASED UPON THE BOARD'S DETERMINATION OF FORM 990. THE HEAD OF SCHOOL'S PERFORMANCE AS MEASURED AGAINST THE ACADEMY'S MISSION STATEMENT AND STRATEGIC

PLAN. AS WELL AS HER SATISFACTION OF PRIOR PERFORMANCE GOALS ESTABLISHED AND APPROVED BY THE

Explanation

BOARD'S NOMINATING AND GOVERNANCE COMMITTEE OR SUCH SUCCESSOR COMMITTEE. CONSIDERATION OF COMPENSATION PRACTICES OF OTHER INDEPENDENT SCHOOLS. AND SUCH OTHER FACTORS DEEMED REASONABLE AND APPROPRIATE BY THE BOARD COMPENSATION OF OTHER KEY EMPLOYEES OR OFFICERS IS BASED UPON PERFORMANCE AND COMPARATIVE INFORMATION FROM OTHER INDEPENDENT SCHOOLS AT THE LOCAL, REGIONAL, AND

NATIONAL LEVELS THE ORGANIZATION'S FORMS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. FURTHER. THE OR GANIZATION'S FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION THROUGH ANOTHER'S WEBSITE, WWW GU

FORM 990. PART VI.

990 Schedule O, Supplemental Information

Return Reference

	—
FORM 990, PART VI, SECTION	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL
C LINE 19	STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Explanation

FORM 990, PART XI, LINE 9 PASS-THROUGH LOSS ADJUSTMENT FOR TAX RETURN 135,861 FASB 158 ADJUSTMENT -451,067 LOSS ON UNCOLLECTIBLE PLEDGES -388.600

Return Reference Explanation

FORM 990 PART XII LINE 2C COMMITTEE THAT OVERSEES THE ALIDIT FURTHER THIS COMMITTEE INTERVIEWS CANDIDATES FOR THE

990 Schedule O, Supplemental Information

ı	1 31 111 333, 17 11 11 7 11, 211 12 23	CONTINUE TO THE TOTAL OF THE TOTAL TOTAL THE CONTINUE TO THE TOTAL THE
	THE ORGANIZATION HAS A	AUDIT FIRM AND MAKES A RECOMMENDATION BASED ON THIS PROCESS TO THE FULL BOARD OF
	FINANCE AND AUDIT	TRUSTEES THE FULL BOARD OF TRUSTEES PASSES A RESOLUTION SELECTING THE EXTERNAL
ı		A LIDITORS THIS PROCESS REMAINS LINCHANGED FROM THE PRIOR VEAR

Jump to Schedule: Form 990

15,471,689

65,991,908

c#:1	n De	blic Vis	d Donder	Object d. 20192022	0240200217 Cb!!	oni 2010 02	-01		IN. 21. 427044E	
		ıblic Visua			9349300217 - Submissio			-	IN: 31-4379445 MB No. 1545-0047	
Return of Organization Exempt From Incom			Income	lax	-	0040				
€ Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod			nue Code (ex	cept privat	е	2016				
Donartr	nent of	f the Treasury	foundation		numbers on this form as it ma	ay be made put	olic.		Open to Public	
		nue Service	•	Information about Form 99	0 and its instructions is at <u>www</u>	v.IRS.gov/form	<u>1990</u> .		Inspection	
A F	or th			r tax year beginning 07-	01-2016 , and ending 06-3	0-2017				
_		applicable:	Name of organiz THE COLUMBUS				D Employe	er identif	ication number	
		change nange					31-4379	9445		
O Ini			Doing business	as		_				
O Fin	al retu	rn/terminated					E Telephone number			
		d return ion pending	Number and str 4300 CHERRY B	eet (or P.O. box if mail is not de BOTTOM ROAD	livered to street address) Room/su	ite	(614) 509-2227			
		` <u> </u>	City or town, sta	ate or province, country, and ZII	P or foreign postal code		(1)			
			GAHANNA, OH		, , , , , , , , , , , , , , , , , , , ,		G Gross red	ceipts \$ 3	4,722,194	
				ddress of principal officer:		H(a) Is this	a group ret	urn for		
			MELISSA SODE 4300 CHERRY I	ERBERG BOTTOM ROAD			linates?		☐Yes ✓No	
		(GAHANNA, OH	43230		H(b) Are all include		es	☐ Yes ☐No	
I Tax	k-exei	mpt status:	✓ 501(c)(3) (☐ 501(c) () ◄ (insert no.)	4947(a)(1) or 527			st. (see	instructions)	
J W	ebsi	te:▶ WWW	.COLUMBUSAC	CADEMY.ORG		H(c) Group	exemption	number	>	
K Forr	n of o	rganization:	Corporation	☐ Trust ☐ Association ☐	Other -	L Year of forma	tion: 1911	M State OH	of legal domicile:	
Pa	rt I	Summ	arv							
1 61				zation's mission or most sig	nificant activities:					
æ		SEE SCHEDULE O								
ĕ										
E										
Governance	2	Check this		ers of the governing body (D	art VI, line 1a)			3	23	
	4		_	, ,	rning body (Part VI, line 1b)			4	23	
es			•	ls employed in calendar yea	, , , ,		•	5	720	
Activities &				rs (estimate if necessary)	, , ,			6	715	
Act				revenue from Part VIII, colu			-	7a	18,200	
			related business taxable income from Form 990-T, line 34				7b	13,754		
						Pric	or Year		Current Year	
n,	8	Contributio	ns and grants	(Part VIII, line 1h)			4,303,2	92	3,108,735	
Revenue	9	Program se	rvice revenue	(Part VIII, line 2g)			24,667,3	01	26,444,420	
96	10	Investment	income (Part	VIII, column (A), lines 3, 4,	and 7d)		1,680,9	002	2,128,956	
ш.	11	Other rever	nue (Part VIII,	column (A), lines 5, 6d, 8c,	, 9c, 10c, and 11e)		91,5	07	119,430	
	12	Total reven	ue—add lines 8	8 through 11 (must equal Pa	art VIII, column (A), line 12)		30,743,0	02	31,801,541	
	13	Grants and	similar amoun	nts paid (Part IX, column (A), lines 1–3)		2,669,4	33	2,874,017	
	14	Benefits pa	id to or for me	embers (Part IX, column (A)	, line 4)			0	0	
88	15	Salaries, ot	es, other compensation, employee benefits (Part IX, column (A), lines 5–10) 18,608,747		47	19,323,966				
Expenses	16	Profession	al fundraising f	ees (Part IX, column (A), lir	ne 11e)			0	0	
хb	b	Total fundrais	sing expenses (Pa	art IX, column (D), line 25) $\triangleright 57$	8,203					
ш		-		column (A), lines 11a-11d,	•		7,887,0	-	9,329,482	
		-		13–17 (must equal Part IX,			29,165,2	-	31,527,465	
. 07	19	Revenue le	ss expenses. S	Subtract line 18 from line 12		n: :	1,577,7		274,076	
ssets or salances						Beginning	of Current Yo	еаг	End of Year	
age age	20	Total assets	s (Part X, line 1	16)			81,463,5	97	87,749,592	

Signature Block

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20 .

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

18,051,429 69,698,163

Sign lefter Sugnstance of officer Date	. ,	nowledge.			into i dii i	y				
Section						•				
Tree Price Review and title State Price Price Review and Title Price P	_	- !!	gnature of officer				Date			
The preference name is a properties of the program	ere	110		AL OFFICER						
aid reparer so Conty (1950a) (PA)		Ту	pe or print name and title							
mms amm		1.					Charle if			
Proper of Firm's address ▶ 30°H RCBLACH & COMPANY LLP Firm's EIN ▶ 31-44-9351 Firm's address ▶ 30°H NR ROBAD ST RET & BOD Plant address ▶ 30°H NR ROBAD ST RET & BOD Plant address ▶ 30°H NR ROBAD ST RET & BOD Plant address ▶ 30°H NR ROBAD ST RET & BOD Plant	aid	I	JON YERIAN CPA	JON YERIAN CPA		2018-01-31		P005/5540		
See Only			Firm's name > JOHN GERLACH 8	COMPANY LLP				31-4419361		
Total program services (Describe in Schedule O.) (Code:) (Expenses > 25,844,085) Total program services (Describe in Schedule O.) (Code:) (Expenses > 26,100,000) (Expenses > 1,127,497) (Code:) (Expenses > 26,100,000) (Expenses > 1,127,497) (Code:) (Expenses > 1,127,497) (Expenses > 1,127,497) (Code:) (Expenses > 1,127,497) (Expenses > 1,127,497) (Expenses > 1,127,497) (Code:) (Expenses > 1,127,497) (Expenses > 1,12			Firm's address ► 37 W BROAD ST S	STE 800			Phone no. (614	4) 224-2164	-	
tay the IRS discuss this return with the preparer shown above? (see instructions)	3 30	Oilly	COLUMBUS OH	43215						
Page 2 orm 990 (2016) Page 2 orm 990 (2016) Page 2 orm 990 (2016) Page 2 orm 990 (2016) Page 2 orm 990 (2016) Page 2 orm 990 (2016) Page 2 Orm 990 (2016) Page 3 Check if Schedule 0 contains a response or note to any line in this Part III I Briefly describe the organization's mission: EE SCHEDULE 0 2 Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E27 If "Yes," describe these new services on Schedule 0. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services, as massured by expenses, services? If "Yes," describe these changes on Schedule 0. A Describe the organization georgen service accomplishments for each of its three largest program services, as massured by expenses, section 501c(x)(3) and 501c(x)(4) amplications are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any of reach program service reported. 40 (Code: (C			· · · · · · · · · · · · · · · · · · ·							
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Page 3 Form 990 (2016) Page 3 Page 3 Page 1V Checklist of Required Schedules 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Schedu		(Expense	es \$ ir	ncluding grants of \$) (Revenue	e \$)	
Page 3 Form 990 (2016) Page 3 Page 4 Page 4 Page 4 Page 4 Page 5 Page 4 Page 5 Page 4 Page 5 Page 4 Page 5 Page 5 Page 5 Page 5 Page 5 Page 5 Page 5 Page 5 Page 5 Page 6 Page 6 Page 7 Page 7 Page 7 Page 7 Page 8 Page 7 Page 8 Page 7 Page 8 Page 8 Page 8 Page 9 Page	4e	Total pr	ogram service expenses 🕨	25,844,085						
Page Part IV Checklist of Required Schedules 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Schedule									Form 99	0 (2016
Page Part IV Checklist of Required Schedules 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A Schedule										
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 Schedu				Pa	ge 3 ———					
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 Schedu										
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	Form 9	990 (2016))							Page
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	Part	IV Ch	ecklist of Required Schedu	ules						
Schedule A 🕵			•						Yes	No
Schedule A 🕵	1	Is the ora	anization described in section 501	L(c)(3) or 4947(a)(1) (oth	ner than a private	foundation)	? If "Yes," com	nplete		
_							22, 23///			
						etructions\2	90	2	Yes	

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3	For public office? If "Yes," complete Schedule C, Part I	3		INU
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		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Yes	
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 S	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕵	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
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	Yes	
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		No
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	Page 4			
	Page 4			_

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Checklist of Required Schedules (continued) **Part IV** No **20a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a No **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic No 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 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 Yes column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's Yes current and former officers. directors. trustees. kev employees. and highest compensated employees? If "Yes." 23

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	complete Schedule J			
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from orpayables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
с	IV	28b 28c		No No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M **	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulationssections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
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Form	990 (2016)			Page 5
	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		 Vac	□ No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 73		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0-if not applicable . 1b 0]		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and TaxStatements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За	Yes	

b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
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		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	5c 6a		No
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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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		
9a	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:			
a	Gross income from members or shareholders			
U	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? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
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			
c	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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orm	990 (2016)			Page (
Par	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No	" respo	nse to l	
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	<u>.</u> .	<u>. </u>	✓
Se	ction 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 23	1		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	,
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giverise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	,
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed IL , MD , MA , NH , OH , WA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:	E00 22	27	
	►MARGARET A KOERNER CHIEF FINANCIAL OFFICER 4300 CHERRY BOTTOM ROAD GAHANNA, OH 432300745 (614)			0 (2016)
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Check if Schedule O contains a response or note to any line in this Part VII .

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization no		94111241				accu (~···y	(D)	(E)	(E)
(A) Name and Title	(B) Average hours per week (list any hours for related	more pers and	than on is	one botl ecto	not box h an or/tr	office ustee	ess er)	Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2,2033 (1156)	MISC)	related organizations
(1) MR KEVIN REEVES PRESIDENT/TRUSTEE	10.00	Х		х				0	0	0
(2) MR VICTOR THORNE VICE PRESIDENT/TRUSTEE	10.00	Х		х				0	0	0
(3) MR JONATHAN KASS SECRETARY/TRUSTEE	10.00	Х		х				0	0	0
(4) MR RICHARD JEFF JEFFERS TREASURER/TRUSTEE	10.00	Х		х				0	0	0
(5) MS POE TIMMONS IMMEDIATE PAST PRESIDENT	6.00	Х						0	0	0
(6) DR RITA AGRAWAL TRUSTEE	6.00	Х						0	0	0
(7) MS SARAH MILKS BETHEL TRUSTEE	6.00	Х						0	0	0
(8) MRS SANDY DOYLE-AHERN TRUSTEE	6.00	Х						0	0	0
(9) MRS CHRISTINE FREYTAG TRUSTEE	6.00	Х						0	0	0
(10) MR MICHAEL GROSS TRUSTEE	6.00	х						0	0	0
(11) MR ASIM Z HAQUE TRUSTEE	6.00	х						0	0	0
(12) MR MATTHEW HARRIS TRUSTEE	6.00	х						0	0	0
(13) MR HENRY HAUSER TRUSTEE	6.00	х						0	0	0
(14) MR KLAY HUDDLESTON TRUSTEE	6.00	Х						0	0	0
(15) MR JIM KLINGBEIL	6.00									

TRUSTEE		Х			0	0	0
(16) DR SUSAN MASSICK TRUSTEE	6.00	х			0	0	0
(17) MR GEORGE PROICOU PACA REPRESENTATIVE/EX-OFF	6.00	X			0	0	0

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(A) Name and Title	(B) Average hours per week (list any hours for related	more pers	than on is	one both ecto	not box n an or/tr	office ustee	ess er)	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)	MISC)	related organizations	
(18) MRS MARY FRANCES RESTREPO	6.00	х						0	0	0	
TRUSTEE		^						U	0	0	
(19) MR BRIAN SHEPARD	6.00	Х						0	0	0	
ALUMNI BOARD PRESIDENT		^						U	0	0	
(20) MR GEORGE SKESTOS	6.00	Х						0	0	0	
TRUSTEE		^						U	0	0	
(21) DR SUSAN WILLIAMS	6.00	Х						0	0	0	
TRUSTEE		^						U	0	0	
(22) MR STEVE WITTMANN	6.00	Х						0	0	0	
TRUSTEE	····	^						U	U	0	
(23) MRS KELLY JENNINGS YEOMAN	6.00	V						0	0	0	
TRUSTEE	····	×						U	U	0	
(24) MR EDWARD YEN	6.00	V						0	0	0	
TRUSTEE	····	×						U	U	0	
(25) MR MATTHEW ZEIGER	6.00	V							0	0	
TRUSTEE	· · · · · · · · · · · · · · · · · · ·	×						U	0	0	
(26) MRS MARGARET KOERNER	40.00			Х				165.724	0	24.726	
CHIEF FINANCIAL OFFICER	· · · · · · · · · · · · · · · · · · ·			X				165,734	0	34,726	
(27) MS MELISSA SODERBERG	40.00				· ·			224 201	0	45.000	
HEAD OF SCHOOL	····				Х			324,381	0	45,098	
(28) MR DOUG BENNETT	40.00					Х		121 101	0	20.022	
DIRECTOR FACILITIES	····					^		131,191	0	20,933	
(29) MR ERICH HUNKER	40.00					Х		162 220	0	33,589	
DIR OF DEVELOPMENT & ASST	····					^		162,230	U	33,369	
(30) MRS KARLA LONG	40.00					V		125 277	0	20.624	
MIDDLE SCHOOL HEAD	· · · · · · · · · · · · · · · · · · ·					Х		125,377	0	20,624	
(31) MS CORINNA IZOKAITIS	40.00					V		122.075		22.000	
UPPER SCHOOL HEAD						Х		123,975	0	22,888	
(32) MS KAYETHEL MASON	40.00					V		110.053		20.001	
LOWER SCHOOL HEAD	· · · · · · · · · · · · · · · · · · ·					Х		119,653	0	29,861	
1b Sub-Total	•			•	_	•					

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization \blacktriangleright 13

	Did the organization list any forme ine 1a? If "Yes," complete Schedule			key employ	vee, or highes	t compensated	employee on		
F	For any individual listed on line 1a, organization and related organization	is the sum	of reportable cor				nthe	3	No
İI	ndividual							4	Yes
	Did any person listed on line 1a rec services rendered to the organization						vidual for	5	No
ect	tion B. Independent Contra	ctors						<u> </u>	"
	Complete this table for your five high rom the organization. Report comp							ompensa	tion
	<u> </u>	(A)		car chang w	vicii or wiciiii i		(B)		(C)
0 E0	Name QUITIES MANAGEMENT	e and busine	ess address				ription of services CE SERVICES		Compensation 391,503
	JTH FRONT STREET STE 200								,
UMB	SUS, OH 43215 SERVICES LLC					CLEANING S	EDVICES		386,213
886						CLLANING	SERVICES		360,213
	KEE, WI 53288								
- -		<i>(</i> : 1 1					+100.0	00 6	
	al number of independent contract mpensation from the organization		ing but not limite	d to those II:	sted above) w	no received mo	ore than \$100,0	100 of	
								F	orm 990 (2016
				· Page 9 -					
				rage 3					
	90 (2016)								Page 9
rt v	VIII Statement of Revenu Check if Schedule Ocontain	_	nse or note to any	line in this	Part VIII				\square
	CHOCK II CONGULIC COONGU	.с и гозро.		(A)		(B)	(C)		(D)
				Total rev	enue F	telated or exempt	Unrelated business	e	Revenue xcluded from
						function	revenue	tax	under sections
						revenue			512-514
S	1a Federated campaigns	1a	21,215			revenue			512-514
unts	1a Federated campaignsb Membership dues	1a 1b	21,215			revenue			512-514
mounts	1a Federated campaignsb Membership duesc Fundraising events	<u> </u>	21,215		 	revenue			512-514
r Amounts	1a Federated campaignsb Membership duesc Fundraising eventsd Related organizations	1b	· · · · · · · · · · · · · · · · · · ·		<u> </u>	revenue			512-514
nilar Amounts	 1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) 	1b 1c 1d	· · · · · · · · · · · · · · · · · · ·		l	revenue			512-514
Sim	 1a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grant and similar amounts not included above 	1b 1c 1d 1e	13,235			revenue			512-514
Sim	 b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grant and similar amounts not included 	1b 1c 1d 1e s, If	13,235 414,104 2,660,181			revenue			512-514
and Other Similar Amounts	 b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grant and similar amounts not included above g Noncash contributions includes 	1b 1c 1d 1e ss,	13,235 414,104 2,660,181	3,10	08,735	revenue			512-514
and Other Sim	 b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grant and similar amounts not included above g Noncash contributions include in lines 1a-1f:\$ 	1b 1c 1d 1e ss,	13,235 414,104 2,660,181		08,735	revenue			512-514
and Other Sim	 b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grant and similar amounts not included above g Noncash contributions include in lines 1a-1f:\$ 	1b 1c 1d 1e ss,	13,235 414,104 2,660,181 255	611600	25,003,70	02 25,00	3,702		512-514
and Other Sim	b Membership dues	1b 1c 1d 1e ss,	13,235 414,104 2,660,181 255	611600 611600	25,003,70 1,118,63	02 25,00 39 1,11	8,639		512-514
and Other Sim	b Membership dues	1b 1c 1d 1e ss,	13,235 414,104 2,660,181 255	611600 611600 611600	25,003,70 1,118,63 280,28	02 25,00 39 1,11 38 28	8,639 0,288		512-514
and Other Sim	b Membership dues	1b 1c 1d 1e ss,	13,235 414,104 2,660,181 255	611600 611600	25,003,70 1,118,63	02 25,00 39 1,11 38 28	8,639		512-514
and Other Sim	b Membership dues	1b 1c 1d 1e ss,	13,235 414,104 2,660,181 255	611600 611600 611600	25,003,70 1,118,63 280,28	02 25,00 39 1,11 38 28	8,639 0,288		512-514
and Other Sim	b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grant and similar amounts not included above g Noncash contributions include in lines 1a-1f:\$ h Total.Add lines 1a-1f 2a TUITION & FEES b SUMMER SCHOOL & DAY CAMP c CARE AFTER SCHOOL, TUTORING & ATHLETIC EVENTS e f All other program service rever	1b 1c 1d 1e s,	13,235 414,104 2,660,181 255 Busines	611600 611600 611600	25,003,70 1,118,63 280,28	02 25,00 39 1,11 38 28	8,639 0,288		512-514
and Other Sim	b Membership dues	1b 1c 1d 1e ss,	13,235 414,104 2,660,181 255	611600 611600 611600 611600 61440	25,003,70 1,118,63 280,28	02 25,00 39 1,11 38 28	8,639 0,288		512-514
and Other Sim	b Membership dues	1b 1c 1d 1e ss, If If If If If If If If	13,235 414,104 2,660,181 255 Busines 26 nterest, and other	611600 611600 611600 611600 611600	25,003,70 1,118,63 280,28	02 25,00 39 1,11 38 28	8,639 0,288	378	
and Other Sim	b Membership dues	1b 1c 1d 1e s, If 1f s s s s s s s s s	13,235 414,104 2,660,181 255 Busines 26 Interest, and other	611600 611600 611600 611600 611600	25,003,70 1,118,63 280,28 41,79	02 25,00 39 1,11 38 28	8,639 0,288		1,401,429
and Other Sim	b Membership dues	1b 1c 1d 1e s, If 1f 1f 1f 1f 1f 1f 1f	13,235 414,104 2,660,181 255 Busines 26 nterest, and other	611600 611600 611600 611600 611600	25,003,70 1,118,63 280,28 41,79	02 25,00 39 1,11 38 28	8,639 0,288	378	1,401,429
and Other Sim	b Membership dues	1b 1c 1d 1e s, If 1f s s s s s s s s s	13,235 414,104 2,660,181 255 Busines 26 Interest, and other	611600 611600 611600 611600 611600	25,003,70 1,118,63 280,28 41,79	02 25,00 39 1,11 38 28	8,639 0,288		1,401,425
and Other Sim	b Membership dues	syrk syrk	13,235 414,104 2,660,181 255 Busines 26 nterest, and other	611600 611600 611600 611600 611600	25,003,70 1,118,63 280,28 41,79	02 25,00 39 1,11 38 28	8,639 0,288		1,401,425
Sim	b Membership dues	syrk syrk syrk ividends, in exempt bo Real	13,235 414,104 2,660,181 255 Busines 26 nterest, and other	611600 611600 611600 611600 611600	25,003,70 1,118,63 280,28 41,79	02 25,00 39 1,11 38 28	8,639 0,288		1,401,425

(loss)		
d Net rental income or (loss)	94	53,446
(i) Securities (ii) Other		
7a Gross amount from sales of 3,517,267 87,023 assets other than inventory		
b Less: cost or other basis and sales expenses 2,864,730 12,407		
c Gain or (loss) 652,537 74,616		
d Net gain or (loss)	443	726,710
8a Gross income from fundraising events (not including \$\frac{13,235}{20}\$ of contributions reported on line 1c). See Part IV, line 18 a 4,941 b Less: direct expenses b 4,941 c Net income or (loss) from fundraising events 0 9a Gross income from gaming activities. See Part IV, line 19		
c Net income or (loss) from fundraising events		
9a Gross income from gaming activities. See Part IV, line 19		
b Less: direct expenses b		
c Net income or (loss) from gaming activities		
10aGross sales of inventory, less returns and allowances		
a 49,199		
b Less: cost of goods sold b 38,575		
c Net income or (loss) from sales of inventory		
Miscellaneous Revenue Business Code		
11a OTHER INCOME 900099 25,017		25,017
b FORFEITED ENROLLMENT DEPOSITS 611600 20,000 20,000		
c PASS-THROUGH INCOME 900099 8,982	17,274	-8,292
d All other revenue		
e Total. Add lines 11a–11d		
12 Total revenue. See Instructions	18,200	2,199,562

Form **990** (2016)

———— Page 10 —

Form 990 (2016) Page **10**

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any	line in this Part IX			\square
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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	2,874,017	2,874,017		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	574,505		574,505	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	13,853,869	11,004,589	2,552,259	297,021

/27/22, 8:59 PM	IRS Full F	Filing		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	888,486	723,278	144,869	20,339
9 Other employee benefits	2,968,222	2,683,785	246,329	38,108
10 Payroll taxes	1,038,884	802,346	216,774	19,764
11 Fees for services (non-employees):				
a Management	58,000	58,000		
b Legal	45,184		45,184	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	54,369		54,369	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	339,746	157,016	149,139	33,591
12 Advertising and promotion	222,983	8,909	214,074	
13 Office expenses	1,821,893	1,501,729	260,793	59,371
14 Information technology	383,565	375,442	8,123	
15 Royalties				
16 Occupancy	1,747,695	1,747,695		
17 Travel	218,842	151,826	15,663	51,353
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	343,532	326,484	17,048	
20 Interest	201,460	201,460		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,270,445	1,825,438	399,598	45,409
23 Insurance	41,382	41,382		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACTED SERVICES	1,035,577	1,035,577		
b SCHOOL EQUIPMENT R&M	279,745	279,745		
c MISCELLANEOUS EXPENSES	176,078	6,058	169,886	134
d MEMBERSHIP DUES & SUBSC	68,130	18,453	36,564	13,113
e All other expenses	20,856	20,856		
25 Total functional expenses. Add lines 1 through 24e	31,527,465	25,844,085	5,105,177	578,203
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				
			Fo	rm 990 (2016)
	Page 11 ————			

Form 990 (2016) Page **11**

Balance Sheet Part X

		(A) Beginning of year		(B) End of year
1	Cash-non-interest-bearing	852,988	1	1,081,302
2	Savings and temporary cash investments	4,462,915	2	4,846,198
3	Pledges and grants receivable, net	5,924,522	3	3,680,521
4	Accounts receivable, net	142,168	4	129,470
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	40,000	5	20,000
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
\$ 7	Notes and loans receivable, net		7	

5.33	-			i		- 1	i
SS	8	Inventories for sale or use			5,838	8	4,259
Ä	9	Prepaid expenses and deferred charges			1,638,356	9	973,641
	10a	Land, buildings, and equipment: cost or other		C4 700 007			
		basis. Complete Part VI of Schedule D	10a	64,728,967	00 507 500		07.400.500
		Less: accumulated depreciation	10b	27,532,384	33,567,539	10c	37,196,583
	11	Investments—publicly traded securities .			31,813,811	11	36,797,335
	12	Investments—other securities. See Part IV, line		<u> </u>	3,015,460	12	3,020,283
	13	Investments—program-related. See Part IV, line		•		13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		24)	81,463,597	15	97 740 502
	16 17	Total assets.Add lines 1 through 15 (must equ		34)	6,514,500	16 17	87,749,592 3,996,323
	18	Accounts payable and accrued expenses	•		0,314,300	18	3,990,323
	19	Grants payable		_	3,080,491	19	3,762,948
	20		• •	_	5,489,118	20	10,015,790
		Tax-exempt bond liabilities	e e	of Schodulo D	3,403,110	21	10,013,790
es	21 22	Loans and other payables to current and former				21	
Liabilities	22	key employees, highest compensated employee					
<u>.</u> ia		persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela		· —		23	
	24	Unsecured notes and loans payable to unrelated		<u> </u>	207.500	24	
	25	Other liabilities (including federal income tax, parand other liabilities not included on lines 17-24)			387,580	25	276,368
	26	Total liabilities. Add lines 17 through 25			15,471,689	26	18,051,429
Balances		Organizations that follow SFAS 117 (ASC 9 complete lines 27 through 29, and lines 33					
an	27	Unrestricted net assets	unu 5	**	31,409,055	27	32,959,924
Bal	28	Temporarily restricted net assets			9,893,094	28	11,885,792
Fund	29	Permanently restricted net assets			24,689,759	29	24,852,447
Assets or I	30 31 32	check here ▶ □ and complete lines 30 th Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building or ec Retained earnings, endowment, accumulated in	 Juipmei	nt fund		30 31 32	
Net	33	Total net assets or fund balances			65,991,908	33	69,698,163
Z	34	Total liabilities and net assets/fund balances .			81,463,597	34	87,749,592
		(2016) Reconcilliation of Net Assets		— Page 12 ————			Page 12
'aı	t XI						
		Check if Schedule O contains a response or n	ote to a	any line in this Part XI .	· · · · · ·		<u>V</u>
1	Tota	l revenue (must equal Part VIII, column (A), line	12)			1	31,801,541
2		l expenses (must equal Part IX, column (A), line	•			2	31,527,465
3		enue less expenses. Subtract line 2 from line 1	•			3	274,076
4		assets or fund balances at beginning of year (mu))	4	65,991,908
5		unrealized gains (losses) on investments	•	, , ,	,,	5	3,329,210
6		ated services and use of facilities				6	, ,
7		estment expenses				7	
8	Prior	r period adjustments				8	
9	Othe	er changes in net assets or fund balances (explai	n in Sc	hedule O)		9	102,969
	Net	assets or fund balances at end of year. Combine	lines 3	through 9 (must equal Part	X, line 33, column (B))	10	69,698,163
10				· · · · · · · · · · · · · · · · · · ·			
	t XII						
	t XII	Check if Schedule O contains a response or r		any line in this Part XII .			🗸

2-	Ware the ergani-	ration's financ	ial statements compiled	or reviewed by an independent accountant?		2-		No
Za	3	oox below to i	ndicate whether the fina	incial statements for the year were compiled o	or reviewed on a	2a		No
	☐ Separate b	oasis 🗆	Consolidated basis	☐ Both consolidated and separate basis				
b	Were the organiz	zation's financ	ial statements audited b	y an independent accountant?		2b	Yes	
	3	oox below to i		ncial statements for the year were audited on	a separate basis,			
	Separate b	oasis 🗆	Consolidated basis	$\hfill \square$ Both consolidated and separate basis				
c	of the audit, revi	ew, or compile	ation of its financial stat	committee that assumes responsibility for overheats and selection of an independent account or selection process during the tax year, exp	ıntant?	2c	Yes	
За	As a result of a f Audit Act and ON			quired to undergo an audit or audits as set fo	rth inthe Single	3a		No
b				dit or audits? If the organization did not under	go the required			
	audit of audits, e	explain wily in	Scriedule O and describ	e any steps taken to undergo such audits.		3b	orm 99	0 (2016)
								- ()
Form	990 (2016)							
	lditional Da	ta				Returi	ı to Fo	rm
				Software ID:				
Earr	n 990, Special	Condition		ware Version:				
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			Spe	ecial Condition Description				
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		Render						5-0047
	HEDULE A n 990 or 990 EZ)			ty Status and Public Supp			204	C
•	·	Con		tion is a section 501(c)(3) organization o)(1) nonexempt charitable trust.	r a section	4	201	O
	ment of the Treasury I Revenue Service	▶ Infe		ach to Form 990 or Form 990-EZ. Iule A (Form 990 or 990-EZ) and its instr	uctions is at	Ор	en to F	ublic
N	f Abi			www.irs.gov/form990.			nspect	
	e of the organiza OLUMBUS ACADEMY	ation			Employer ident	ification	i numb	er
Da	rt I Reason	for Public	Charity Status (All /	organizations must complete this part.)	31-4379445 See instructions			
				or lines 1 through 12, check only one box.)	oce motractions.			
1	A church,	convention of	churches, or association	of churches described in section 170(h)(1)	(A)(i).			
2	A school d	escribed in se	ction 170(b)(1)(A)(ii	i of charciles described in Section 170(b)(1)				
3	A hospital	or a cooperat). (Attach Schedule E (Form 990 or 990-EZ).)	1			
4			ive nospital service orga					ital's
5	An organiz). (Attach Schedule E (Form 990 or 990-EZ).)	(iii).	. Enter t	he hosp	
6		, and state: _ zation operate	nization operated in con	(Attach Schedule E (Form 990 or 990-EZ).) inization described in section 170(b)(1)(A)	(iii). 170(b)(1)(A)(iii)		•	n
7		, and state: _ zation operate)(A)(iv). (Co	nization operated in cor d for the benefit of a col mplete Part II.)	(Attach Schedule E (Form 990 or 990-EZ).) Inization described in section 170(b)(1)(A) Injunction with a hospital described in section	(iii). 170(b)(1)(A)(iii) vernmental unit des		•	n
	A federal, An organiz	 and state: ation operate (A)(iv). (Costate, or local ation that not 	nization operated in cor d for the benefit of a col mplete Part II.) government or governr mally receives a substa	(Attach Schedule E (Form 990 or 990-EZ).) Inization described in section 170(b)(1)(A) Injunction with a hospital described in section Illege or university owned or operated by a governmental unit described in section 170(b)(1)(A) Intial part of its support from a governmental of	(iii). 170(b)(1)(A)(iii) vernmental unit des A)(v).	scribed in	sectio	
8	A federal, An organiz section 1	, and state:zation operate)(A)(iv). (Co state, or local zation that nor 70(b)(1)(A)	d for the benefit of a col mplete Part II.) government or governr mally receives a substa (vi). (Complete Part II.)	(Attach Schedule E (Form 990 or 990-EZ).) Inization described in section 170(b)(1)(A) Injunction with a hospital described in section Illege or university owned or operated by a governmental unit described in section 170(b)(1)(A) Intial part of its support from a governmental of	(iii). 170(b)(1)(A)(iii) vernmental unit des A)(v).	scribed in	sectio	
8 9	A federal, An organiz section 1 A commur An agricult	and state: zation operate)(A)(iv). (Co state, or local zation that nor 70(b)(1)(A) nity trust desc tural research	nization operated in cor d for the benefit of a col mplete Part II.) government or governr mally receives a substa (vi). (Complete Part II.) ribed in section 170(b) organization described	(Attach Schedule E (Form 990 or 990-EZ).) Inization described in section 170(b)(1)(A) Injunction with a hospital described in section Illege or university owned or operated by a governmental unit described in section 170(b)(1)(A) Intial part of its support from a governmental of	(iii). 170(b)(1)(A)(iii) vernmental unit des A)(v). unit or from the gen with a land-grant of	scribed in neral pub	n sectio	ribed in
	A federal, An organiz section 1 A commur An agricult non-land c	and state: zation operate)(A)(iv). (Co state, or local zation that not 70(b)(1)(A) hity trust desc tural research grant college o zation that not	d for the benefit of a col mplete Part II.) government or governr mally receives a substa (vi). (Complete Part II.) ribed in section 170(b) organization described if agriculture. See instru	(Attach Schedule E (Form 990 or 990-EZ).) Inization described in section 170(b)(1)(A) Injunction with a hospital described in section Illege or university owned or operated by a governmental unit described in section 170(b)(1)(A) Initial part of its support from a governmental of the initial part of its support from a governmental of the initial part of its support from a governmental of the initial part of its support from a governmental of the initial part of its support from contribution in 170(b)(1)(A)(ix) operated in conjunction in initial part of its support from contribution of the initial part of its support from contribution of the initial part of its support from contribution of the initial part of its support from contribution of the initial part of its support from contribution of the initial part of its support from contribution of the initial part of its support from contribution of the initial part of its support from contribution of the initial part of its support from contribution of the initial part of its support from contribution of its support from con	(iii). 170(b)(1)(A)(iii) vernmental unit des A)(v). unit or from the gen with a land-grant of college or universit as, membership fee	scribed in meral publications college of y: s, and g	n sectio blic desc r univer	ribed in sity or a
9	A federal, An organiz section 1 A commur An agricult non-land commun activi investmen	and state:zation operate)(A)(iv). (Co state, or local zation that not 70(b)(1)(A) hity trust desc tural research grant college of zation that not ities related to t income and	d for the benefit of a col mplete Part II.) government or government or government or government or government or government or government of complete Part II.) ribed in section 170(b) organization described of agriculture. See instructions—summelly receives: (1) more of its exempt functions—sunrelated business taxa	(Attach Schedule E (Form 990 or 990-EZ).) Inization described in section 170(b)(1)(A) Injunction with a hospital described in section Illege or university owned or operated by a governmental unit described in section 170(b)(1)(A) Initial part of its support from a governmental of the initial part of its support from a governmental of the initial part of its support from a governmental of the initial part of its support from a governmental of the initial part of its support from conjunction in the initial part of its support from contributions. Enter the name, city, and state of the initial part of its support from contribution subject to certain exceptions, and (2) no more ble income (less section 511 tax) from busine	(iii). 170(b)(1)(A)(iii) vernmental unit des A)(v). unit or from the gen with a land-grant college or universit as, membership fee	coribed in the coribed coribidates coribed coribidates coribed coribidates coribed coribidates coribed coribidates	n section section section section runiver	ribed in sity or a eipts
9	A federal, An organiz section 1 A commun An agricult non-land of from activ investmen 30, 1975.	and state:zation operate)(A)(iv). (Co state, or local zation that not 70(b)(1)(A) hity trust desc tural research grant college o zation that not ities related to t income and See section !	d for the benefit of a col mplete Part II.) government or govern mally receives a substa (vi). (Complete Part II.) ribed in section 170(b) organization described of agriculture. See instru mally receives: (1) mor o its exempt functions— unrelated business taxa 509(a)(2). (Complete F	(Attach Schedule E (Form 990 or 990-EZ).) Inization described in section 170(b)(1)(A) Injunction with a hospital described in section Illege or university owned or operated by a governmental unit described in section 170(b)(1)(A) Initial part of its support from a governmental of the initial part of its support from a governmental of the initial part of its support from a governmental of the initial part of its support from a governmental of the initial part of its support from conjunction in the initial part of its support from contributions. Enter the name, city, and state of the initial part of its support from contribution subject to certain exceptions, and (2) no more ble income (less section 511 tax) from busine	vernmental unit des A)(v). with a land-grant college or universit is, membership fee e than 331/3% of its sses acquired by th	coribed in the coribed coribidates coribed coribidates coribed coribidates coribed coribidates coribed coribidates coribid	n section section section section runiver	ribed in sity or a

							•		
а		in lines 12a through 12d th Type I. A supporting organization(s) the power to	nization ope to regularly	rated, sup appoint o	pervised, orco	ntrolled by its	supported organi	zation(s), typically by	
b		Type II. A supporting orga ormanagement of the supp	nization su orting orga	pervised on ization v	ested in the s				
С		Youmust complete Part Type III functionally int	egrated. A	supportin	ng organizatio			nd functionally integra	ted with, itssupported
		organization(s) (see instruc	,		•	•			
d		Type III non-functionall notfunctionally integrated. (seeinstructions). You must	The organiz	ation gen	erally must s	atisfy adistribu	tion requirement		
е		Check this box if the organ integrated, or Type III non-	ization rece	ived a wri	itten determir	nation from the		ype I, Type II, Type III	functionally
f	Enter	the number of supported or		-		-			
g		Provide the following inform	nation abou	t the sup	ported organi	zation(s).			
		ame of supported organization	(ii) EIN	(iii) orga (descril 1- 10	Type of anization bed on lines above (see ructions))	(iv) Is the o	rganization listed rning document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
Tota									
		vork Reduction Act Notice or 990-EZ.	, see the I	nstruction	ons for	Cat. No. 117	285F	Schedule A (Form 9	90 or 990-EZ) 2016
	edule A	(Form 990 or 990-EZ) 2016 Support Schedule for 170(b)(1)(A)(ix)			Described				
		(Complete only if you III. If the organization							ualify under Part
S	ection	A. Public Support	Trails toqt	adiliy dili	der the test	3 HSCCa Belov	v, picase compi	ete i di c III.)	
	endar y		(a) 20	12	(b) 2013	(c) 2014	4 (d) 201	5 (e) 2016	(f) Total
		/ear beginning in) 🕨	(a) 20	12	(b) 2013	(6) 2012	4 (u) 201	3 (e) 2010	(I) local
		rants, contributions, and rship fees received. (Do not							
		any "unusual grant.")							
		enues levied for the	الد:						
		ation's benefit and either pa pended on its behalf							
3	The valu	ue of services or facilities							
		ed by a governmental unit to anization without charge)						
		Add lines 1 through 3							
	each pe	tion of total contributions by rson (other than a nental unit or publicly	′						
	support	ed organization) includedon							
		nat exceeds 2% of the amou on line 11, column (f). .	int						
6	Public :	support. Subtract line 5 fro	m						
	line 4.	D. Tatal Command							
	ection endar y	B. Total Support	1		1				
(or	fiscal y	year beginning in) 🕨	(a) 201	12	(b) 2013	(c)2014	(d)201	5 (e) 2016	(f)Total
7		nts from line 4 income from interest,							
8	divide securit	nds, payments received on ties loans, rents, royalties a	nd						
9	Net in	e from similar sources come from unrelated busine	ss						
	busine	ies, whether or not the ess is regularly carried on. .							
10	loss fr	income. Do not include gair om the sale of capital assets							
11		in in Part VI.) support. Add lines 7 through	gh						
12	10	eceipts from related activition		instruction	ons)			12	
		ve years. If the Form 990 i	,		•				organization.
		his box and stop here		-	•			. , ,	
		C. Computation of Pu							
		support percentage for 2016				11, column (f))	14	
		cunnort norcontage for 2015				,	••	45	

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	33 1/3% support test—2016. If the o					or more, check th	nis hox
	and stop here. The organization qualifi 33 1/3% support test—2015. If the	es as a publicly	supported organ	ization			🕨 🗆
-		-			•	•	
-2 -	box and stop here. The organization qualifies as a publicly supported organization						
	organization	-2015. If the ation meets the	organization did r "facts-and-circun	not check a box o nstances" test, ch	n line 13, 16a, 16 eck this box and s	b, or 17a, and line stop here.	
	supported organization						▶□
	Private foundation. If the organization						- 0
	instructions					dule A (Form 99	▶ <u> </u>
					Sche	dule A (1 01111 99	0 01 990-12, 2010
			Page	3 —			
Sche	dule A (Form 990 or 990-EZ) 2016						Page 3
P	art III Support Schedule fo						
	(Complete only if you of the organization fails to						nder Part II. If
	ection A. Public Support endar year		42.0040			1,,,,,,	
(or	fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
_	include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
5	to or expended on its behalf The value of services or facilities						
_	furnished by a governmental unit to						
6	the organization without charge 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.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ection B. Total Support	1					
	endar year	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
(or)	fiscal year beginning in) Amounts from line 6		—				
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С							
11							
	activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c,						
14	11, and 12.) First five years. If the Form 990 is for	r the organizat	ion's first, second	 I, third, fourth. or	fifth tax year as	a section 501(c)(3) organization.
<u> </u>	check this box and stop here	=			· ·		· -
Se	ection C. Computation of Public	Support Per	centage				
15	Public support percentage for 2016 (li	ne 8, column (f) divided by line :	13, column (f)) .		15	

16	Public support percentage from 2015 Schedule A, Part III, line 15			
Se	ction D. Computation of Investment Income Percentage			
17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17			
L8	Investment income percentage from 2015 Schedule A, Part III, line 17			
	331/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and I		_	
b	more than 33 $_{1/3}$ %, check this box and stop here. The organization qualifies as a publicly supported organization 33 $_{1/3}$ % support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33	1/3 % a I	nd line	18 is
_	not more than 33 $_{1/3}$ %, check this box and stop here. The organization qualifies as a publicly supported organization		_	
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .			
	Schedule A (Form 990	or 99	0-EZ)	2016
	Page 4			
Sche	dule A (Form 990 or 990-EZ) 2016		F	Page 4
Par	t IV Supporting Organizations			
	(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Sections A and D, and complete Part V.)			
Se	ction A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents?			
	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.			
	describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section			
	509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization wasdescribed in section 509(a)(1) or (2).			
_		2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.			
		3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied thepublic support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made			
	thedetermination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?			
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you			
	checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supportedorganization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled orsupervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under			
	sections501(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.			
	support totale foreign supported organization was used exclusively for section 170(e)(2)(b) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and(c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the			
	supportedorganizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under			
	theorganization's organizing document authorizing such action; and (iv) how the action was accomplished (such as	5a		
ь	byamendment to the organizing document). Type I or Type II only. Was any added or substituted supported organization part of a class already designated in			
U	theorganization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone			
	otherthan (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of itssupported organizations, or (iii) other supporting organizations that also support or benefit one or more of the			
	filingorganization'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 (defined	6		
•	insection $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to			
	asubstantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"			
	complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons			
	asdefined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If			
	"Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the			
	supportingorganization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assetsin			
	which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
.0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certainType II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"			
	answer line 10b below.	10a		
			i	i

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b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determinewhether		1	1
	the organization had excess business holdings).	10b		
	Schedule A (Form 990	or 99	0-EZ)	2016
	Page 5			
Sche	edule A (Form 990 or 990-EZ) 2016		F	Page 5
	rt IV Supporting Organizations (continued)		•	uge S
	Supporting Cigamizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the	-		
а	governing body of a supported organization?			
		11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
S	ection B. Type I Supporting Organizations		T	T
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint orelect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors ortrustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to suchpowers during the tax year.			
	suchpowers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit out the purposes of the supported organization(s) that operated, supervised or controlled the			
	supportingorganization.	2		
_	askian C. Tuna II Sunnautina Ousanisatiana			
	ection C. Type II Supporting Organizations		Yes	No
	Ware a majority of the graphization's directors or trustoes during the tay year also a majority of the directors or trustoes		163	140
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
_				
	ection 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'stax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of theForm 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governingdocuments 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 organizationmaintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in theorganization's investment policies and in directing the use of the organization's income or assets at all times during the taxyear? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct)	ons):		
	The organization satisfied the Activities Test. Complete line 2 below.	-		
	b			
		instru	otiona)	
	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruc	ctions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
;	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supportedorganization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supportedorganizations 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 contributed substantially all of its activities.			
	constituted substantially all of its activities.	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of theorganization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for theorganization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
_	organization'sinvolvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	<u> </u>		<u> </u>
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each ofthe supported organizations? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of itssupported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.			

ut	Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organiz	ations	
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organiz			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
	Net short-term capital gain	1		
	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
	Portion of operating expenses paid or incurred forproduction or collection of gross income or formanagement, conservation, or maintenance of propertyheld for production of income (see instructions)	6		
	Other expenses (see instructions)	7		
	Adjusted Net Income (subtract lines 5, 6 and 7 fromline 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
	Aggregate fair market value of all non-exempt-useassets (see instructions for short			
_	tax year or assets held for part of year):	1		
_	Average monthly value of securities	1a 1b		
	Average monthly cash balances Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors (explain in detail in Part VI):	10		
	Acquisition indebtedness applicable to non-exempt useassets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use. Enter 1-1/2% ofline 3 (for greater amount, see instructions).	4		
	Net value of non-exempt-use assets (subtract line 4from line 3)	5		
	Multiply line 5 by .035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A,line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B,line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
	Distributable Amount. Subtract line 5 from line 4,unless subject to emergency temporary reduction (seeinstructions)	6		
	Check here if the current year is the organization's first as a non-functionally-in instructions)	ntegrated	Type III supporting or	ganization (see
			Schedule A (Fo	rm 990 or 990-EZ)
	Page 7			
	ule A (Form 990 or 990-EZ) 2016		_	P
	Type III Non-Functionally Integrated 509(a)(3) Supporting C	Organiz	ations (continued)	
t	ion D - Distributions			Current Year
Α	mounts paid to supported organizations to accomplish exempt purposes			
	mounts paid to perform activity that directly furthers exempt purposes of supported excess of income from activity	organizat	ions, in	
	dministrative expenses paid to accomplish exempt purposes of supported organizatio	ns		
Λ	mounts paid to acquire exempt-use assets			

Return Reference

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Qualified set-aside amounts (prior IRS approval required	d)		
5 Other distributions (describe in Part VI). See instruction			
7 Total annual distributions. Add lines 1 through 6.			
Distributions to attentive supported organizations to whit details in Part VI). See instructions	ich the organization is respon	sive (provide	
9 Distributable amount for 2016 from Section C, line 6	-		
10 Line 8 amount divided by Line 9 amount			
,	<i>(1)</i>	(ii)	(iii)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a b	 	 	+
c From 2013	<u> </u>	<u> </u>	
d From 2014			
e From 2015	'	'	
f Total of lines 3a through e	 	 	1
 g Applied to underdistributions of prior years h Applied to 2016 distributable amount 	 	 	+
Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D, line 7:			
\$ a Applied to underdistributions of prior years	 	 	
a Applied to underdistributions of prior years b Applied to 2016 distributable amount	 	 	+
• • • • • • • • • • • • • • • • • • • •	+	+	+
c Remainder. Subtract lines 4a and 4b from 4.	<u> </u>	<u> </u>	1
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.	1	1	
8 Breakdown of line 7:	<u> </u>	<u> </u>	<u> </u>
a			
b Excess from 2013	'	'	
c Excess from 2014	<u> </u>	<u> </u>	_
d Excess from 2015	 	 	1
e Excess from 2016		Schedule A (!	 Form 990 or 990-EZ) (2
	——— Page 8 ————		Othi 550 of 550 LL, \-
Schedule A (Form 990 or 990-EZ) 2016 Part VI Supplemental Information. Provide the expla	anations required by Part II.	ing 10: Part II line 17a or 17	Part III. line 12: Part I
Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9 Part IV, Section D, lines 2 and 3; Part IV, Section Section D, lines 5, 6, and 8; and Part V, Section instructions).	9b, 9c, 11a, 11b, and 11c; Par on E, lines 1c, 2a, 2b, 3a and 3	art IV, Section B, lines 1 and 2; 3b; Part V, line 1; Part V, Section	; Part IV, Section C, line 1 tion B, line 1e; Part V
ra:	acts And Circumstances Test	.t	_

 $https://pp-990\text{-}rendered.s3.us-east-1.amazonaws.com/201820329349300217_full_0.html?X-Amz-Algorithm=AWS4-HMAC-SHA256\&X-Amz-Crede...$

Explanation

Schedule A (Form 990 or 990-EZ) 2016

Additional Data Return to Form

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efile Public Visual Rer	nder ObjectId: 201820329349300217 - Submission: 2018-02-01	TIN: 31-4379445						
Schedule B	Schedule of Contributors	OMB No. 1545-0047						
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	r 990-PF) ► Attach to Form 990, 990-EZ, or 990-PF. Pepartment of the Treasury ► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at							
Name of the organizat		oloyer identification number						
THE COLUMBUS ACADEM		1379445						
Organization type (che	eck one):							
Filers of:	Section:							
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	☐ 527 political organization							
Form 990-PF	501(c)(3) exempt private foundation	501(c)(3) exempt private foundation						
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation							
	501(c)(3) taxable private foundation							
	cation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to er property) from any one contributor. Complete Parts I and II. See instructions for deter							
Special Rules								
under sections a received from a	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% supportion described in section 501(c)(3) filing Form 990 or 990-EZ), Part II, Iny one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) ne 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	line 13, 16a, or 16b, and that						
during the year,	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received total contributions of more than \$1,000 exclusively for religious, charitable, scientific, little prevention of cruelty to children or animals. Complete Parts I, II, and III.							
during the year, If this box is che purpose. Don't o	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions that were received during the year for an <i>exclusion</i> complete any of the parts unless the General Rule applies to this organization because able, etc., contributions totaling \$5,000 or more during the year	ions totaled more than \$1,000. sively religious, charitable, etc., e it received nonexclusively						
990-EZ, or 990-PF), bu	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule t it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of it Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Sched	ts `						
For Paperwork Reduction for Form 990, 990-EZ, or 99		Form 990, 990-EZ, or 990-PF) (2016)						

raye z

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 2 Name of organization **Employer identification number** THE COLUMBUS ACADEMY Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. Part I (c) Total contributions (a) (b) (d) Name, address, and ZIP + 4 Type of contribution No. Person RESTRICTED **Payroll** \$ RESTRICTED Noncash (Complete Part II for noncash contributions.) (a) No. (c) Total contributions (d) (b) Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) No. (b) (c) (d) Type of contribution Name, address, and ZIP + 4 Total contributions Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) Name, address, and ZIP + 4 Νo. Total contributions Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions Type of contribution Νo. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Νό. Name, address, and ZIP + 4 Total contributions Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 3 Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Page 3 Name of organization THE COLUMBUS ACADEMY **Employer identification number** 31-4379445

(a) No. from Part I	(b) Description of noncash	property given	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	(c) FMV (or estimate) (See instructions)	(d) Date received	
			\$	
(a) No. from Part I	(b) Description of noncash	(c) FMV (or estimate) (See instructions)	(d) Date received	
			\$	
			Schedule B (Form	990, 990-EZ, or 990-PF) (20
		Page 4		
		1 age 4		
	990, 990-EZ, or 990-PF) (2016)			Page 4
Name of organizat THE COLUMBUS ACA			Employer identification	on number
than \$1	vely religious, charitable, etc., contribution, 000 for the year from any one contributor ations completing Part III, enter the total of	r. Complete columns (a) through	section 501(c)(7), (8), or (1 (e) and the following line e	ntry. For
year. (E	nter this information once. See instructio dicate copies of Part III if additional space is	ns.) 🕨 💲	_	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	n of how gift is held
-				
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Rela	ationship of transferor to tra	nsferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description	n of how gift is held
-				
	Transferee's name, address, and	(e) Transfer of gift ZIP 4 Rela	ationship of transferor to tra	nsferee
(a)				

Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . **2c** Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic 2d structure listed in the National Register . .

_	, 0.55 i W		ii (O i uii i iii	119				
3	Number of conservation easements modified, tax year	transferred, released,	extinguished, or ter	minated by the org	ganization during	the		
_	Number of states where property subject to conservation easement is located ▶							
4 5	, -		-	n handling of viols	ations			
3	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?							
6	Staff and volunteer hours devoted to monitori	ng, inspecting, handlir	ng of violations, and	enforcing conserva	ation easements	during the year		
7	Amount of expenses incurred in monitoring, in	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year						
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?				4)(B)(i)	es 🗆 No		
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.							
Par	t III Organizations Maintaining Coll Complete if the organization answ	lections of Art, His			milar Assets.			
1a b	If the organization elected, as permitted unde art, historical treasures, or other similar asset provide, in Part XIII, the text of the footnote of If the organization elected, as permitted unde historical treasures, or other similar assets he following amounts relating to these items:	er SFAS 116 (ASC 958) es held for public exhib to its financial stateme er SFAS 116 (ASC 958) Id for public exhibition	, not to report in its ition, education, or ints that describes the to report in its revenued to research to resea	revenue statemen research in further nese items. enue statement an arch in furtherance	ance of public ser d balance sheet v of public service	vice, works of art, , provide the		
(i) Revenue included on Form 990, Part VIII, lin	e 1			\$			
(i	i)Assets included in Form 990, Part X				. > \$			
2	If the organization received or held works of a following amounts required to be reported un	der SFAS 116 (ASC 95	8) relating to these	items:				
а	Revenue included on Form 990, Part VIII, line					,		
b	Assets included in Form 990, Part X							
For F	Paperwork Reduction Act Notice, see the I	nstructions for Form	990.	Cat. No. 52283	SD Schedule D	(Form 990) 2016		
		_	_					
		Pa	ge 2 ————					
Sche	dule D (Form 990) 2016					Page 2		
	III Organizations Maintaining Col	lactions of Art His	storical Treasur	as ar Othar Si	milar Assats /			
3	Using the organization's acquisition, accession				•			
•	items (check all that apply):	i, and other records, ci	reck unly of the folio	wing that are a sig	inincanc ase or its	Concedion		
а	Public exhibition		d Loan or	r exchange prograr	ns			
b	☐ Scholarly research		e Other					
С	Preservation for future generations							
4	Provide a description of the organization's coll	ections and explain ho	w they further the o	organization's exem	npt purpose in			
5	Part XIII. During the year, did the organization solicit or	receive donations of a	urt, historical treasu	res or other similar				
	assets to be sold to raise funds rather than to	be maintained as part			☐ Ye	es 🗆 No		
Par	t IV Escrow and Custodial Arrange Complete if the organization answ line 21.		990, Part IV, line	9, or reported a	n amount on F	form 990, Part X,		
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?					es 🗆 No		
b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table:		Amount			
c	Beginning balance	·	-	1c				
d	Additions during the year			. 1d				
е	Distributions during the year			. 1e				
f	Ending balance			. 1f				
2a	Did the organization include an amount on Fo	rm 990, Part X, line 21	, for escrow or cust	odialaccount liabilit	ty? Ye	es 🗆 No		
b	If "Yes," explain the arrangement in Part XIII.	Chack hara if the avail	anation has been n	rovidad in Part VIII				
	rt V Endowment Funds. Complete if	•				.)		
1 (1	Endownient i unus. Complete II	(a)Current year		c)Two years back (-	(e)Four years back		
1a		1						
	Beginning of year balance	38,162,516	40,207,272	41,720,368	35,777,489	30,528,866		
b	Beginning of year balance Contributions	262,688	40,207,272 946,850	41,720,368 804,003	35,777,489 1,801,605	30,528,866 2,772,521		
c	Contributions	262,688	946,850	804,003	1,801,605	2,772,521		

IRS Full Filing

e Other expenditures for faciliti and programs	ies	822,188	762,861	1,821,544	533,848	478,902
f Administrative expenses .		54,369	52,834	53,880	52,983	51,269
g End of year balance		11,722,502	38,162,516	40,207,272	41,720,368	35,777,489
2 Provide the estimated perce	entage of the current year er	nd balance (lir	ne 1g, column (a))) held as:		
a Board designated or quasi-e	endowment ▶ 18.390 %					
b Permanent endowment	59.560 %					
c Temporarily restricted endo	wment 22.050 %					
The percentages on lines 2a	a, 2b, and 2c should equal 1	00%.				
3a Are there endowment funds organization by:	s not in the possession of the	e organization	that are held an	d administered for th	le	Yes No
(i) unrelated organizations					3a(
(ii) related organizations					3a(
b If "Yes" on 3a(ii), are the re	elated organizations listed as	required on S	Schedule R? .		3t	,
4 Describe in Part XIII the inte		ion's endowm	ent funds.			
Part VI Land, Buildings,	and Equipment. ganization answered "Ye	s" on Form	OOO Dart IV lir	o 11a Soo Form (000 Part V lino	10
Description of property	(a) Cost or other basis		other basis (other)) Book value
	(investment)					
1a Land			2,155,551			2,155,551
b Buildings			54,746,991	22	,734,745	32,012,246
c Leasehold improvements						
d Equipment			7,810,167	4	,797,639	3,012,528
e Other			16,258			16,258
otal. Add lines 1a through 1e.(C	Column (d) must equal Form	990, Part X, o	column (B), line	10(c).) >		37,196,583
					Schedule D ((Form 990) 2016
		Pag	e 3 ———			
chedule D (Form 990) 2016						Page 3
	ther Securities. Comple	ete if the ord	anization ansv	vered "Yes" on For	 m 990. Part IV. l	
See Form 990, Pa	rt X, line 12.					
	tion of security or category ling name of security)		(b) Book		Method of valuatio end-of-year marke	
(includ	ing name or security)		value	2031 01		· value
1) Financial derivatives						
2) Closely-held equity interests						
3) Other						
A)						
B)						
C)						
D)						
E)						
F)						
G)						
H)						
otal. (Column (b) must equal Form 99	20 Part Y col (B) line 12)					
	Program Related.					
	rganization answered 'Ye	es' on Form	990, Part IV, lir	ne 11c. See Form 9	990, Part X, line	13.
(a) Descrip	ption of investment		(b) Book value		Method of valuation	
1\			<u> </u>	Cost or	end-of-year marke	t value
1)						
2)						
3)						
4)						
5)						
- •						

,			·9			
(6)						
(7)						
(8)						
(9)						
Part	Column (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets. Complete if the organization answered 'Yes' of the organization and the organization answered 'Yes' of the organization and t	on Form 99	n Part IV line 11d 9	See Form (agn Dart	Y line 15
Tare	(a) Description	011 1 01111 99	o, ruit IV, iiie IIu.	Jee Form 2	750, Ture	(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total.	(Column (b) must equal Form 990, Part X, col.(B) line 15.)					
Parl	,	red 'Yes' o	n Form 990, Part	IV, line 11	le or 11	Lf.
1.	See Form 990, Part X, line 25. (a) Description of liability	(b) Book value			
	eral income taxes		-			
CUSTO	DIAN DEPOSITS		58,016			
INTER	EST RATE SWAP		132,631			
OBLIGATION (4)	ATION UNDER CAPITAL LEASE		85,721			
(5)						
(6)						
(7)						
(8)						
(9)						
(5)						
	Column (b) must equal Form 990, Part X, col.(B) line 25.)	notnoto to t	276,368	ancial state	monts t	hat reports the
	ility for uncertain tax positions. In Part XIII, provide the text of the fo ation's liability for uncertain tax positions under FIN 48 (ASC 740). C		_			· · · · · · · · · · · · · · · · · · ·
<u> </u>			. and toke or and root			e D (Form 990) 2016
	_					
	Page	e 4 ———				
Schedu	le D (Form 990) 2016					Page 4
Part	XI Reconciliation of Revenue per Audited Financial Complete if the organization answered 'Yes' on Form 9			e per Re	turn	
1	Total revenue, gains, and other support per audited financial stateme				1	30,718,625
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
	Net unrealized gains (losses) on investments			3,329,210		
	Donated services and use of facilities	.	2b			
	Recoveries of prior year grants	. -	2c 2d	43,516		
	Add lines 2a through 2d	L		-13,310	2e	3,372,726
	Subtract line 2e from line 1			-	3	27,345,899
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					, , , , , , , , , , , , , , , , , , , ,
a	investment expenses not included on Form 990. Part VIII. line 7b		4a			

-			l				I
b	Other (Describe in Part XIII.)	4b		4,4	155,642		
C	Add lines 4a and 4b					4c	4,455,642
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				-	5	31,801,541
Par	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered 'Yes' on Form 990, Part			xpense	s per R	eturi	n.
1	Total expenses and losses per audited financial statements					1	27,364,225
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					
c	Other losses	2c					
d	Other (Describe in Part XIII.)	2d		-	104,081		
е	Add lines 2a through 2d					2e	104,081
3	Subtract line 2e from line 1				-	3	27,260,144
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		4,2	267,321		
С	Add lines 4a and 4b					4c	4,267,321
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .			•	5	31,527,465
Pai	t YIII						

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.

Return Reference	Explanation
PART V, LINE 4:	THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED FOR FACULTY AND STAFF SALARIES, FINANCIAL AID, PROFESSIONAL DEVELOPMENT, ATHLETICS, STUDENT NEWSPAPER, AND COMMENCEMENT AWARDS.
PART X, LINE 2:	THE ACADEMY DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	STUDENT STORE ACTIVITY EXPENSES, REPORTED ON PART VIII, LINE 10B 38,575. FUNDRAISI EVENT EXPENSES, REPORTED ON PART VIII, LINE 8B 4,941.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	STUDENT FINANCIAL AID, REPORTED ON PART IX, LINE 2 2,874,017. STUDENT TUITION REMISSIONS, REPORTED ON PART IX, LINE 9 1,393,304. PASS-THROUGH INCOME ADJUSTMEN FOR TAX RETURN 188,321.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	STUDENT STORE ACTIVITY EXPENSES, REPORTED ON PART VIII, LINE 10B 38,575. FUNDRAISI EVENT EXPENSES, REPORTED ON PART VIII, LINE 8B 4,941. LOSS ON UNCOLLECTIBLE PLEDGE 60,565.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	STUDENT FINANCIAL AID, REPORTED ON PART IX, LINE 2 2,874,017. STUDENT TUITION REMISSIONS, REPORTED ON PART IX, LINE 9 1,393,304.
PART VI, LINE 1E, COLUMN (B) - OTHER:	THE AMOUNT LISTED REPRESENTS ASSETS HELD AS CONSTRUCTION IN PROCESS AT THE ENL THE YEAR.

Schedule D (Form 990) 2016

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efile Public Visual Render Ob		ObjectId: 201820329349300217 - Submission: 2018-0	2-01	TIN: 31-4379445		
SCHEDULE E		Schools		OMB No. 1545-0047		
(Form 990 or 990-EZ)	(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990,					
, ,						
		Part IV, line 13, or Form 990-EZ, Part VI, line 48.		2016		
Department of the Treasury		► Attach to Form 990 or Form 990-EZ.		Open to Public		
Internal Revenue Service	▶ Informatio	n about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs	s.gov/form990.	Inspection		
Name of the organizat			Employer ident	tification number		
THE COLUMBUS ACADEMY	Y					
			31-4379445			

Part I

YES NO

1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
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?	_	Vas	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No,"	2	Yes	
	please explain. If you need more space use Part II	3	Yes	
4	Does the organization maintain the following?	_		
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
	basis?	4b	Yes	
C	Cópies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
5 a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
	Has the organization's right to such aid ever been revoked or suspended?	6b		No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	

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

Cat. No. 50085D

Schedule E (Form 990 or 990-EZ) (2016)

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Schedule E (Form 990 or 990EZ) (2016)

Page 2

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). Part II

Return Reference	Explanation
SCHEDULE E, PART I, LINE 3	A STATEMENT AFFIRMING ITS NONDISCRIMINATORY POLICY WAS PLACED IN ALL ADVERTISEMENTS, BROCHURES, NEWSPAPER ARTICLES, AND OTHER TYPES OF MEDIA MENTIONING THE SCHOOL.
SCHEDULE E, PART I, LINE 6	THE COLUMBUS ACADEMY RECEIVES REIMBURSEMENT FROM THE STATE OF OHIO FOR EXPENSES INCURRED BY THE SCHOOL'S EMPLOYEES IN THE COMPLETION OF CLERICAL AND ADMINISTRATIVE DUTIES REQUIRED BY FEDERAL, STATE OR LOCAL LAWS.

Schedule E (Form 990 or 990-EZ) (2016)

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efile Public Visual Re	ender	ObjectId: 2	01820	329349	300217 - Submissio	n: 2018-0	2-01	TIN: 31-4379445
CHEDULE G	-				nformation Reg		-	OMB No. 1545-0047
Form 990 or 990-EZ)					r Gaming Activ	•		2016
	Con	nplete if the organ	ization an	swered "Y	es" on Form 990, Part IV, line than \$15,000 on Form 990-E	es 17, 18, or 1	9, or if the	
epartment of the Treasury ternal Revenue Service	Open to Public Inspection							
ame of the organization HE COLUMBUS ACADEMY							Employer id	entification number
							31-4379445	
	_	ies. Complete re not required		-	on answered "Yes" on is part.	Form 990,	Part IV, line	17.
I Indicate whether the	organizat	ion raised funds	through	any of th	e following activities. Che	eck all that a	pply.	
a Mail solicitations					e Solicitation of no	on-governm	ent grants	
b Internet and ema	il solicitati	ons			f Solicitation of go	overnment g	rants	
c Phone solicitation	s				g Special fundrais	ing events		
d In-person solicita	tions							
					ndividual (including office ction with professional fu		nuicoc?	∕es □ No
b If "Yes," list the ten h to be compensated a	nighest pai it least \$5,	id individuals or ,000 by the orga	entities inization.	(fundraise	ers) pursuant to agreeme	nts under wh	nich the fundrai	
(i) Name and address of individual or entity (fundraiser)	of	(ii) Activity	fundrai custo cont	Did ser have ody or crol of outions?	(iv) Gross receipts from activity	(or ret	ount paid to cained by) er listed in ol. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
otal				▶				
3 List all states in which licensing.	the organi	zation is registe	red or lic	ensed to	solicit contributions or ha	s been notif	ed it is exempt	from registration or
:==========				=======		========		
or Paperwork Reduction Ac	t Notice, s	ee the Instructio	ns for Fo	rm 990 or	990-EZ. Cat. l	No. 50083H	Schedule G	(Form 990 or 990-EZ) 2016
					Page 2			

Scneaule G (Form 990 or 990-EZ) 2016 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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	gross receipts greater than \$	5,000.			
		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		GOLF OUTING	(a) canh harran	(hotal mumban)	(add col. (a) through
Je		(event type)	(event type)	(total number)	col. (c))
Revenue					<u> </u>
Rev	1 Gross receipts	18,176			18,176
	2 Less: Contributions	13,235			13,235
	Gross income (line 1 minus line 2)	4,941			4,941
	4 Cash prizes				+
ses	6 Rent/facility costs				
Direct Expenses	7 Food and beverages	4.255			1 255
ă		1,255			1,255
e g		3,686			3,686
ā	9 Other direct expenses				
	10 Direct expense summary. Add lines 4	. ,			4,941
	11 Net income summary. Subtract line 10			•	C
Par	d III Gaming. Complete if the org on Form 990-EZ, line 6a.	anization answered "Ye	es" on Form 990, Part I	V, line 19, or reported	I more than \$15,000
ne		(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add col.
Revenue		(2, 23	bingo/progressive bingo	(5) 2 3.12. 929	(a) through col.(c))
Re	1 Gross revenue				
S					
Expenses	2 Cash prizes				
ă	3 Noncash prizes				
ŭ	4 Rent/facility costs				
Direct					
	5 Other direct expenses	Yes %		Yes %	
	6 Volunteer labor				
	Volunteer labor	☐ No	☐ No	☐ No	
	7 Direct expense summary. Add lines 2	through 5 in column (d)		•	
	8 Net gaming income summary. Subtract	t line 7 from line 1, colum	n (d)		
	•				
9	Enter the state(s) in which the organizat Is the organization licensed to conduct g				
a b	If "No," explain:				U Yes ∪ No
-					
10-	Were any of the organization's gaming li				
10a b	If "Yes," explain:				Yes No
				Schedule G ((Form 990 or 990-EZ) 2016
		P	age 3 ————		
Sche	edule G (Form 990 or 990-EZ) 2016				Page
11	Does the organization conduct gaming a	ctivities with nonmembers	?		· O Yes O No
12	Is the organization a grantor, beneficiary formed to administer charitable gaming?		· · · · · · · · · · · · · · · · · · ·	or other entity	Yes No
13	Indicate the percentage of gaming activi	ty conducted in:			_ 133 _ 140

(4) 19	pe or grant or assistance		cipients	cash grant	noncash assistance	FMV, appraisal, other)	
(1) FINANCIA	L AID		241	2,874,017	0	N/A	N/ı
(1)							<u> </u>
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
Part IV	Supplemental Inf	ormation. Pro	vide the ir	nformation required in I	Part I, line 2; Part III,	column (b); and any other a	bbe
Return Refer	ence E	xplanation					
PART III:	11	NCLUDING PERSO	ONAL INCOM	ME TAX RETURNS. ONE CO	PY OF THE FINANCIAL A	HE POTENTIAL RECIPIENT'S FAM ID INFORMATION IS FORWARDE ITTEE TO DETERMINE THE ELIG:	DT

Additional Data

RECIPIENT'S NEED.

Software Version:

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efil			20329349300217 - Submission: 2018-02-01			TIN: 31	9445		
Schedule J (Form 990)			Compe	ensat	ion Information		OMB No.	1545-	0047
(Forr	n 990)	F				hest	^^	140	
		▶ Co	mplete if the organizati	on answ	vered "Yes" on Form 990, Part IV	, line 23.	20	116	
Depart	ment of the Treasury	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Information about Schedule 3 (Form 990) and its instructions is at www.irs.gov/form990. Information about Schedule 3 (Form 990) and its instructions is at www.irs.gov/form990. It Questions Regarding Compensation Check the approplate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel					Open	to Pu	blic
Interna	l Revenue Service							ectio	
	ne of the organization of the columbus ACADEN						ication n	umber	
Do	ut I Questis	ana Dagard	ing Componention			31-4379445			
Ра	rt I Questio	ons Regard	ing Compensation					Yes	No
1a									
		or charter tra	avel		Housing allowance or residence for	personal use			
		•		_	•				
		-		_					
	□ Discretion	ary spending	account		Personal services (e.g., maid, chauf	feur, chef)			
b						nent or reimbursem	ent 1b		No
2						e 1a?. .	2	Yes	
3	organization's C	EO/Executive	Director. Check all that ap	ply. Do r	not check any boxes for methods				
	✓ Compensa	ation committe	ee	~	Written employment contract				
				✓	• •				
	✓ Form 990	of other organ	nizations	✓	Approval by the board or compensa	tion committee			
4			on listed on Form 990, Par	t VII, Se	ction A, line 1a, with respect to the fi	iling organization or	· a		
а	Receive a severa	ance pavment	or change-of-control pavi	ment?.			4a		No
b					lified retirement plan?		4b	Yes	
c				•			4c		No
	,	·							
5	For persons liste	ed on Form 99	0, Part VII, Section A, line						
	compensation co	ontingent on t	he revenues of:						
а							5a		No
b							5b		No
6				a 1a, did	the organization pay or accrue any				
а	The organization	n?					6a		No
b							6b		No
	If "Yes," on line	·							
7					the organization provide any nonfixe rt III		7		No
8	subject to the in	itial contract	exception described in Reg	gulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," do		8		No
9					presumption procedure described in				140
For F	Paperwork Redu	iction Act No	tice, see the Instructio	ns for Fo	orm 990. Cat. No. !	50053T Schedu	le J (Forn	n 990)	2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if addition For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organization or row (ii) and from related organization or row (iii) and from related organization or row (iii) and from related organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organization organi

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (I

		compensation		(C) Retirement and other	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	deferred compensation	
(i)	165,734	0	0	18,020	
(ii)					
	U	0	0	0	
(i)	284,471	0	39,910	29,000	
(ii)	0	0	0	0	
(i)	131,191	0	0	9,555	
(ii)		0	0	0	
(i)	162,230	0	0	17,500	
(ii)	0				
	(ii) (i) (ii) (ii) (ii)	(i) 284,471 (ii) 0 (i) 131,191 (ii) 0 (i) 162,230 (ii) 162,230	(i) 165,734 0 (ii) 0 (ii) 284,471 0 (iii) 0 (ii) 131,191 0 (iii) 0 (ii) 162,230 0 (iii) 0	(i) 165,734 0 0 0 (ii) 284,471 0 39,910 (ii) 0 0 0 0 (ii) 131,191 0 0 (iii) 0 0 0 (ii) 162,230 0 0 (iii) 0 0	

Page 3

Schedule J (Form 990) 2016

Part II	I Supr	lemental	Information
---------	--------	----------	-------------

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete Return Reference

PART I, LINE 1A

THE COLUMBUS ACADEMY PAYS FOR A SOCIAL CLUB MEMBERSHIP FOR ITS HEAD OF SCHOOL SO THAT SHE IS ADONOR ENTERTAINING APPROPRIATE FOR HER LEADERSHIP ROLE TO ADVANCE THE INSTITUTION. EXPENSES SMEMBERSHIP ARE INCLUDED IN HER TAXABLE COMPENSATION.

PART I, LINE 4B

THE COLUMBUS ACADEMY MAINTAINED A NONQUALIFIED DEFERRED COMPENSATION PLAN FOR ITS HEAD OF SCHOOL SO THAT SHE INCLUDED IN HER TAXABLE COMPENSATION.

Software ID: **Software Version:**

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efile Public Visual Render ObjectId: 201820329349300217 - Submission: 2018-02-01 Schedule K Supplemental Information on Tax-Exempt Bonds (Form 990) ► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Department of the Treasury ▶Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization THE COLUMBUS ACADEMY Part I **Bond Issues** (c) CUSIP # (f) Description ((a) Issuer name (b) Issuer EIN (d) Date issued (e) Issue price CITY OF 15,000,000 SEE PART VI Α 31-6400492 000000000 07-13-2015 **GAHANNA OHIO** Part II **Proceeds** В Amount of bonds retired 1,128,783 Amount of bonds legally defeased. 2 Total proceeds of issue . 3 12,334,044 Gross proceeds in reserve funds. 4 5 Proceeds in refunding escrows. Issuance costs from proceeds . 7 Credit enhancement from proceeds . 8 Working capital expenditures from proceeds . 9 Capital expenditures from proceeds . 10 12,334,044 11 Other spent proceeds . Other unspent proceeds. 12 Year of substantial completion . 13 2016 Yes No Yes No Were the bonds issued as part of a current refunding issue? . Χ 14 Were the bonds issued as part of an advance refunding issue? . 15 Χ Has the final allocation of proceeds been made? . 16 Χ Does the organization maintain adequate books and records to support the final allocation of 17 Χ proceeds?. **Part III Private Business Use** В Α Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ financed by tax-exempt bonds? . Are there any lease arrangements that may result in private business use of bond-financed Χ property?. Cat. No. 50193E For Paperwork Reduction Act Notice, see the Instructions for Form 990. Page 2 Schedule K (Form 990) 2016 Part III

Private Business Use (Continued)

		1	4		3
		Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X			
С	Are there any research agreements that may result in private business use of bond-financed		v		

27/22,	8:59 PM IRS I	Full Filing				
	property?			^		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other counsel to review any research agreements relating to the financed property?	outside				
4	Enter the percentage of financed property used in a private business use by entit a section 501(c)(3) organization or a state or local government			0 %		
5	Enter the percentage of financed property used in a private business use as a resurrelated trade or business activity carried on by your organization, another sectorganization, or a state or local government	tion 501(c)(3)		0 %		
6	Total of lines 4 and 5			0 %		
7	Does the bond issue meet the private security or payment test?			Х		
8a 	Has there been a sale or disposition of any of the bond-financed property to a no person other than a $501(c)(3)$ organization since the bonds were issued?	ngovernmental		х		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or dispos	ed of	<u> </u>		l.	
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations section and 1.145-2?	ns 1.141-12				
9	Has the organization established written procedures to ensure that all nonqualific issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	ed bonds of the	Х			
Par	t IV Arbitrage					
		A		-	В	
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	Yes	No X	Yes	No	1
2	If "No" to line 1, did the following apply?					
а	Rebate not due yet?		Х			
b	Exception to rebate?	Х				
С	No rebate due?		Х			
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed					
3	Is the bond issue a variable rate issue?	Х				
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	Х				
b	Name of provider	PNC BANK NAT ASSOCIATION	IONAL			
С	Term of hedge	700	.0000000000 %			
d	Was the hedge superintegrated?		Χ			
е	Was the hedge terminated?		Х			
	Page 3					
Sched	lule K (Form 990) 2016					
Par	t IV Arbitrage (Continued)					1
		Yos A			B No	+ ,
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	Yes	No X	Yes	No)
b	Name of provider					
	T (010		_			

		Α		A B		
		Yes	No	Yes	No	Y
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х			
b	Name of provider					
С	Term of GIC					
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?					
6	Were any gross proceeds invested beyond an available temporary period?		Х			
7	Has the organization established written procedures to monitor the requirements of section 148?	Х				

		A	I		
	Yes	No	Yes	No	Y
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	Х				

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions

Return Reference Explanation

PART I, LINE A, COLUMN (F):

FINANCE (1) THE ACQUISITION, CONSTRUCTION, RENOVATION, INSTALLATION AND EQUIPPING OF CERTAIN CAPITAL EXPENDITURES OF THE COLUMBUS ACADEMY (THE "CORPORATION") INCLUDING, BUT NOT LIMITED TO, ADDITIONS TO AND RENOVATIONS OF CERTAIN BUILDINGS OF THE CORPORATION, FURNITURE, FIXTURES AND EQUIPMENT AND ALL NECESSARY APPURTENANCES THERETO LOCATED ON THE REAL PROPERTY LOCATED AT 4300 CHERRY BOTTOM ROAD, GAHANNA, OHIO, AND (2) CERTAIN COSTS AND EXPENSES INCURRED IN CONNECTION WITH THE ISSUANCE OF THE SERIES 2015 BONDS.

	THE SERIES 2015 BONDS ARE DRAW DOWN BONDS WITH A TOTAL AGGREGATE PERMISSIBLE DRAW OF \$15,000,000. AS OF JUNE 30, 2017, THE CORPORATION HAS DRAWN \$12,334,044 OF BONDS.
PART IV, LINE 2.C, COLUMN (A):	THE 2015 BONDS ARE DRAW DOWN BONDS. THE CORPORATION ONLY DRAWS UPON THE BONDS WHEN IT HAS REIMBURSABLE EXPENSES AND USES SUCH DRAWS TO EITHER IMMEDIATELY PAY SUCH EXPENSES OR TO REIMBURSE ITSELF FOR SUCH EXPENSES. BECAUSE OF THIS THERE ARE NO INVESTMENT EARNINGS ON THE SERIES 2015 BONDS AND THEREFORE NO NEED FOR REBATE.

Additional Data

Software ID: Software Version:

efile Public Vis	sual Render	ObjectId: 2	018203	29349300217	7 - Submiss	sion: 2018-0)2-01			TII	N: 31	L-437	9445	
(E 000 000 EZ)				tions with Interested Persons						ОМ	OMB No. 1545-0047			
Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at **Www.irs.gov/form990.**					20,	2016								
Department of the Treasur Internal Revenue Service	ry		<u> </u>	<u>/ww.irs.gov/10</u>	<u>rm990</u> .					0		to Pu ectio		
Name of the orga							Emplo	yer i	den	tificat	ion n	umbe	r	
THE COLUMBUS ACA	ADEMI						31-43	79445	5					
		nsactions (sect								40h				
) Name organiz	ation answered "Y alified person		Relationship be						900. ption (of	(d)	
_					rganization			tra	nsac	tion		Corre		
												Yes	No	
4958 3 Enter the an	nount of tax, if a	rred by organization	e, reimbu	rsed by the orga	nization		· ·	•	\$					
4958 3 Enter the am Part II Loa Comrepo (a) Name of	ns to and/or plete if the organized an amount (b) Relationshi	From Interest bization answered on Form 990, Part p (c) Purpose of	re, reimbu red Pers "Yes" on F X, line 5, (d) Loai	rsed by the orga ons. Form 990-EZ, Pa 6, or 22	nization		· ·	line 2	\$ 26; o (h) Appro		(anizatio (i) Writi	en	
4958 3 Enter the am Part II Loa Com repo (a) Name of interested person	nount of tax, if an and/or plete if the organized an amount (b) Relationshi with organization	From Interest ization answered on Form 990, Part p (c) Purpose of loan	re, reimbu red Pers "Yes" on F X, line 5, (d) Loai	rsed by the orga ons. Form 990-EZ, Pa 6, or 22 n to or from the anization?	rt V, line 38a, (e)Original principal amount	or Form 990, (f)Balance due	Part IV, (g) 1 defau	line 2	\$26; o	oved ard or	Yes	(i) Writi	en	
4958 3 Enter the am Part II Loa Comrepo (a) Name of	ns to and/or plete if the organized an amount (b) Relationshi	From Interest bization answered on Form 990, Part p (c) Purpose of	e, reimbu ed Pers "Yes" on I X, line 5, (d) Loai org	rsed by the orga ons. Form 990-EZ, Pa 6, or 22 n to or from the anization?	rt V, line 38a,	or Form 990,	Part IV, (g) 1 defau	line 2	\$ 26; o (h) Approving boomm	oved ard or ittee?	a _i	(i) Writi	en ent?	
4958 3 Enter the am Part II Loa Com repo (a) Name of interested person (1) MS MELISSA	nount of tax, if an and/or or or or or or or or or or or or or o	From Interest nization answered n Form 990, Part p (c) Purpose of n loan TO COVER RELOCATION	e, reimbu ed Pers "Yes" on I X, line 5, (d) Loai org	rsed by the orga ons. Form 990-EZ, Pa 6, or 22 n to or from the anization?	rt V, line 38a, (e)Original principal amount	or Form 990, (f)Balance due	Part IV, (g) 1 defau	line 2	\$26; o	oved ard or ittee?	Yes	(i) Writi	en ent?	
4958 3 Enter the am Part II Loa Com repo (a) Name of interested person (1) MS MELISSA	nount of tax, if an and/or or or or or or or or or or or or or o	From Interest nization answered n Form 990, Part p (c) Purpose of n loan TO COVER RELOCATION	e, reimbu ed Pers "Yes" on I X, line 5, (d) Loai org	rsed by the orga ons. Form 990-EZ, Pa 6, or 22 n to or from the anization?	rt V, line 38a, (e)Original principal amount	or Form 990, (f)Balance due	Part IV, (g) 1 defau	line 2	\$26; o	oved ard or ittee?	Yes	(i) Writi	en ent?	
4958 3 Enter the am Part II Loa Com repo (a) Name of interested person (1) MS MELISSA	nount of tax, if an and/or or or or or or or or or or or or or o	From Interest nization answered n Form 990, Part p (c) Purpose of n loan TO COVER RELOCATION	e, reimbu ed Pers "Yes" on I X, line 5, (d) Loai org	rsed by the orga ons. Form 990-EZ, Pa 6, or 22 n to or from the anization?	rt V, line 38a, (e)Original principal amount	or Form 990, (f)Balance due	Part IV, (g) 1 defau	line 2	\$26; o	oved ard or ittee?	Yes	(i) Writi	ent?	
4958 3 Enter the am Part II Loa Com repo (a) Name of interested person (1) MS MELISSA SODERBERG	nount of tax, if an and/or or or or or or or or or or or or or o	From Interest nization answered n Form 990, Part p (c) Purpose of n loan TO COVER RELOCATION	e, reimbu ed Pers "Yes" on I X, line 5, (d) Loai org	rsed by the orga Ons. Form 990-EZ, Pa 6, or 22 n to or from the anization? From X	rt V, line 38a, (e)Original principal amount	or Form 990, (f)Balance due	Part IV, (g) 1 defau Yes I	line 2	\$26; o	oved ard or ittee?	Yes	(i) Writi	en ent?	
4958	nount of tax, if an ins to and/or plete if the organized an amount (b) Relationshi with organization HEAD OF SCHOOL	From Interest nization answered n Form 990, Part p (c) Purpose of n loan TO COVER RELOCATION	red Pers "Yes" on I X, line 5, (d) Loar org	rsed by the orga ons. Form 990-EZ, Pa 6, or 22 n to or from the anization? From X	rt V, line 38a, (e)Original principal amount	or Form 990, (f)Balance due	Part IV, (g) 1 defau Yes I	line 2	\$26; o	oved ard or ittee?	Yes	(i) Writi	en ent?	
4958	ms to and/or plete if the organized an amount (b) Relationshi with organization HEAD OF SCHOOL hts or Assista plete if the organization organizati	ry, on line 2, abov From Interest ization answered on Form 990, Part p (c) Purpose of loan TO COVER RELOCATION COSTS	red Pers "Yes" on I X, line 5, (d) Loai org To To J Interesered "Yes tween	rsed by the orga ons. Form 990-EZ, Pa 6, or 22 n to or from the anization? From X sted Persons.	rt V, line 38a, (e)Original principal amount 100,000	or Form 990, (f)Balance due	Part IV, (g) I defau	line 2	\$ (hApproximate) \$ (hap	oved ard or ittee?	Yes Yes	(i) Writi	ent?	
4958	ms to and/or plete if the organized an amount (b) Relationshi with organization HEAD OF SCHOOL hts or Assista plete if the organization organizati	ro cover relation answered on Form 990, Part point of the	red Pers "Yes" on I X, line 5, (d) Loai org To To J Interesered "Yes tween	rsed by the orga ons. Form 990-EZ, Pa 6, or 22 n to or from the anization? From X sted Persons. " on Form 990	rt V, line 38a, (e)Original principal amount 100,000	or Form 990, (f)Balance due 20,000	Part IV, (g) I defau	line 2	\$ (hApproximate) \$ (hap	oved ard or ittee?	Yes Yes	(i)Writt	dent?	
4958	ms to and/or plete if the organized an amount (b) Relationshi with organization HEAD OF SCHOOL hts or Assista plete if the organization organizati	ro, on line 2, abov From Interest ization answered on Form 990, Part of loan TO COVER RELOCATION COSTS costs nce Benefiting anization answered on anization answered on loan	red Pers "Yes" on I X, line 5, (d) Loai org To To J Interesered "Yes tween	rsed by the orga ons. Form 990-EZ, Pa 6, or 22 n to or from the anization? From X sted Persons. " on Form 990	rt V, line 38a, (e)Original principal amount 100,000	or Form 990, (f)Balance due 20,000	Part IV, (g) I defau	line 2	\$ (hApproximate) \$ (hap	oved ard or ittee?	Yes Yes	(i)Writt	dent?	
4958	ms to and/or plete if the organized an amount (b) Relationshi with organization HEAD OF SCHOOL hts or Assista plete if the organization organizati	ro, on line 2, abov From Interest ization answered on Form 990, Part of loan TO COVER RELOCATION COSTS costs nce Benefiting anization answered on anization answered on loan	red Pers "Yes" on I X, line 5, (d) Loai org To To J Interesered "Yes tween	rsed by the orga ons. Form 990-EZ, Pa 6, or 22 n to or from the anization? From X sted Persons. " on Form 990	rt V, line 38a, (e)Original principal amount 100,000	or Form 990, (f)Balance due 20,000	Part IV, (g) I defau	line 2	\$ (hApproximate) \$ (hap	oved ard or ittee?	Yes Yes	(i)Writt	ent?	

For Paperwork Reducti	on Act Notice, see th	e Instruction	 s for Form 990 or 990	D-F7	L Cat. No. 50	056Δ	Schedule L (Fo	rm 990 or 990	-E7\ 2016
Tor Paper work Reducti	on Act Notice, see th	e mstruction	13 101 1 01111 330 01 330	J LL.	Cat. 140. 50	030A	Scriedule L (FO	11111 990 01 990	-62) 2010
			Pa	ige 2 -					
Schedule L (Form 990	or 990-EZ) 2016								Page 2
Part IV Busine									
	ete if the organiza interested person		ered "Yes" on Form b) Relationship		art IV, line 28 Amount of		r 28c. escription of transa	ection (a)	Sharing
(a) Name of	interested person	be	tween interested		ansaction	(a) D	escription of transa		of
		1	person and the organization					_	nization's enues?
			3					Yes	
Part V Supple	emental Informa	ation							
• • •			nses to questions on	Schedul	e L (see instruct	ions).			
Return Re	ference				Explanat	ion			
	<u> </u>						Schedule L (Fo	rm 990 or 990	-EZ) 2016
Additional Da	ata							Return to Fo	
Additional D	ucu							Cetuin to Fo	
↑ Back to Top	al Render Oh	viectId: 20	0182032934930	0217 -	Submission:	2018-0	2-01	TIN: 31-43	79445
SCHEDULE M	di Render GE					2010 0		OMB No. 154	•
(Form 990)		r	loncash Co	ontrii	outions			004	_
	▶Complete if the	organizati	ons answered "Yes	s" on Fo	rm 990, Part I	V, lines 2	9 or 30.	201	b
	► Attach to Form		L. M (Farra 200) -						
Department of the Treasury Internal Revenue Service	▶information ab	out Scneau	le M (Form 990) a	na its ir	istructions is a	it <u>www.ir</u>	s.gov/torm990	Open to P Inspect	
Name of the organiza							Employer identi		
THE COLUMBUS ACADEM	Y						31-4379445		
Part I Types	of Property								
		(a) Check if applicable			(c) Noncash con amounts rep Form 990, Par 1g	orted on	noncash cor	(d) of determining ntribution amo	
1 Art—Works of ar	t	Х		1		50,00	0 PROFESSIONAL	APPRAISAL	
2 Art—Historical tr									
3 Art—Fractional in4 Books and public									
5 Clothing and hou	usehold								
goods 6 Cars and other v	ehicles								
7 Boats and plane							1		
8 Intellectual prop	erty								
9 Securities—Publ	•	Х		27		387,25	5 STOCK EXCHANG	GE	
10 Securities—Clos11 Securities—Part	•								
or trust interes	ts						1		
12 Securities—Misc13 Qualified conser									
contribution—H	listoric								
14 Qualified conser									

27/22,	8:59 PM			IF	RS Full Filing					
	contribution—Other			ĺ		1				
15	Real estate—Residential .									
16	Real estate—Commercial									
17	Real estate—Other									
18	Collectibles									
19	Food inventory									
	Drugs and medical supplies .									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other ▶ ()									
26	Other ▶ ()									
27	Other ▶ ()									
28	Other ▶ ()									
	Number of Forms 8283 received by	the organiza	ation during the tax ve	ar for co	ntributions					
	for which the organization complet					29				
						<u> </u>			Yes	No
30a	During the year, did the organizati							st		
	hold for at least three years from					sed for e	exempt	ļ		
	purposes for the entire holding pe	riod?					•	30a		No
h	If "Yes," describe the arrangement	t in Part II						300		110
U	ir les, describe the arrangement	t III Fait II.								
31	Does the organization have a gift	acceptance p	olicy that requires the	review o	of any nonstandard contr	ibutions	?	31	Yes	
32a	Does the organization hire or use	third parties	or related organization	ns to soli	cit, process, or sell nonc	ash				
	contributions?							32a		No
b	If "Yes," describe in Part II.									
33	If the organization did not report a	an amount in	column (c) for a type	of prope	rty for which column (a)	is check	ked,			
	describe in Part II.									
For Da	aperwork Reduction Act Notice, see t	he Instruction	s for Form 990		Cat. No. 51227	1	Schedule	M (Form	990) /	(2016)
FUI Pa	iperwork Reduction Act Notice, see t	ne mstruction	is for Form 990.		Cat. No. 31227.	,	Scriedule	: M (FOIII	1 990) ((2010)
			_	_						
			Pag	je 2 —						
	lule M (Form 990) (2016)									Page 2
Pa	irt II Supplemental Info									_
					and 33, and whether					
	I, column (b), the nu			nber of	items received, or a o	combina	ation of bot	h. Also	compl	lete
	this part for any add	itional infor	mation.							
	Return Reference				Explanation					
						9	Schedule M	(Form 9	90) (2	2016)
								•	, (-	- 7
Δd	ditional Data						De	turn to	Forn	n
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Software ID: Software Version:

↑ Back to Top

efile Public Visual Render

ObjectId: 201820329349300217 - Submission: 2018-02-01

TIN: 31-4379445OMB No. 1545-0047

SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

2016

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at

www.irs.gov/form990.

Open to Public Inspection

Name of the organization THE COLUMBUS ACADEMY

Employer identification number

31-4379445

	31-4379445	
Return Reference	Explanation	
FORM 990, PART I, LINE 1	THE COLUMBUS ACADEMY ASPIRES TO BE AN INCLUSIVE COMMUNITY WHERE ALL DIFFERENCES CONSISTED WITH THE MISSION OF THE SCHOOL ARE VALUED, RESPECTED AND INTEGRATED INTO THE EDUCATION PROCESS.	NT
FORM 990, PART III, LINE 1	THE COLUMBUS ACADEMY - AN INDEPENDENT, COEDUCATIONAL COLLEGE PREPARATORY SCHOOL - ENRICH ITS ACADEMIC TRADITION OF EXCELLENCE BY VALUING A BROAD DIVERSITY OF STUDENTS AS IT SEEKS TO DEVELOP THE COMPLETE PERSON: MIND, BODY AND CHARACTER. THE SCHOOL REWARDS RIGOROUS EFFO AND ACCOMPLISHMENT, FOSTERS COMPASSION, RESPECT AND MORAL COURAGE, AND INSISTS ON INTEGRI FAIR PLAY AND COMMUNITY SERVICE. THE ACADEMY STRIVES TO DEVELOP AND SUSTAIN A COMMUNITY OF THOUGHTFUL, RESPONSIBLE, CAPABLE AND CONFIDENT CITIZENS EAGER TO ENGAGE IN A PLURALISTIC ANI EVER-CHANGING WORLD.	ORT ITY,
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 IS FIRST REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES. IT IS THEN E-MAII TO THE FULL BOARD OF TRUSTEES FOR THEIR REVIEW AND APPROVAL, AND FORMALLY ACCEPTED BY THE I BOARD OF TRUSTEES AT ITS NEXT MEETING, PRIOR TO THE FORM'S SUBMISSION TO THE IRS.	
FORM 990, PART VI, SECTION B, LINE 12C	AT THE FIRST BOARD MEETING OF EVERY NEW FISCAL YEAR, TRUSTEES AND OFFICERS ARE GIVEN A COPY THE CONFLICT OF INTEREST AND ETHICS POLICY. THEY ARE REQUIRED TO COMPLETE A QUESTIONNAIRE THE DISCLOSES ANY CONFLICTS OF INTEREST, AND SUBMIT THIS SIGNED FORM TO THE ADMINISTRATION. THE ADMINISTRATION FOLLOWS UP WITH TRUSTEES TO ENSURE THAT ALL BOARD MEMBERS SUBMIT THIS SIGNE FORM TO THE SCHOOL.	TAH
FORM 990, PART VI, SECTION B, LINE 15	THE REVIEW OF HEAD OF SCHOOL COMPENSATION BY THE BOARD IS BASED UPON THE BOARD'S DETERMINATION OF THE HEAD OF SCHOOL'S PERFORMANCE AS MEASURED AGAINST THE ACADEMY'S MISS STATEMENT AND STRATEGIC PLAN, AS WELL AS HER SATISFACTION OF PRIOR PERFORMANCE GOALS ESTABLISHED AND APPROVED BY THE BOARD'S NOMINATING AND GOVERNANCE COMMITTEE OR SUCH SUCCESSOR COMMITTEE, CONSIDERATION OF COMPENSATION PRACTICES OF OTHER INDEPENDENT SCHOOL AND SUCH OTHER FACTORS DEEMED REASONABLE AND APPROPRIATE BY THE BOARD. COMPENSATION OF OTHER KEY EMPLOYEES OR OFFICERS IS BASED UPON PERFORMANCE AND COMPARATIVE INFORMATION FROTHER INDEPENDENT SCHOOLS AT THE LOCAL, REGIONAL, AND NATIONAL LEVELS.	OLS,
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S FORMS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. FURTHER, THE ORGANIZATION'S FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION THROUGH ANOTHER'S WEBSITE, WWW.GUIDESTAR.ORG.	
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMEN ARE AVAILABLE TO THE PUBLIC UPON REQUEST.	ITS
FORM 990, PART XI, LINE 9:	PASS-THROUGH INCOME ADJUSTMENT FOR TAX RETURN -188,321. FASB 158 ADJUSTMENT 351,855. LOSS ON UNCOLLECTIBLE PLEDGES -60,565.	
FORM 990, PART XII, LINE 2C: THE ORGANIZATION HAS A FINANCE AND AUDIT	COMMITTEE THAT OVERSEES THE AUDIT. FURTHER, THIS COMMITTEE INTERVIEWS CANDIDATES FOR THE ALL FIRM AND MAKES A RECOMMENDATION BASED ON THIS PROCESS TO THE FULL BOARD OF TRUSTEES. THE F BOARD OF TRUSTEES PASSES A RESOLUTION SELECTING THE EXTERNAL AUDITORS. THIS PROCESS REMAIN UNCHANGED FROM THE PRIOR YEAR.	ULL

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2016

Additional Data

Return to Form

Software ID:

Software Version

Form **990**

Return of Organization Exempt From Income Tax

except private

DLN: 93493023004059 OMB No 1545-0047

% J	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (foundations)
Department of the Treasury Internal Revenue Service	 Do not enter social security numbers on this form as it may be made precision. Information about Form 990 and its instructions is at

			▶ Do not enter soci	al security numbers on this form as it m	nay be ma	de public			pen to Public	
		the Treasur ue Service		ıt Form 990 and its instructions is at <u>wu</u>				,	Inspection	
\ E.	+b.o	2017 00	landar vaar ortav vaar bagir	uning 07 01 2017 and anding 06	20 2010					
			C Name of organization	ning 07-01-2017 , and ending 06-	30-2018	D.F.	mnlover	ıdantıfı	ication number	
	ck if api dress ch	plicable hange	THE COLUMBUS ACADEMY						ication number	
	ne cha	-					1-43794	45		
	al retu		Doing business as							
	l return/ ended	terminated	Number and street (or B.O. boy if m	all is not delivered to street address) Room/s	ruito	Е Те	E Telephone number			
		return n pending	4300 CHERRY BOTTOM ROAD	lair is not delivered to street address) Room/s	suite	(6	(614) 509-2227			
—p.	J., Gat. G.	·	City or town, state or province, coul	ntry, and ZIP or foreign postal code			71-7 303	2227		
			GAHANNA, ÓH 43230	,,		G G	ross recei	pts \$ 37	7,463,748	
		ľ	F Name and address of principa	al officer	H(a)	Is this a gro		•	7.007.10	
			MELISSA SODERBERG			subordinate		11 101	□Yes ☑No	
			4300 CHERRY BOTTOM ROAD GAHANNA, OH 43230			Are all subc				
Tax	-exem	pt status		🗆		included?		,	☐ Yes ☐No	
				(insert no) 4947(a)(1) or 527		If "No," atta Group exen		•	instructions)	
W	ebsite	e:► ww	W COLUMBUSACADEMY ORG		(c)	Group exem	iption ni	ımber	•	
			✓ Corporation ☐ Trust ☐ Asso		L Year o	f formation 1	911	State	of legal domicile	
Forn	n of org	janization	Corporation L Trust L Asso	ociation			0		3	
Pa	rt I	Sumr	nary				<u> </u>			
			cribe the organization's mission o	r most significant activities						
ų	<u>SI</u>	EE SCHEE	DULE O							
2	_									
Ě	_									
GOVEINANCE	2 (Check this	s box 🕨 🗌 if the organization dis	scontinued its operations or disposed of	more than	n 25% of its	net ass	ets	1	
	3 1	Number o	f voting members of the governir	ng body (Part VI, line 1a)				3	25	
, ,	4 1	Number o	f independent voting members of	the governing body (Part VI, line 1b)				4	25	
1116	5 7	Total num	ber of individuals employed in ca	lendar year 2017 (Part V, line 2a) .				5	783	
ACTIVILIES &	6 T	Total num	ber of volunteers (estimate if neo	cessary)				6	833	
ž	7 a ⊺	Total unre	elated business revenue from Part	VIII, column (C), line 12				7a	21,589	
	ЬΝ	Net unrela	ated business taxable income from	m Form 990-T, line 34				7b	20,586	
						Prior Ye	ar		Current Year	
Qı.	8 (Contributi	ons and grants (Part VIII, line 1h)		3	,108,73	5	3,975,956	
Rəvenue	9 F	Program s	service revenue (Part VIII, line 2g	1)		26	,444,42	0	27,507,203	
Λċ	10 I	investmer	nt income (Part VIII, column (A),	lines 3, 4, and 7d)		2	,128,95	6	3,011,798	
_	11 (Other reve	enue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)			119,43	0	194,013	
	12 T	Total reve	nue—add lines 8 through 11 (mu	st equal Part VIII, column (A), line 12)		31	,801,54	1	34,688,970	
	13 (Grants an	d sımılar amounts paıd (Part IX, ı	column (A), lines 1–3)		2	,874,01	7	3,030,138	
	14 E	Benefits p	ald to or for members (Part IX, c	olumn (A), line 4)			(0	0	
SC.	15 9	Salaries, d	other compensation, employee be	enefits (Part IX, column (A), lines 5–10)		19	,323,96	6	20,085,590	
Expenses	16a	Profession	nal fundraısıng fees (Part IX, colu	mn (A), line 11e)			(0	
e di	b⊤	Total fundra	aising expenses (Part IX, column (D), l	ine 25) ▶577,708						
ā	17 (Other exp	enses (Part IX, column (A), lines	11a-11d, 11f-24e)		9	,329,48	2	10,390,698	
	18 7	Total expe	enses Add lines 13–17 (must equ	ual Part IX, column (A), line 25)		31	,527,46	5	33,506,426	
	19 F	Revenue I	ess expenses Subtract line 18 fr	om line 12			274,07	6	1,182,544	
es es					Begi	nning of Cur	rent Yea	r	End of Year	
Net Assets of Fund Balances					<u> </u>					
Bal	20 7	Total asse	ets (Part X, line 16)			87	,749,59	2	87,948,247	
	21 7	Total liabi	lities (Part X, line 26)			18	,051,42	9	16,459,771	
Zű	22	Vet assets	s or fund balances Subtract line :	21 from line 20		69	,698,16	3	71,488,476	
	t II		ture Block							
				ined this return, including accompanyin Declaration of preparer (other than off						
	nowled		,	(
		\ . 				2010 01 2	2			
• • • •		Signatu	re of officer			2019-01-2 Date	2			
Sign Here		 	DET 4 (/OEDNER OUTE ETNANOTAL OF							
			RET A KOERNER CHIEF FINANCIAL OF print name and title	FICEK						
		/	int/Type preparer's name	Preparer's signature	Date	_	PTI	N		
Paic			DN YERIAN CPA	JON YERIAN CPA	2019-01-1		If POO	575540)	
	ı bare	r Fi	rm's name DOHN GERLACH & COM	I IPANY LLP		self-emplo Firm's EIN		19361		
-		I C.,	rm's address ▶ 37 W BROAD ST STE 8			Phone no				
JOE	Onl	у	COLUMBUS, OH 4321	5						
150 +1	ae IDC	: discuss !				•			es 🗆 No	
			tnis return with the preparer snow	wn above? (see instructions)	· ·	No 11282	· ·	<u> </u>	Eorm 990 (2017)	

Form	990 (2	017)					Page 2
Par	t III	Statement o	f Program Service	e Accomplis	hments		
		Check If Schedu	ule O contains a respo	onse or note to	any line in this Part III		<u> 🗹</u>
1	Briefly	describe the org	ganızatıon's mıssıon				
SEE S	SCHEDU	JLE O					
2	Dıd th	e organization ur	ndertake any significa	ant program ser	vices during the year wh	nich were not listed on	
	the pr	or Form 990 or	990-EZ?				🗌 Yes 🗹 No
	If "Yes	s," describe these	e new services on Scl	nedule O			
3					changes in how it condu	icts, any program	
	servic	es?					🗌 Yes 🗹 No
	If "Yes	s," describe these	e changes on Schedu	le O			
4	Sectio	n 501(c)(3) and		ons are required	to report the amount o	largest program services, as mea f grants and allocations to others,	
4a	(Code) (Expenses \$	26,481,875	including grants of \$	3,030,138) (Revenue \$	26,311,910)
	See Ad	ldıtıonal Data					
4b	(Code) (Expenses \$	1,091,269	ıncludıng grants of \$) (Revenue \$	1,241,724)
	See Ad	lditional Data					
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
	-						
4d			s (Describe in Sched	•			
	• •	nses \$		uding grants of	\$) (Revenue \$)
4e	Total	program servi	ce expenses ►	27,573,1	44		

or X as applicable

Checklist of Required Schedules

Page 3

No

Nο

Nο

Nο

No

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Νo

Nο

Form **990** (2017)

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,

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 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets?

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 💆

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

Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments,

Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its

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

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses

the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total

permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

assessments, or similar amounts as defined in Revenue Procedure 98-19?

to provide advice on the distribution or investment of amounts in such funds or accounts?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a Did the organization obtain separate, independent audited financial statements for the tax year?

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments

valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

14a Did the organization maintain an office, employees, or agents outside of the United States? . . .

foreign organization? If "Yes," complete Schedule F, Parts II and IV

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV

b Was the organization included in consolidated, independent audited financial statements for the tax year?

5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right 6 7

8

9

10

11a

11b

11c

11d

11e

11f

12a

12b

13

14a

14b

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16

17

18

19

Yes

Yes

Yes

Yes

Yes

Yes

Yes

23

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33

Nο

Nο

No

Nο

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Nο

No

No

No

Nο

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Nο

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No

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22

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Form 990 (2017)

Yes

Yes

Yes

Par	IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
	TO THE TAX A STATE OF TAX A STATE OF TAX A STATE OF TAX A STATE OF TAX A STATE OF TAX A STATE OF TAX A STATE OF TAX A STATE OF TAX A STATE OF TAX A STATE OF TAX A STATE OF TAX A STATE OF TAX A STATE OF TAX A STATE OF TAX A STATE OF TAX A STATE OF TAX A STATE O			

			Yes	NO
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic	21		No

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

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,"

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

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . 💆

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

	990 (2017)			Page
Par				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
	Enterthe growth and are not also Berry 2 of Ferma 1000 Feters Out that any broken		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 89 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
•	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
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		No
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		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		-110
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		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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		
9a	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		
0	Section 501(c)(7) organizations. Enter			
	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			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	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 12b			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
1	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	Vo" respo	nse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection 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	25		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	,		
2		25 . 2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	on 3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			N-
_	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No No
5	Did the organization become aware during the year or a significant diversion of the organization's assets? Did the organization have members or stockholders?	6		No
6 72	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or moi			110
, a	members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year be the following	У		
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revei	nue Code	e.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
L3	, ,	13	Yes	
L4	Did the organization have a written document retention and destruction policy?	14	Yes	
L 5	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
ı c -	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participatic in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exemp status with respect to such arrangements?			
	ection C. Disclosure			
.7	List the States with which a copy of this Form 990 is required to be filed► IL , MD , MA , NH , OH , WA			
L8	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only available for public inspection. Indicate how you made these available.	<u>')</u>		
	Own website Another's website Upon request Other (explain in Schedule O)			
L9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records MARGARET A KOERNER CHIEF FINANCIAL OFFICER 4300 CHERRY BOTTOM ROAD GAHANNA, OH 432300745 (614) 509-22:	27	
		•		0 (2017)

orm 990 (2	017)										Page 7
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	ıploy	ees	, Highest Comp	ensated Employ	rees,
	Check if Schedule O contains a	response or no	te to an	y line	ın t	his	Part V	Π.			<u> </u>
Section	A. Officers, Directors, Tru	stees, Key E	mploy	ees	, an	d H	lighe	st C	Compensated En	nployees	
ear	e this table for all persons require										
of compensa	of the organization's current off tion Enter -0- in columns (D), (E), and (F) if no	compe	nsatı	on v	vas į	paid			-	
	of the organization's current key		•								
vho received organization	organization's five current high d reportable compensation (Box and any related organizations	5 of Form W-2	and/or E	Зох 7	of F	orm	1099	-MIS	SC) of more than \$1	00,000 from the	
of reportable	of the organization's former office compensation from the organiz	ation and any r	elated o	rganı	zatı	ons	-				
List all o organization	of the organization's former dire , more than \$10,000 of reportab	ectors or trust le compensation	ees that n from t	t rece the or	gan	l, ın ızatı	the ca	paci any	ty as a former direc v related organization	tor or trustee of the ons	2
	in the following order individua d employees, and former such p		ectors,	ınstıtı	utior	nal t	rustee	s, of	ficers, key employe	es, highest	
🗌 Check tl	his box if neither the organizatio	n nor any relate	ed organ	nzatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	
	(A) Name and Title	(B) Average hours per week (list any hours for related		ne b	ox, ι n of or/t	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	,	MISC)	related organizations
See Additiona	al Data Table										

PO BOX 78000 DETROIT, MI 48278

compensation from the organization ▶ 5

Page 8

Par	t VII Section A. Officers, Direc	tors, Trustees	s, Key I	Empl	loye	es,	and I	High	nest Con	npens	ate	d Employees	cont	tınued)	
	(A) Name and Title	(B) Average hours per week (list any hours for related	ıs both an officer and a director/trustee) or							D) ortable ensatior in the ation (V 9-MISC	(E) Reportable compensation from related organizations (W- 2/1099-MISC)		Estima amount o compens from	ated of other sation the	
	organizations below dotted line) Former Fromer Highest compensated employee Officer Institutional Trustee or director								2/1099-M15C		organizati relat organiza	ed			
See	Addıtıonal Data Table												\dashv		
													+		
													-		
													_		
c ·	Sub-Total	•		•			*								
	Total (add lines 1b and 1c) Total number of individuals (including of reportable compensation from the		to thos			bove	e) who	rece		191,464 re than	\$10		0		215,378
														Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .			ee, k	ey e	mple •	oyee,	or his	ghest con	npensal	ted •	employee on	3		No
4	For any individual listed on line 1a, is organization and related organization individual											the	4	Yes	
5	Did any person listed on line 1a recei services rendered to the organization									ion or i	ndı\ •	ridual for	5	103	No
Se	ection B. Independent Contract	ors												.	
1	Complete this table for your five high from the organization Report compe												npen	sation	
	· · · · · · · · · · · · · · · · · · ·	(A)		, cui	Cilu	9	**********					(B)		(C	
SAGE	DINING SERVICES	and business addre	ess							DINING		ption of services /ICES		Comper 1	,168,754
	YORK RD STE 100														
	ERVILLE, MD 21093 EQUITIES MANAGEMENT									MAINTE	VANC	CE SERVICES			409,013
COLU	SOUTH FRONT STREET STE 200 MBUS, OH 43215														
	TO SERVICES LLC									CLEANIN	IG SI	ERVICES			404,651
	38604 /AUKEE, WI 53288														
	IFOTH INC									GROUNE	S K	EPING			281,530
	HILL ROAD NW AL WINCHESTER, OH 43110														
OHIO	SUPPORT SERVICES									SECURIT	Υ				233,483

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Part		I Statement of	Revenue									rage 3
				a respo	onse or note to any	line in thi	s Part VII	Ι				🗆
						(A Total re		Relai exe fun	B) ted or mpt ction	bu	(C) irelated usiness evenue	(D) Revenue excluded from tax under sections
	1 <i>a</i>	Federated campaign	ns	1a	20,753			rev	enue			512-514
ons, Giffs, Grants Similar Amounts		b Membership dues		1b	<u>, </u>							
iral 10u		Fundraising events		1c	12,666							
s, C An		d Related organization		1d	12,000							
Giff		e Government grants (co		1e	1,201,009							
S. III		F All other contributions,										
tion er S		and similar amounts no above	ot included	1f	2,741,528							
Contributions, Gifts, Grants and Other Similar Amounts	١	Noncash contribution	ons included									
Contr and (
ة ت	_ <u>_</u> _h	Total.Add lines 1a-1	.f	• •	 -		75,956					
E.	_				Business		25.4	250,600	25.05	0.600		
evel	_	TUITION & FEES SUMMER SCHOOL & DAY	V ("AMD			611600		958,680 241,724	25,95	1,724		
n΄ π		CARE AFTER SCHOOL, T		₹		611600		262,004		2,004		
Service Revenue		ATHLETIC EVENTS				611600		44,795	4	4,795		
% =	e											
Program	f	All other program se	rvice revenue									
Æ	g	Total. Add lines 2a-2f	f		▶ 27,5	507,203						
		Investment income (ii			nterest, and other		2,000,25	4			806	1,999,448
		imilar amounts) . Income from investme			ond proceeds ►		2,000,20					2,233,110
		Royalties		-	>		89	5				895
			(ı) Rea	I	(II) Personal							
	6a	Gross rents		67,955								
	ь	Less rental expenses		07,955		1						
	_	Dontal maama ar		67,955		-						
	C	Rental income or (loss)		07,933								
	d	Net rental income o	r (loss)	•]	67,95	5			72	67,883
	_	Cross amount	(ı) Securit	ties	(II) Other	-						
	/a	Gross amount from sales of assets other	3,6	75,344	55,089							
		than inventory										
	b	Less cost or other basis and	2.6	93,155	25,734							
		sales expenses	·	·								
		Gain or (loss) Net gain or (loss)		82,189	29,355	<u>'</u>]	1,011,54	4			7,200	1,004,344
		Gross income from fi		• ents	<u> </u>	\vdash	1,011,01				7,200	1,001,011
ne		(not including \$	12,666									
P		contributions reporte See Part IV, line 18	ed on line 1c)	. a	l 8,725							
Re	b	Less direct expense	s	b	8,168							
Other Revenue		Net income or (loss)			ents		55	7				557
Off	9a	Gross income from g See Part IV, line 19		ies								
				а								
		Less direct expense		b								
		: Net income or (loss) Gross sales of invent		activit	ies >	1						
		returns and allowand	ces									
	h			a b	50,152 47,721	-						
		Less cost of goods s Net income or (loss)		- 1		_	2,43	1	2,431			
		Miscellaneous		IIIVCIII	Business Code							
	11	aOTHER INCOME			900099	9	76,42	9				76,429
	b	FORFEITED ENROLLI	MENT DEPOS	ITS	611600)	44,00	0	44,000			
	_	PACC TURNING	COME		900099		1,74	6			13,511	-11,765
	С	PASS-THROUGH INC	LOME		900095		1,/4				13,311	-11,703
	d	All other revenue .										
		Total. Add lines 11a			+		422.47	_				
	12	Total revenue. See	Instructions				122,17		27.55-			
							34,688,97	υĮ	27,553,634	1	21,589	3,137,791 Form 990 (2017)

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nızatıons must comp	lete column (A)	
Check if Schedule O contains a response or note to any	line in this Part IX	<u></u>		🗆
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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	3,030,138	3,030,138		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	574,380		574,380	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,427,723	11,375,703	2,746,315	305,705
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	908,932	726,777	161,236	20,919
9 Other employee benefits	3,095,673	2,867,915	193,940	33,818
10 Payroll taxes	1,078,882	828,233	229,751	20,898
11 Fees for services (non-employees)				
a Management	79,930	79,930		
b Legal	55,822		55,822	
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	57,253		57,253	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	314,457	167,549	134,764	12,144
12 Advertising and promotion	342,032	15,346	326,686	
13 Office expenses	1,964,398	1,730,687	172,920	60,791
14 Information technology	402,069	378,429	23,640	
15 Royalties				
16 Occupancy	1,856,381	1,856,381		
17 Travel	235,765	160,138	14,187	61,440
18 Payments of travel or entertainment expenses for any federal, state, or local public officials •		·	· · ·	<u> </u>
19 Conferences, conventions, and meetings	264,412	248,697	15,715	
20 Interest	282,842	282,842		
21 Payments to affiliates		,		
22 Depreciation, depletion, and amortization	2,426,609	1,950,994	427,083	48,532
23 Insurance	45,355	45,355	,	<u> </u>
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a UNRELATED BUSINESS INCO	3,725		3,725	
b CONTRACTED SERVICES	1,467,911	1,467,911		
c SCHOOL EQUIPMENT R&M	302,465	302,465		
d MISCELLANEOUS EXPENSES	194,935	14,721	180,214	
e All other expenses	94,337	42,933	37,943	13,461
25 Total functional expenses. Add lines 1 through 24e	33,506,426	27,573,144	5,355,574	577,708
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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

Inventories for sale or use .

b Less accumulated depreciation

Grants payable . . .

Deferred revenue

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances .

Unrestricted net assets

11

12

13

14

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34

Liabilities 22

Fund Balances

Assets or 30

Net

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11 .

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities. Add lines 17 through 25 .

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

basis Complete Part VI of Schedule D

Intangible assets

Accounts payable and accrued expenses

		(A) Beginning of year		(B) End of year
L	Cash-non-interest-bearing	1,081,302	1	1,487,973
2	Savings and temporary cash investments	4,846,198	2	4,369,791
3	Pledges and grants receivable, net	3,680,521	3	2,184,615
ļ	Accounts receivable, net	129,470	4	146,009

65,631,501

29,804,297

Page **11**

250,000

734.571

35,827,204

39.935.601

3.012.483

87.948.247

4,164,652

3,486,936

8,662,629

145.554

16,459,771

34.255.743

12,263,656

24.969.077

71,488,476

87.948.247

Form **990** (2017)

20.000

4.259

973.641

37.196.583

36.797.335

3.020.283

87,749,592

3,996,323

3,762,948

10,015,790

276.368

18,051,429

32.959.924

11.885.792

24.852.447

69,698,163

87.749.592

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10c

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Accounts receivable, net . . . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under

10a

10b

section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets

Notes and loans receivable, net . .

Page **12**

71,488,476

Yes

Yes

2b

3a

3b

~

No

No

Form 990 (2017)

5 6

Form 990 (2017)

5 554.184 7 8 Other changes in net assets or fund balances (explain in Schedule O) 9 53,585

10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Part XII **Financial Statements and Reporting** Check if Schedule O contains a response or note to any line in this Part XII

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

consolidated basis, or both ✓ Separate basis

Audit Act and OMB Circular A-133?

☐ Cash ☑ Accrual ☐ Other 1 Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a Νo 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

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c Yes If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

☐ Both consolidated and separate basis

Additional Data

Software ID:

Software Version:

EIN: 31-4379445

Name: THE COLUMBUS ACADEMY

Form 990 (2017)

Form 990, Part III, Line 4a: COLLEGE PREPARATORY INSTRUCTION OF STUDENTS IN PRE-KINDERGARTEN THROUGH 12TH GRADE TOTAL ENROLLMENT IS 1,080, OF WHICH 342 ARE MINORITIES

255 STUDENTS RECEIVE FINANCIAL AID BASED ON NEED

SUMMER SCHOOL AND DAY CAMP PROGRAM (JUNE, JULY & AUGUST) 1,731 ATTENDED COURSES, INCLUDING KEYBOARDING, ART FROM ALL ANGLES, STUDY SKILLS,

Form 990, Part III, Line 4b:

ROBOTICS, ETC

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

DR RITA AGRAWAL

MR KEVIN BARNEY

MS SARAH MILKS BETHEL

MS SANDY DOYLE-AHERN

.....

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

MS BETH FISHER

	any hours	and	a dir	ecto	or/tr	ustee)	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MR VICTOR THORNE PRESIDENT/TRUSTEE	10 00	×		x				0	0	0
MR JONATHAN KASS VICE PRESIDENT/TRUSTEE	10 00	х		x				0	0	0
MS MARY FRANCES RESTREPO	10 00	×		x				0	0	0

VICE PRESIDENT/TRUSTEE			``		J	
MS MARY FRANCES RESTREPO	10 00	×	х		0	
SECRETARY/TRUSTEE		^	ζ		9	
MR RICHARD JEFFERS	10 00	×	х		0	
TREASURER/TRUSTEE						

6 00

6 00

6 00

6 00

6 00

......

......

SECRETARY/TRUSTEE		, and	<u> </u>			Ĭ	
MR RICHARD JEFFERS	10 00		v		0	0	
TREASURER/TRUSTEE		^	<u> </u>			Ĭ	
MR KEVIN REEVES	6 00	×			0	0	
IMMEDIATE PAST PRESIDENT		^			ľ	j ĭ	1

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(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

MR ASIM Z HAQUE

MR MATTHEW HARRIS

MR W HENRY HAUSER

MS LAUREN M HILSHEIMER

ALUMNI REPRESENTATIVE

MR J KLAY HUDDLESTON

MR GEORGE A SKESTOS

.....

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

	any hours	e)	organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
MS CHRISTINE FREYTAG TRUSTEE	6 00	×						0	0	0	
MS RONDA GAISER-POPP TRUSTEE	6 00	х						0	0	0	
MS HEATHER GEIGER	6 00	Х						0	0	0	

TRUSTEE		Х			0	
MS HEATHER GEIGER PACA REPRESENTATIVE	6 00	×			0	
MR MICHAEL L GROSS	6 00					
TRUSTEE	•••••	X			0	

6 00

6 00

6 00

6 00

6 00

6 00

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(A) (B) (D) (E) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless compensation compensation amount of other week (list person is both an officer from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and a director/trustee)

Х

Χ

Х

Х

organization

357,232

167,143

130,300

130,086

organizations

from the

45,714

34,700

24,082

21,543

	ally liburs	""	u un	CCLC	ctor, crustee,			Organización	organizations	110111 tile	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
MS SUSAN S WILLIAMS PHD TRUSTEE	6 00	×						0	0	0	
MR STEVE WITTMANN TRUSTEE	6 00	х						0	0	0	
MR EDWARD J YEN TRUSTEE	6 00	×						0	0	0	
MS KELLY JENNINGS YEOMAN TRUSTEE	6 00	×						0	0	0	
MR MATTHEW ZEIGER TRUSTEE	6 00	x						0	0	0	
MRS MARGARET KOERNER	40 00			х				169,701	0	36,226	

40 00

40 00

40 00

40 00

......

......

CHIEF FINANCIAL OFFICER

any hours

and Independent Contractors

MS MELISSA SODERBERG

MS CORINNA IZOKAITIS

UPPER SCHOOL HEAD

FACILITIES DIRECTOR

MR DOUG BENNETT

ASST HEAD OF SCHOOL FOR DEVELOPMENT/EXT

HEAD OF SCHOOL MR ERICH HUNKER

RELATIONS

and Independent Contractors (A) Name and Title

MS KAYETHEL MASON

LOWER SCHOOL HEAD

MR JOHN WUORINEN

DIRECTOR OF ADMISSIONS & FINANCIAL AID

week (list any hours for related organization below dotted line)
 40 0

40 00

(B)

Average

hours per

mante dias

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

(C)

Position (do not check more

than one box, unless person is both an officer and a director/trustee) employee Х

Former

from the organization (W- 2/1099-MISC) 121,946

115,056

(D)

Reportable

compensation

from related organizations (W- 2/1099-MISC)

(E)

Reportable

compensation

amount of other compensation from the organization and related organizations 30,835

22,278

(F)

Estimated

Institutional

efil	e GR/	APHIC pri	nt - <u>DO N</u> O	T PROCESS	As Filed Data -			DLN: 9:	3493023004059			
(Form 990 or Complete if the org					rganization is a sect	Status and Public Support is a section 501(c)(3) organization or a section						
9901	SZ)				Attach to Form 990 or Form 990-EZ.							
•		the Treasury	► Info	ormation abou	it Schedule A (Form	990 or 990-EZ ov/form990.) and its instru	ictions is at	Open to Public Inspection			
Nam	e of th	ne Service ne organiza	tion		<u></u>			Employer identific	<u></u>			
THE C	OLUMBI	US ACADEMY						31-4379445				
	rt I				us (All organization			See instructions.				
	rganız		•		it is (For lines 1 thro	3 ,	,					
1		A church, c	onvention of	churches, or as	sociation of churches	described in sec t	tion 170(b)(1)	(A)(i).				
2	✓	A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Scl	nedule E (Form 9	90 or 990-EZ))					
3		A hospital o	or a cooperati	ve hospital serv	vice organization desc	rıbed ın section	170(b)(1)(A)(iii).				
4			esearch orga and state _	nization operate	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's			
5		(b)(1)(A)	(iv). (Comple	ete Part II)	t of a college or unive				ped in section 170			
6		•	•	-	governmental unit de							
7				mally receives (vi). (Complete	a substantial part of it Part II)	s support from a	governmental u	init or from the genera	al public described in			
8					170(b)(1)(A)(vi)	(Complete Part I	I)					
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a			
10		An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)										
11		An organiza	ation organize	ed and operated	dexclusively to test fo	r public safety S	ee section 509	(a)(4).				
12		more public	ly supported	organizations of	l exclusively for the be described in section 5 the type of supporting	i09(a)(1) or se d	ction 509(a)(2). See section 509(a	e purposes of one or)(3). Check the box			
a		Type I. A so	supporting or n(s) the pow	ganızatıon oper	ated, supervised, or c appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by				
b		Type II. A manageme	supporting o nt of the sup	rganızatıon sup porting organiza	ervised or controlled i							
c		Type III f	unctionally i		and C. supporting organizatio ons) You must com				ted with, its			
d		Type III n functionally	on-function integrated	ally integrate The organization	d. A supporting organ n generally must satis	ization operated fy a distribution i	ın connection wi requirement and	th its supported orgar				
e		Check this	box if the org	anızatıon receiv	' t IV, Sections A and ved a written determir	nation from the II		pe I, Type II, Type II	I functionally			
f	Entor			on-functionally lorganizations	integrated supporting	organization						
g				-	ipported organization((e)		_				
		Name of support organization	orted	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orga	(iv) Is the organization listed in your governing document? (v) Ar monetal (see ins		(vi) Amount of other support (see instructions)			
						Yes	No					
Tota					structions for	Cat No 11285		 Schedule A (Form 9				

(Complete only if you ch	ecked the box o	n line 5, 7, 8, oi	r 9 of Part I or i	f the organization	on failed to quali	ıfy under Part					
III. If the organization fails to qualify under the tests listed below, please complete Part III.)											
Section A. Public Support						_					
Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total					
Gifts, grants, contributions, and											

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from						
	line 4						
_ \$	Section B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	- ·						
11	Total support. Add lines 7 through						

	line 4						
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c)2015	(d) 2016	(e) 2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, e	c (see instruction	ns)			12	
13	First five years. If the Form 990 is for	=			=		
	check this box and $\boldsymbol{stop\ here}\ \ldots\ \ldots$						
S	ection C. Computation of Public						
14	Public support percentage for 2017 (line		14				

ightharpoonupand stop here. The organization qualifies as a publicly supported organization

15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14

is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2017

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
Ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes

5b

5c

7

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2017

No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	İ	
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)			
	in section 309(a)(1) or (2)	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a	İ	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the			
	determination	3b		

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 3					
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	Vas any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you					
	thecked 12a or 12b in Part I, answer (b) and (c) below					
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported					

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		
		3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
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	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and		

			, ,	
4a				
	checked 12a or 12b in Part I, answer (b) and (c) 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	4b		
С	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	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in 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)	5a		

6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing		
	organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a		
	substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)		

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Substitutions only. Was the substitution the result of an event beyond the organization's control?

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

10a

answer line 10b below

organization had an interest? If "Yes," provide detail in Part VI.

the organization had excess business holdings)

8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"		
	complete Part I of Schedule L (Form 990 or 990-EZ)	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as		i

```
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.
```

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

```
9a
Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
```

Pa	rt IV Supporting Organizations (continued)			-9
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year			
_		1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		
5	ection C. Type II Supporting Organizations			
	cetion c. Type 11 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 the supported organization(s)	1		
S	ection D. All Type III Supporting Organizations			
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?		Yes	No
	documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
s	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct The organization satisfied the Activities Test. Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see		ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
	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	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) 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? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2017

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional)

Page 6

Schedule A (Form 990 or 990-F7) 2017

1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions)

Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year) a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI)

2 2 Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see 4 instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by 035 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8

Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 6

2 4 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

details in Part VI) See instructions Distributable amount for 2017 from Section C, line 6 (ii) (iii)

10 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see (i) Underdistributions Distributable instructions) **Excess Distributions** Pre-2017 Amount for 2017 1 Distributable amount for 2017 from Section C, line

2 Underdistributions, if any, for years prior to 2017

(reasonable cause required-- explain in Part VI)

See instructions		
3 Excess distributions carryover, if any, to 2017		
a		
b From 2013		
c From 2014		
d From 2015		
e From 2016		
f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2017 distributable amount		
 Carryover from 2012 not applied (see instructions) 		
j Remainder Subtract lines 3g, 3h, and 3i from 3f		
4 Distributions for 2017 from Section D, line 7		
<u> \$ </u>		
Applied to underdistributions of prior years		

b Applied to 2017 distributable amount c Remainder Subtract lines 4a and 4b from 4

Schedule A (Form 990 or 990-EZ) (2017)

5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI See instructions 7 Excess distributions carryover to 2018. Add lines

c Excess from 2015.

See instructions

d Excess from 2016. Excess from 2017.

31 and 4c 8 Breakdown of line 7 a Excess from 2013. **b** Excess from 2014.

Additional Data

Software ID: Software Version:

EIN: 31-4379445

Name: THE COLUMBUS ACADEMY

Page 8

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line

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

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

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

Supplemental Financial Statements

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

DLN: 93493023004059 OMB No 1545-0047

(Form 990)

Open to Public ▶ Attach to Form 990. Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection Name of the organization **Employer identification number** THE COLUMBUS ACADEMY 31-4379445 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2017

Par	t III	Organizations Maintaining	g Collections o	of Art, His	torica	l Tre	asures, o	r Other	Similar Assets	(continued)
3	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)									
а		Public exhibition			d [□ ∟	oan or exch	ange prog	rams	
b		Scholarly research			е [Other			
c		Preservation for future generation	ns							
4	Provi Part	ide a description of the organization	n's collections and	d explain ho	w they	furthe	r the organı	zation's ex	empt purpose in	
5		ng the year, did the organization so ts to be sold to raise funds rather t							ılar	∕es □ No
Pa	rt IV	Escrow and Custodial Arr. Complete if the organization X, line 21.		" on Form	990, F	art I	V, line 9, c	r reporte	d an amount on	Form 990, Part
1a		e organization an agent, trustee, co ded on Form 990, Part X?	ustodian or other	ıntermediar	y for co	ntribu	itions or oth	er assets i	not 🗌 1	res 🗆 No
Ь	If "Y	es," explain the arrangement in Pa	rt XIII and comple	ete the follo	wing ta	ble			Amoun	 t
С	Begii	nning balance						1c		
d	Addı	tions during the year						1d		
е	Dıstr	ibutions during the year						1e		
f	Endı	ng balance						1f		
2a		:he organization include an amount	on Form 990, Pai	rt X, line 21	, for es	crow c	r custodial	account lia	bility?	/
L		-							· ⊔ ·	
b		es," explain the arrangement in Pai								· · □
Pa	rt V	Endowment Funds. Compl	_							1
1_	Dogun	nung of vone balance	(a)Currer	nt year .,722,502	(b)Prior	year 3,162,5		ears back 40,207,272	(d)Three years back 41,720,36	
	-	ning of year balance	71	116,630		262,6		946,850	804,00	
		butions	3	3,373,080		5,233,1		-1,236,379	463,08	<u>' ' '</u>
		vestment earnings, gains, and loss	· -			· '		· · ·	,	· · ·
		s or scholarships	1	.,108,564	-	.,059,3	500	939,532	904,76	817,884
е		expenditures for facilities rograms		752,557		822,1	.88	762,861	1,821,54	533,848
f	Admın	nistrative expenses		57,253		54,3	69	52,834	53,88	52,983
g	End of	f year balance	. 43	3,293,838	41	.,722,5	02	38,162,516	40,207,27	41,720,368
2 a b	Boar	ide the estimated percentage of the designated or quasi-endowment nanent endowment > 57 670 %	► 18 360 %	d balance (lı	ne 1g,	colum	n (a)) held a	as		
c		porarily restricted endowment >	23 970 %							
·		percentages on lines 2a, 2b, and 20		0%						
За		there endowment funds not in the p	•		n that a	re held	d and admir	nistered for	the	
		nization by		-						Yes No
	(i) u	inrelated organizations								3a(i) No
	. ,	related organizations							<u>[</u>	Ba(ii) No
b		es" on 3a(II), are the related organ								3b
4		ribe in Part XIII the intended uses		n's endowm	nent fun	ds				
Pa	rt VI			" on Form	000 5	\~ T\	/ line 11a	Coo For	000 Bawt V I	.no.10
	Descr		t or other basis vestment)	(b) Cost or				cumulated d		(d) Book value
	Land					2,155,	.551			2,155,551
	Buildir					55,429,			24,472,943	30,956,181
					•	, . 2)			,,	
		hold improvements				Q 042	836		5 331 254	3 744 402
		ment				8,042,			5,331,354	2,711,482
	Other		auct oqual Farra C	000 0+ 1	aalı :=== :=		,990			3,990
OT	ıı. Aad	lines 1a through 1e (Column (d) n	iust equal Form 9	OU, PAIT X,	column	(D), I	111 0 10(C))	1	>	35,827,204

Part VII Investments—Other Sec		organizatio	iii aliswere	a 165 011101	in 550, raic iv, line iib.
See Form 990, Part X, line (a) Description of sect	urity or category		(b)		Method of valuation
(including name o	of security)		Book value	Cost or e	end-of-year market value
1) Financial derivatives					
2) Closely-held equity interests 3)Other		· · ·			
A)					
В)					
<u>'</u> C)					
D)					
E)					
F) 					
G)					
H)					
otal. (Column (b) must equal Form 990, Part X, co		•			
art VIIII Investments—Program Complete if the organization		n 990, Par	t IV, line 1	1c. See Form	990, Part X, line 13.
(a) Description of inv	estment	(b) Book	k value		Method of valuation end-of-year market value
1)					,
2)					
3)					
4)					
5)					
6)					
7)					
		_			
8)					
9)					
9) Total. (Column (b) must equal Form 990, Part X, co		>		lime 444 Co. I	Farmy 2000 Part V Iva 45
9)			990, Part IV	, line 11d See f	Form 990, Part X, line 15 (b) Book value
otal. (Column (b) must equal Form 990, Part X, co Part IX Other Assets. Complete if t	he organization answered 'Ye		990, Part IV	, line 11d See F	
otal. (Column (b) must equal Form 990, Part X, co Part IX Other Assets. Complete of t	he organization answered 'Ye		990, Part IV	, line 11d See F	
otal. (Column (b) must equal Form 990, Part X, co Part IX Other Assets. Complete if to 1)	he organization answered 'Ye		990, Part IV	, line 11d See F	
otal. (Column (b) must equal Form 990, Part X, co Part IX Other Assets. Complete if t 1) 2)	he organization answered 'Ye		990, Part IV	, line 11d See F	
otal. (Column (b) must equal Form 990, Part X, co Part IX Other Assets. Complete if t 1) 2) 3)	he organization answered 'Ye		990, Part IV	, line 11d See f	
otal. (Column (b) must equal Form 990, Part X, co Part IX Other Assets. Complete if t 1) 2) 3) 4)	he organization answered 'Ye		990, Part IV	, line 11d See f	
otal. (Column (b) must equal Form 990, Part X, co Part IX Other Assets. Complete if t 1) 2) 3) 4) 5)	he organization answered 'Ye		990, Part IV	, line 11d See F	
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otal. (Column (b) must equal Form 990, Part X, corporate IX Other Assets. Complete if the state of the state	he organization answered 'Ye		990, Part IV	, line 11d See f	
otal. (Column (b) must equal Form 990, Part X, corporate IX Other Assets. Complete if the state of the state	he organization answered 'Ye		990, Part IV	, line 11d See F	(b) Book value
otal. (Column (b) must equal Form 990, Part X, co Part IX Other Assets. Complete of t 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column (b) must equal Form 990, Part X, co	the organization answered 'Ye (a) Description (a) Description	es' on Form			(b) Book value
otal. (Column (b) must equal Form 990, Part X, co Part IX Other Assets. Complete if t 1) 2) 3) 4) 5) 6) 7) 8) Part X Other Liabilities. Complete See Form 990, Part X, line	art X, col (B) line 15) te if the organization answered 'Ye	es' on Form	· · · · · · · · · · · · · · · · · · ·		(b) Book value
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Page 4

30,562,803

161,228

28,897,401

4.609.025

33,506,426

Schedule D (Form 990) 2017

1

161,228

4,609,025

2e

3

4c

d 2d 55.889 2e

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

Total revenue, gains, and other support per audited financial statements . . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . . .

Supplemental Information

Add lines 4a and 4b . .

Return Reference

Other (Describe in Part XIII)

Schedule D (Form 990) 2017

Part XI

1

а

3

4

c 5

Part XIII

See Additional Data Table

610,073

3 29,952,730 Amounts included on Form 990, Part VIII, line 12, but not on line 1 4 Investment expenses not included on Form 990, Part VIII, line 7b. b 4b 4.736.240

4c 4,736,240

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 34,688,970 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

5 Part XII

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

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

1 29,058,629 2 Amounts included on line 1 but not on Form 990, Part IX, line 25

2a

2b 2c

2d

4a

4b

Explanation

Page 5		Schedule D (Form 990) 2017		
	ormation (continued)	Part XIII Supplemental Information (continued)		
	Explanation	Return Reference		

Schedule D (Form 990) 2017

Additional Data

Software Version: **EIN:** 31-4379445 Name: THE COLUMBUS ACADEMY

Supplemental Information

Return Reference Explanation

PART V, LINE 4 THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED FOR FACULTY AND STAFF SALARIES, FINANCIAL AID. PROFESSIONAL DEVELOPMENT, ATHLETICS, STUDENT NEWSPAPER, AND COMMENCEMENT AWARDS

Software ID:

supplemental Information						
Return Reference	Explanation					
PART X, LINE 2	THE ACADEMY DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS					

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	STUDENT STORE ACTIVITY EXPENSES, REPORTED ON PART VIII, LINE 10B 47,721 FUNDRAISING EVENT EXPENSES, REPORTED ON PART VIII, LINE 8B 8,168

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	STUDENT FINANCIAL AID, REPORTED ON PART IX, LINE 2 3,030,138 STUDENT TUITION REMISSIONS, REPORTED ON PART IX, LINE 9 1,578,887 PASS-THROUGH INCOME ADJUSTMENT FOR TAX RETURN 127,2

- - -

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	STUDENT STORE ACTIVITY EXPENSES, REPORTED ON PART VIII, LINE 10B 47,721 FUNDRAISING EVENT EXPENSES, REPORTED ON PART VIII, LINE 8B 8,168 LOSS ON UNCOLLECTIBLE PLEDGES 105,339

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	STUDENT FINANCIAL AID, REPORTED ON PART IX, LINE 2 3,030,138 STUDENT TUITION REMISSIONS, REPORTED ON PART IX, LINE 9 1,578,887

Supplemental Information		_
Return Reference	Explanation	
PART VI, LINE 1E, COLUMN (B) - OTHER	THE AMOUNT LISTED REPRESENTS ASSETS HELD AS CONSTRUCTION IN PROCESS AT THE END OF THE YEAR	

_ _ _

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493023004059 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Department of the Treasury Namel & the corporation **Employer identification number** THE COLUMBUS ACADEMY 31-4379445 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes 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 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο c Employment of faculty or administrative staff? 5c Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e No f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2017)

Page 2								
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)								
Return Reference	Explanation							
SCHEDULE E, PART I, LINE 3	A STATEMENT AFFIRMING ITS NONDISCRIMINATORY POLICY WAS PLACED IN ALL ADVERTISEMENTS, BROCHURES, NEWSPAPER ARTICLES, AND OTHER TYPES OF MEDIA MENTIONING THE SCHOOL							
SCHEDULE E, PART I, LINE 6	THE COLUMBUS ACADEMY RECEIVES REIMBURSEMENT FROM THE STATE OF OHIO FOR EXPENSES INCURRED BY THE SCHOOL'S EMPLOYEES IN THE COMPLETION OF CLERICAL AND ADMINISTRATIVE DUTIES REQUIRED BY FEDERAL, STATE OR LOCAL LAWS IN ADDITION, THE SCHOOL RECEIVES COST REIMBURSEMENT AND SUPPORT FOR TEXTBOOKS, HEALTH AND DIAGNOSTIC SERVICES, AND GUIDANCE AND COUNSELING							

Schedule F (Form 990 or 990-FZ) (2017)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493023004059 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service ▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs gov/form990. **Employer identification number** Name of the organization THE COLUMBUS ACADEMY 31-4379445 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No 1 8 10 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2017

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-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a)Event #1 (b) Event #2 (c)Other events (d) Total events **GOLF OUTING** (add col (a) through (event type) (total number) (event type) col (c)) Revenue 1 Gross receipts. 21,391 21,391 2 Less Contributions. 12,666 12,666 3 Gross income (line 1 minus 8,725 8,725 line 2) 4 Cash prizes 5 Noncash prizes 75 Direct Expenses Rent/facility costs 7 Food and beverages 2,158 2,158 8 Entertainment 5,935 5,935 **9** Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) . . . 8,168 11 Net income summary Subtract line 10 from line 3, column (d) 557 Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/Instant (d) Total gaming (add (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) 1 Gross revenue . Expenses | 2 Cash prizes Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes____ 6 Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d). Enter the state(s) in which the organization conducts gaming activities _ ☐ Yes ☐ No Is the organization licensed to conduct gaming activities in each of these states? If "No," explain . 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No If "Yes," explain _

Sche	dule G (Form 990 or 990-EZ) 2017				F	Page 3				
11	Does the organization conduct gaming	activities with nonmembers?		Yes	□No					
12	Is the organization a grantor, beneficial formed to administer charitable gaming	ry or trustee of a trust or a member of a partnership or other entity $^{\circ}$?	′	□Yes	□No					
13	Indicate the percentage of gaming acti	vity conducted in								
а	The organization's facility		13a			%				
b	An outside facility		13b			%				
14	Enter the name and address of the pen	son who prepares the organization's gaming/special events books a	nd records							
	Name ►									
	Address >									
15a	Does the organization have a contract revenue?	with a third party from whom the organization receives gaming		□Yes	□No					
b		evenue received by the organization > \$a the third party > \$	nd the							
c	If "Yes," enter name and address of the	e third party								
	Name •									
	Address ▶									
16	Gaming manager information									
	Name ▶									
	Gaming manager compensation ▶ \$									
	Description of services provided ►									
	☐ Director/officer	☐ Employee ☐ Independent contractor								
17	Mandatory distributions									
а	Is the organization required under state retain the state gaming license?	e law to make charitable distributions from the gaming proceeds to		□Yes	Пио					
b	Enter the amount of distributions requi	red under state law distributed to other exempt organizations or sp ties during the tax year $ ightharpoonup$ \$	ent							
Pai	t IV Supplemental Information	n. Provide the explanations required by Part I, line 2b, colubrations, 16, and 17b, as applicable. Also provide any additional				 s).				
	Return Reference	Explanation								

Schedule G (Form 990 or 990-EZ) 2017

efile GRAPHIC print - DO NOT PROCESS DLN: 93493023004059 As Filed Data OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations,** (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Treasury Internal Revenue Service Name of the organization **Employer identification number** THE COLUMBUS ACADEMY 31-4379445 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and **✓** Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part III Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (q) Description of organization (if applicable) (book, FMV, appraisal, noncash assistance grant cash or assistance or government assistance other) (1) (3) (5) (6)(7) (8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2017

(4)			
(5)			
(6)			
(7)			

(7) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV

Return Reference **Explanation** PART III COLUMBUS ACADEMY SELECTS INDIVIDUALS USING NEED-BASED CRITERIA THE POTENTIAL RECIPIENT'S FAMILY SUBMITS A PACKET OF FINANCIAL AID

INFORMATION. INCLUDING PERSONAL INCOME TAX RETURNS ONE COPY OF THE FINANCIAL AID INFORMATION IS FORWARDED TO AN INDEPENDENT AGENCY TO

EVALUATE THE LEVEL OF NEED. ANOTHER COPY OF THE FINANCIAL AID INFORMATION IS EVALUATED BY THE COMMITTEE TO DETERMINE THE ELIGIBILITY FOR

FINANCIAL AID BASED ON THE POTENTIAL RECIPIENT'S NEED

Schedule I (Form 990) 2017

efil	e GRAPHIC pi	int - DO NOT PROCESS As	Filed Dat	a -	DLN: 934	9302	3004	059
Sch	edule J	Com	pensati	ion Information	ОМІ	В По	1545-0)047
(Fori	n 990)	For certain Officers, ▶ Complete if the organi	2017					
Depar	tment of the Treasury	► Information about		to Form 990. (Form 990) and its instructions is a	at O	pen t	o Pul	olic
	al Revenue Service		<u>www.irs.</u>	gov/form990.		_	ectio	
	ne of the organiza COLUMBUS ACADEI				nployer identificati	on nu	ımber	
	Ougsti	na Basardina Componentio		31	-4379445			
76	rt I Questi	ons Regarding Compensation	1				Yes	No
1a				the following to or for a person listed o y relevant information regarding these			103	
	First-class	or charter travel		Housing allowance or residence for per	rsonal use			
	_	companions		Payments for business use of personal				
		nification and gross-up payments	✓	Health or social club dues or initiation				
	☐ Discretion	ary spending account	Ш	Personal services (e g , maid, chauffeu	ir, chef)			
b		kes in line 1a are checked, did the o Il of the expenses described above?		ollow a written policy regarding paymen iplete Part III to explain	t or reimbursement	1 b		No
2				or allowing expenses incurred by all r, regarding the items checked in line 1a		2	Yes	
	directors, truste	es, officers, including the CEO/Exec	utive Directo	r, regarding the items checked in line 13	1'			
3	organization's C	EO/Executive Director Check all tha	it apply Dor	d to establish the compensation of the not check any boxes for methods CEO/Executive Director, but explain in F	Part III			
	☑ Compens	then committee	✓	Written empleyment centract				
	_ '	ation committee ent compensation consultant	✓	Written employment contract Compensation survey or study				
		of other organizations	✓	Approval by the board or compensation	n committee			
4	During the year related organiza		Part VII, Se	ction A, line 1a, with respect to the filing	g organization or a			
	_		13					١.,
a b		ance payment or change-of-control rreceive payment from, a suppleme		ified retirement plan?	-	4a 4b	Yes	No_
c	•	receive payment from, a suppleme	•	•		4c	163	No No
Ĭ				plicable amounts for each item in Part II	ı			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) org	ganizations	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section A, ontingent on the revenues of	line 1a, did	the organization pay or accrue any				
а	The organization	1?				5a		No
b	Any related orga					5b		No
	·	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section A, ontingent on the net earnings of	line 1a, did	the organization pay or accrue any				
a	The organization					6a		No
b	Any related orga				-	6b		No_
_	•	6a or 6b, describe in Part III	long 4 - 1 1	<u> </u>				
7		ed on Form 990, Part VII, Section A, escribed in lines 5 and 67 If "Yes," d		the organization provide any nonfixed rt III		7		No
8		nts reported on Form 990, Part VII, litial contract exception described in		red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," desc	rıbe	8		No
9	If "Yes" on line 53 4958-6(c)?	3, did the organization also follow th	e rebuttable	presumption procedure described in Re	gulations section	9		
For	Danaework Body	ction Act Notice, see the Instru	tions for Fo	rm 990 Cat No. 500	53T Schedule 1 (Form	990)	2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

ınstructions, on row (ii) [Note. The sum of column	Do no	ot list any individuals that	t are not listed on Form 9' dividual must equal the to	90, Part VII		_		t ındıvıdual
(A) Name and Title		(i) Base compensation	of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 MRS MARGARET KOERNER CHIEF FINANCIAL OFFICER	(i)	169,701	0	0	18,560	17,666	205,927	0
	(ii)	0	0	0	0	0	0	0
2 MS MELISSA SODERBERG HEAD OF SCHOOL	(i)	316,047	0	41,185	29,000	16,714	402,946	0
	(ii)	0	0	0	0	0	0	0
3 MR ERICH HUNKER ASST HEAD OF SCHOOL FOR	(i)	167,143	0	0	17,990	16,710	201,843	0
DEVELOPMENT/	(ii)	0	0	0	0	0	0	0
4 MS CORINNA IZOKAITIS UPPER SCHOOL HEAD	(i)	130,300	0	0	7,085	16,997	154,382	0
	(ii)	0	0	0	0	0	0	0
5 MR DOUG BENNETT FACILITIES DIRECTOR	(i)	130,086	0	0	9,870	11,673	151,629	0
THEIR DIRECTOR	(ii)	0	0	0	0	0	0	0
6 MS KAYETHEL MASON LOWER SCHOOL HEAD	(i)	121,946	0	0	13,240	17,595	152,781	0
EGWEN SCHOOL HEND	(ii)	0	0	0	0	0	0	0
							Schedule	J (Form 990) 2017

benedate 5 (1 01111 550) 2017	rage 3								
Part III Supplemental Information									
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information									
Return Reference	Explanation								
·	THE COLUMBUS ACADEMY PAYS FOR A SOCIAL CLUB MEMBERSHIP FOR ITS HEAD OF SCHOOL SO THAT SHE IS ABLE TO PERFORM REQUISITE VOLUNTEER AND DONOR ENTERTAINING APPROPRIATE FOR HER LEADERSHIP ROLE TO ADVANCE THE INSTITUTION EXPENSES SHE INCURS FOR THE PERSONAL USE OF HER MEMBERSHIP ARE INCLUDED IN HER TAXABLE COMPENSATION								
DART I LINE 4D	THE COLUMBUS ACADEMY MAINTAINED A NONGUALIFIED DEFENDED COMPENSATION DIAN FOR ITS HEAD OF SCHOOL HINDER IDS 457/5) LINDER THE 457/5)								

Page 3

Schedule J (Form 990) 2017

Schedule 1 (Form 990) 2017

PLAN, THE ORGANIZATION INCURRED AN EMPLOYER CONTRIBUTION LIABILITY OF \$15,750 DURING THE YEAR

efi	ile GRAPHIC print - DO NO	OT PROCESS As	Filed Data -									DLN: 93	493023	004059
	hedule K orm 990)			Information o									1545-00	
,,,		► Complete if the		wered "Yes" to Form				rovide des	criptions,			Z (017	
Dans	artment of the Treasury		explanations	s, and any additional Attach to Form 99		in Part	VI.					Oper	to Publi	С
Inter	nal Revenue Service	▶Information	n about Schedule	K (Form 990) and its	instruction	s is at <u>w</u>	ww.ir	s.gov/for	<u>m990</u> .	1		In:	pection	
	e of the organization COLUMBUS ACADEMY										-	tification i	umber	
										31-43	79445			
P	Bond Issues	(h) I FIN	(-) CUCID #	(4) Data	(-) I	T		5) D	£	(-) D		(1-) 0		(I) Deal
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(1	r) Descripti	on of purpose	(g) De	efeased	(h) 0 behalf		(i) Pool nancing
												ıssue		
	CITY OF GAHANNA OHIO	F GAHANNA OHIO 31-6400492 000000000 07-13-2015 15,000,000 SEE PART VI			Yes	No X	Yes	No Ye	S No X					
Α	CITY OF GARANNA ORIO	31-6400492	00000000	07-13-2015	15,0	00,000	SEE PA	AKI VI			^		^	^
Pa	rt III Proceeds	•		•										
						A		E	3	C			D	
1	Amount of bonds retired					1,376,	422							
2	Amount of bonds legally defe													
3	Total proceeds of issue					12,334,	044							
4	Gross proceeds in reserve fur													
5	Capitalized interest from proc													
6	Proceeds in refunding escrow													
7	Issuance costs from proceeds	5												
8	Credit enhancement from pro	oceeds												
9	Working capital expenditures	from proceeds												
10	Capital expenditures from pro					12,334,	044							
11	Other spent proceeds													
12	Other unspent proceeds													
13	Year of substantial completion	n			20	16								
					Yes	No		Yes	No	Yes	No	,	/es	No
14	Were the bonds issued as par	rt of a current refunding	jissue?	•		×								
15	Were the bonds issued as par	t of an advance refundi	ing issue?			Х								
16	Has the final allocation of pro-	ceeds been made? .			Х									
17	Does the organization mainta	in adequate books and	records to support t	the final allocation of	X									
	proceeds?		<u> </u>		^									
Pa	rt IIII Private Business	Use				_								
						A No	_		No No	Yes	No	 ,	D /os	No
1	Was the organization a partne financed by tax-exempt bond	er ın a partnership, or a s ⁷	member of an LLC,	which owned property	Yes	No X		Yes	NO	res	NO		/es	No
2	Are there any lease arrangem property?	nents that may result in	private business us			×								
For	Panerwork Reduction Act No) _	Ca	t No 501	193F			'	S	chedule I	(Form (90) 2017

9

Part IV

Arbitrage

counsel to review any research agreements relating to the financed property?

a section 501(c)(3) organization or a state or local government Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3)

organization, or a state or local government

Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply?

Rebate not due yet?

hedge with respect to the bond issue?

Exception to rebate?

If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed Is the bond issue a variable rate issue?

Was the hedge superintegrated?

Was the hedge terminated?

No rebate due?

the issue are remediated in accordance with the requirements under

Regulations sections 1 141-12 and 1 145-2?

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Page 2

Х If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Χ

No

Χ

Χ

Χ

700 0000000000 %

Х

Χ

Α

Yes

Χ

Χ

Χ

ASSOCIATION

PNC BANK NATIONAL

0 %

0 %

0 %

C

No

Yes

Schedule K (Form 990) 2017

No

Yes

Х

Χ

Yes

No

the GIC satisfied?

requirements of section 148? . . .

Were gross proceeds invested in a quaranteed investment contract

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

WITH THE ISSUANCE OF THE SERIES 2015 BONDS

Arbitrage (Continued)

Schedule K (Form 990) 2017

(GIC)?

period?

Part V

Part VI

Return Reference

PART I, LINE A, COLUMN (F)

Yes No

Yes No

Χ

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Explanation

FINANCE (1) THE ACQUISITION, CONSTRUCTION, RENOVATION, INSTALLATION AND EQUIPPING OF CERTAIN
CAPITAL EXPENDITURES OF THE COLUMBUS ACADEMY (THE "CORPORATION") INCLUDING, BUT NOT LIMITED TO,
ADDITIONS TO AND RENOVATIONS OF CERTAIN BUILDINGS OF THE CORPORATION, FURNITURE, FIXTURES AND

EQUIPMENT AND ALL NECESSARY APPURTENANCES THERETO LOCATED ON THE REAL PROPERTY LOCATED AT 4300 CHERRY BOTTOM ROAD, GAHANNA, OHIO, AND (2) CERTAIN COSTS AND EXPENSES INCURRED IN CONNECTION

(

Yes

Χ

No

Х

Yes

Yes

No

Yes

No

Yes

No

C

No

Yes

Page 3

No

D

D

No

Yes

Return Reference	Explanation
	THE SERIES 2015 BONDS ARE DRAW DOWN BONDS WITH A TOTAL AGGREGATE PERMISSIBLE DRAW OF \$15,000,000 AS OF JUNE 30, 2018, THE CORPORATION HAS DRAWN \$12,334,044 OF BONDS

Return Reference	Explanation
PART IV, LINE 2 C, COLUMN (A)	THE 2015 BONDS ARE DRAW DOWN BONDS THE CORPORATION ONLY DRAWS UPON THE BONDS WHEN IT HAS REIMBURSABLE EXPENSES AND USES SUCH DRAWS TO EITHER IMMEDIATELY PAY SUCH EXPENSES OR TO REIMBURSE ITSELF FOR SUCH EXPENSES BECAUSE OF THIS THERE ARE NO INVESTMENT EARNINGS ON THE SERIES 2015 BONDS AND THEREFORE NO NEED FOR REBATE

efile GRAPHI	C print - DO N	NOT PROCESS	As File	d Data -					DL	N: 93	4930	230	04059	
Schedule L (Form 990 or 990	ı-EZ) ► Comp	lete if the organiz	ation ans	wered "Yes"	on Form 99		es 2	5a, 2	5b, 26	, <u> </u>	1B No			
)-EZ, Part V, or Form 990	line 38a or 40 -EZ.	0Ь.				2017			
Department of the Tre Internal Revenue Serv	asurv	nformation about		L (Form 990 <u>ww.irs.gov/</u>		and its instru	ıctioı	ns is	at	Open to Public Inspection				
Name of the org	anızatıon						En	nploy	er ide	ntifica				
THE COLUMBUS AC	CADEMY						31	-4379	9445					
		ansactions (sections (section)								o 40h				
) Name of disqu					fied person and			escripti		(d)) Cori	rected?	
				or	ganization			tra	ansactio	on	Ye	es	No	
							+							
2 Enter the a	mount of tax inc	urred by organization	n manage	rs or disqualif	ied persons di	uring the vear	unde	r sect	ion		L	I		
		any, on line 2, abov					•		P 9	<u> </u>				
					gariizacion .	· · · ·				-				
Cor	nplete if the orga	r From Interest anization answered : on Form 990, Part	"Yes" on F	orm 990-EZ, I	Part V, line 38	a, or Form 990	O, Par	t IV,	lıne 26	, or ıf t	:he org	anıza	tion	
(a) Name of interested persor		(c) Purpose of loan		to or from the nization?	(e)Original principal amount	(f) Balance due	(g) defa		(h Approv boar comm	ved by d or	(i)Written agreement?			
			То	From	1		Yes	No	Yes	No	Yes		No	
(1) MS MELISSA SODERBERG	HEAD OF SCHOOL	TO COVER RELOCATION COSTS		Х	100,000	0		No	Yes		Yes			
(2) MS MELISSA SODERBERG	HEAD OF SCHOOL	TO COVER EDUCATIONAL COSTS		Х	250,000	250,000		No	Yes		Yes			
Total				•	\$	250,000								
Part IIII Gra		ance Benefiting		ted Person	s.									
Con		ganization answe					-					,		
(a) Name of Inter		nterested person ar organization		(c) Amount of	assistance	(d) Type of	assis	stance	e ((e) Pur	pose o	T ass	stance	
For Danarwork Doc	luction Act Notice	see the Instruction	s for Form	990 or 990-F7	, Cat	No. 50056A		Cel	adula !	/Ear	000.00	000	FZ) 2017	

Explanation

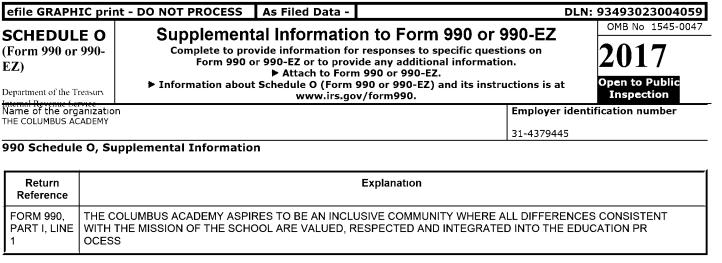
Schedule I (Form 990 or 990-F7) 2017

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN: 9	349302	3004	059
	EDULE M			loncash Contri	hutions		OMB No 1	.545-0	047
(For	m 990)		1	toricasii Contin	Dutions		20	1 -	7
		▶Complete if the	organizati	ons answered "Yes" on Fo	orm 990, Part IV, lines 2	9 or 30.	20	1/	1
		► Attach to Form	990.						
Depar	ment of the Treasury	▶Information abo	ut Schedu	le M (Form 990) and its i	nstructions is at <u>www.irs</u>	gov/form990	Open to	o Pub	lic
	al Revenue Service						Inspe		
	e of the organizat OLUMBUS ACADEMY					Employer identif	ication n	umbe	r
						31-4379445			
Pa	rt I Types	of Property							
			(a)	(b)	(c)		(d)		
			Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on	noncash con	of determine		ts.
					Form 990, Part VIII, line	1101100011 0011			
		_			1g				
1	Art—Works of art								
3	Art—Historical tra Art—Fractional in								
4	Books and public								
	Clothing and hou								
_	goods								
6	Cars and other v	ehicles							
7	Boats and planes								
	Intellectual prope	•							
9	Securities—Public		X	14	334,220	STOCK EXCHANG	iE		
10	Securities—Close	•							
11	Securities—Partr or trust interest								
12	Securities—Misce	ellaneous							
13	Qualified conserv								
	contribution—Hi								
14	structures . Qualified conserv								
	contribution—Of								
15	Real estate—Res	idential .							
16	Real estate—Cor	nmercial							
17	Real estate—Oth								
18	Collectibles								
19	Food inventory								
20 21	Drugs and medic	ai supplies .							
	Historical artifact	 ts							
	Scientific specim								
	Archeological art								
	Other ▶ (
26	Other ▶ (
27	Other ► (•							
28	Other ▶ ()				<u> </u>			
29				ation during the tax year for		29			
	for which the org	janization completed	FORM 8283	3, Part IV, Donee Acknowled	gement	23		V	N
30-	During the year	did the organization	receive b	y contribution any property r	reported in Part I lines 1 th	rough 28 that it		Yes	No
Jua				e of the initial contribution, a			pt		İ
	purposes for the	e entire holding perio	d?				30a		No
b	If "Yes " describ	e the arrangement ii	n Part II				500		110
	•	_		-l #l# #l			3.	Voc	
31	· · · · · · · · · · · · · ·	-		olicy that requires the reviev	·		31	Yes	_
32a		zation hire or use thi		or related organizations to so	olicit, process, or sell nonca	sh • • ·	32a		l _{NI =}
Ь	If "Yes," describ					· · ·			No_
	•		amount in	column (c) for a type of pro	perty for which column (=)	is checked			
	describe in Part	· ·	annount III	and the second control of the second control	For the column (a)	chooked,			
For P		on Act Notice, see the	Instruction	es for Form 990	Cat No 512271	Schadu	le M (Form	000)	(2017)

Schedule M (Fo	rm 990) (2017)	Page 2					
Part II	Supplemental Info	rmation.					
Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting							
I, column (b), the number of contributions, the number of items received, or a combination of both. Also comp							
	this part for any add	itional information.					
Ret	urn Reference	Explanation					
		Schedule M (Form 990) (2017)					



Return Reference	Explanation	
	THE COLUMBUS ACADEMY - AN INDEPENDENT, COEDUCATIONAL COLLEGE PREPARATORY SCHOOL - ENRICHES	l
,	ITS ACADEMIC TRADITION OF EXCELLENCE BY VALUING A BROAD DIVERSITY OF STUDENTS AS IT SEEKS	ı
LINE 1	TO DEVELOP THE COMPLETE PERSON MIND, BODY AND CHARACTER THE SCHOOL REWARDS RIGOROUS EFF	ı
	ORT AND ACCOMPLISHMENT, FOSTERS COMPASSION, RESPECT AND MORAL COURAGE, AND INSISTS ON INTE	l
	GRITY, FAIR PLAY AND COMMUNITY SERVICE THE ACADEMY STRIVES TO DEVELOP AND SUSTAIN A COMMU	l
	NITY OF THOUGHTFUL, RESPONSIBLE, CAPABLE AND CONFIDENT CITIZENS EAGER TO ENGAGE IN A PLURA	l
	LISTIC AND EVER-CHANGING WORLD	ı

Return Explanation
Reference

FORM 990,	FORM 990 IS FIRST REVIEWED BY THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES IT IS THEN E
PART VI,	-MAILED TO THE FULL BOARD OF TRUSTEES FOR THEIR REVIEW AND APPROVAL, AND FORMALLY ACCEPTED
SECTION B,	BY THE FULL BOARD OF TRUSTEES AT ITS NEXT MEETING, PRIOR TO THE FORM'S SUBMISSION TO THE
LINE 11B	IRS

990 Schedule O, Supplemental Information Return Explanation

Reference

FORM 990,	AT THE FIRST BOARD MEETING OF EVERY NEW FISCAL YEAR, TRUSTEES AND OFFICERS ARE GIVEN A COP
PART VI,	Y OF THE CONFLICT OF INTEREST AND ETHICS POLICY THEY ARE REQUIRED TO COMPLETE A QUESTIONN
SECTION B,	AIRE THAT DISCLOSES ANY CONFLICTS OF INTEREST, AND SUBMIT THIS SIGNED FORM TO THE ADMINIST
LINE 12C	RATION THE ADMINISTRATION FOLLOWS UP WITH TRUSTEES TO ENSURE THAT ALL BOARD MEMBERS SUBMI
	T THIS SIGNED FORM TO THE SCHOOL

Return

Pafaranca

	1401010100	
	FORM 990,	THE REVIEW OF HEAD OF SCHOOL COMPENSATION BY THE BOARD IS BASED UPON THE BOARD'S DETERMINA
	PART VI,	TION OF THE HEAD OF SCHOOL'S PERFORMANCE AS MEASURED AGAINST THE ACADEMY'S MISSION STATEME
	SECTION B,	NT AND STRATEGIC PLAN, AS WELL AS HER SATISFACTION OF PRIOR PERFORMANCE GOALS ESTABLISHED
ı	LINIE 4C	AND ADDROVED BY THE BOADDIO NOMINATING AND GOVERNANCE COMMITTEE OF CHOIL CHOCECOOD COMMITTEE

Explanation

LINE 15 AND APPROVED BY THE BOARD'S NOMINATING AND GOVERNANCE COMMITTEE OR SUCH SUCCESSOR COMMITTE

E, CONSIDERATION OF COMPENSATION PRACTICES OF OTHER INDEPENDENT SCHOOLS, AND SUCH OTHER FA

CTORS DEEMED REASONABLE AND APPROPRIATE BY THE BOARD COMPENSATION OF OTHER KEY EMPLOYEES

OR OFFICERS IS BASED UPON PERFORMANCE AND COMPARATIVE INFORMATION FROM OTHER INDEPENDENT S

CHOOLS AT THE LOCAL, REGIONAL, AND NATIONAL LEVELS

Return Explanation
Reference

FORM 990, THE ORGANIZATION'S FORMS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST FURTHER, THE OR GANIZATION'S FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION THROUGH ANOTHER'S WEBSITE, WWW GU SECTION C, IDESTAR ORG

Return Explanation
Reference

LINE 19

FORM 990, PART VI, SECTION C.

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Return Explanation Deference

Reference	
,	PASS-THROUGH INCOME ADJUSTMENT FOR TAX RETURN -127,215 FASB 158 ADJUSTMENT 286,139 LOSS ON
PART XI,	UNCOLLECTIBLE PLEDGES -105,339

LINE 9

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C THE ORGANIZATION HAS A FINANCE AND AUDIT	COMMITTEE THAT OVERSEES THE AUDIT FURTHER, THIS COMMITTEE INTERVIEWS CANDIDATES FOR THE A UDIT FIRM AND MAKES A RECOMMENDATION BASED ON THIS PROCESS TO THE FULL BOARD OF TRUSTEES THE FULL BOARD OF TRUSTEES PASSES A RESOLUTION SELECTING THE EXTERNAL AUDITORS THIS PROCE SS REMAINS UNCHANGED FROM THE PRIOR YEAR

DLN: 93493035004000 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 D Employer identification number B Check if applicable THE COLUMBUS ACADEMY □ Address change 31-4379445 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 4300 CHERRY BOTTOM ROAD ☐ Amended return ☐ Application pending (614) 509-2227 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 40,942,929 Name and address of principal officer H(a) Is this a group return for MELISSA SODERBERG ☐Yes **☑**No subordinates? 4300 CHERRY BOTTOM ROAD H(b) Are all subordinates GAHANNA, OH 43230 ☐ Yes ☐No ıncluded? **☑** 501(c)(3) **☐** 501(c)() **◄** (Insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► WWW COLUMBUSACADEMY ORG L Year of formation 1911 M State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 23 4 22 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) 6 874 13,774 Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 12,769 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . 3,975,956 7,606,757 Ravenua 27,507,203 29,378,677 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,011,798 3,275,442 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 194,013 151,573 34,688,970 40,412,449 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 3,030,138 3,233,400 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 20,085,590 20,906,482 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶629,908 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 10,390,698 10,945,370 33,506,426 35,085,252 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . 1,182,544 5,327,197 Net Assets or Fund Balances Beginning of Current Year End of Year 94,806,731 87,948,247 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 16,459,771 20,020,745 22 Net assets or fund balances Subtract line 21 from line 20 . 71,488,476 74,785,986 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here MARGARET A KOERNER CHIEF FINANCIAL OFFICER Type or print name and title Print/Type preparer's name Preparer's signature Check | If 2020-01-29 P00575540 Paid self-employed Firm's name > JOHN GERLACH & COMPANY LLP Firm's EIN ► 31-4419361 Preparer Use Only Firm's address ▶ 37 W BROAD ST STE 800 Phone no (614) 224-2164 COLUMBUS, OH 43215 ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)					Page 2
Pa	rt III Statement	of Program Servi	e Accomplis	hments		
	Check if Sche	edule O contains a resp	onse or note to	any line in this Part III .		🗹
1	Briefly describe the	organization's mission				
SEE :	SCHEDULE O					
2	D. J. H			4		
2	-	or 990-EZ?		vices during the year wh	iich were not listed on	☐ Yes ☑ No
	If "Yes," describe the	□ res ⊡ No				
3	•			changes in how it condu	icte any program	
3	_	cease conducting, or n	lake significant	changes in now it condu	icts, any program	☐ Yes ☑ No
	If "Yes," describe the	□ les ⊡ llo				
4	Describe the organiz Section 501(c)(3) ar	ation's program service	e accomplishmei ons are required	to report the amount o	largest program services, as mea f grants and allocations to others	
4a	(Code) (Expenses \$	27,738,005	including grants of \$	3,233,400) (Revenue \$	28,112,530)
	See Additional Data					
4b	(Code) (Expenses \$	1,103,503	including grants of \$) (Revenue \$	1,276,832)
	See Additional Data					
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program servi	ces (Describe in Sched	ule O)			
	(Expenses \$	•	luding grants of	\$) (Revenue \$)
	(Exheliaca a					

Dar	Checklist of Required Schedules			rage 3					
Гаі	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	Yes						
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🛸	2	Yes						
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								
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		No					
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No					
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		No					
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		No					
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No					
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		No					
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes						
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								
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes						
	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		No					
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No					
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 🕏	11d		No					
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes						
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes						
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes						
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No					
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13	Yes						
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No					
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No					
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No					
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No					
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No					
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	Yes						
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		No					
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No					
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b							
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		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	Yes						

	990 (2016)			Page
'ar	Checklist of Required Schedules (continued)		Yes	No
	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	Yes	110
1	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	Yes	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
	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		No
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
1	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		No
	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		No
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26	Yes	
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🛸	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	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		No
	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		No
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
ar	Statements Regarding Other IRS Filings and Tax Compliance			
_	Check if Schedule O contains a response or note to any line in this Part V	. ;		<u>Ц</u>
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 93		Yes	No

1b

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1c

Yes

d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7e No 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form

7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during 8 9a 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? . . . 9h Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 . . . 10a

10b

11a

11b

12b

13b

12a

13a

15

No

No

Form **990** (2018)

c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b Gross income from other sources (Do not net amounts due or paid to other sources

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions	o" resp	onse to	_
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management		24	
4.	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
14	1a 23			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in 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 other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	2.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	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		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed IL , MD , MA , NH , OH , WA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			

20 State the name, address, and telephone number of the person who possesses the organization's books and records
►MARGARET A KOERNER CHIEF FINANCIAL OFFICER 4300 CHERRY BOTTOM ROAD GAHANNA, OH 432300745 (614) 509-2227

101111 330 (2	010)										Page /
Part VII	Compensation of Officer and Independent Contra		Truste	es,	Key	En	nploy	ees	, Highest Comp	ensated Employ	ees,
	Check if Schedule O contains a	response or no	te to an	y line	≘ ın t	hıs	Part VI	١.			🗆
Section	A. Officers, Directors, Tru	ıstees, Key E	mploy	ees	, an	d F	lighe	st (Compensated En	nployees	
year .	this table for all persons requir of the organization's current of		·						, ,		•
of compensa	tion Enter -0- in columns (D), (if the organization's current key	E), and (F) if no	compe	nsatı	on w	vas į	paid		- ,,		
• List the who received	organization's five current high direportable compensation (Box and any related organizations	est compensate	d emplo	yees	(oth	ner t	than a	n off	icer, director, truste	e or key employee)	1
• List all o	of the organization's former office compensation from the organization						pensat	ed e	employees who rece	ived more than \$10	0,000
	f the organization's former dir e , more than \$10,000 of reportat										e
compensated	in the following order individual demployees, and former such p	ersons									
☐ Check tl	nis box if neither the organization	n nor any relate	ed organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee	Т
	(A) Name and Title	(B) Average hours per week (list any hours for related	than o	one bo oth a direct	ox, un off tor/t	t cho unles ficer rust	and a	on	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MI3C)	(W- 2/1099- MISC)	related organizations
See Additiona	al Data Table										

6630 HILL ROAD NW CANAL WINCHESTER, OH 43110

compensation from the organization ▶ 6

Page 8

l al	Section A. Officers, Direct		',, '	<u>p</u>				<u>y</u> .	Total	TEL Employees	100/	- Carraca,	
	(A) Name and Title	(B) Average hours per week (list any hours	than o	one b	ox, u an off	ot che unles fficer	neck mo ess pers er and a tee)	son	(D) Reportable compensation from the organization (W	from related - organizations (n I W-	(F) Estima amount o compens from t	ated of other sation the
		for related organizations below dotted line)		Institutional Trustee	Officer	key employee	Highest compensatemployee	Former	2/1099-MISC)	2/1099-MISC	:)	organizati relate organiza	ed
			#	151म्स			nsated						
See /	Addıtıonal Data Table												
		<u> </u>	-	 	<u>_</u>	-	-	\vdash		+			
		 		\vdash				\vdash					
				1			1						
		-		\vdash	 	\vdash	_	\vdash	-	+		I	
		<u> </u>		_	<u> </u>	-		\vdash					
	Sub-Total					<u></u>	<u> </u>	<u></u>			\perp		
	Fotal from continuation sheets to Pa Fotal (add lines 1b and 1c)	•					>		1,278,495		0		318,465
2	Total number of individuals (including of reportable compensation from the compensation	but not limited	to thos					rec	. ,		<u>-ı</u>		
	·										_	Yes	No
3	Did the organization list any former of line 1a? <i>If "Yes," complete Schedule J</i>									ed employee on	3	; <u> </u>	No
4	For any individual listed on line 1a, is organization and related organizations individual										4	l Yes	
5	Did any person listed on line 1a receiv services rendered to the organization									ndıvıdual for 	5		No
Se	ection B. Independent Contract	ors			_	_	_	_					
1	Complete this table for your five higher from the organization Report comper										mpe		
	Name a	(A) and business addre	ess						De	(B) escription of services		(C) Compen	
	DINING SERVICES								DINING S	ERVICES		1,	,263,497
	YORK RD STE 100 ERVILLE, MD 21093												
	TO SERVICES LLC								CLEANING	G SERVICES			412,090
	'AUKEE, WI 53288								MAINTEN	ANCE CEDITICES		<u> </u>	200 020
605 S	EQUITIES MANAGEMENT SOUTH FRONT STREET STE 200								IMATINIEIN	ANCE SERVICES			389,029
	MBUS, OH 43215 IER CORPORATION								HVAC/ME	CHANICAL		+	327,464
HILLIA	LACON ROAD ARD, OH 43026												
KLAM	FOTH INC								GROUNDS	S KEEPING			320,687

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

, dir	•	Check if Schedule	e O contains a	respo	onse or note to a	ny line in t	hıs Part VIII				🗆
							A) revenue	e	(B) ated or xempt nction	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1	a Federated campaign	ne T	1-				re	venue		512 - 514
at se		· -	Ļ	1a	<u> </u>	-					
Gifts, Grants illar Amounts		b Membership dues	Ļ	1b	1	_					
4 		c Fundraising events	Ļ	1c	32,843	-					
iffs		d Related organization	Ļ	1d		_					
Ĩ.°.		e Government grants (co	ontributions)	1e	1,526,911	<u>-</u>					
tributions, Gifts, Grants Other Similar Amounts		f All other contributions, and similar amounts no above		1f	6,047,003	3					
Contributions, and Other Sim					0,428						
<u>م</u>		h Total. Add lines 1a-	.11	•			7,606,757				
<u> </u>	_	TUTTION & FFFC			Busine	ss Code	27	752,184	27,752	2 184	
Service Revenue		TUITION & FEES				611600		276,832	1,276		
æ	-	SUMMER SCHOOL & DAY				611600		·	·		
4Ce	C	CARE AFTER SCHOOL, T	UTORING & SPR			611600		308,899		3,899	
į.	c	ATHLETIC EVENTS				611600		40,762	4(),762	
Ē	•	e		_							
Program	_	f All other program ser	rvice revenue								
ď	g	J Total. Add lines 2a-2	f		2	9,378,677					
		Investment income (ir			interest, and other	or					
	!	sımılar amounts) .				>	2,555,19	2		76	0 2,554,432
	4	Income from investme	ent of tax-exe	mpt b	ond proceeds	•					
	5	Royalties		•		•	1,20	3			1,203
	_	- 6	(ı) Real		(II) Personal	_					
	bā	a Gross rents		55,479							
	ı	b Less rental expenses		0							
	•	c Rental income or (loss)	(55,479							
		ا d Net rental income or	r (loss)				65,47	9		19	4 65,285
]	(ı) Securit	es	(II) Other						
	7 <i>a</i>	a Gross amount from sales of assets other than inventory	1,1	72,418	8,	954					
	ı	b Less cost or other basis and sales expenses	4:	54,760	6,:	362					
		C Gain or (loss)		17,658	2,	592					
		d Net gain or (loss) .					720,25	0		3,20	3 717,047
Other Revenue	88	8a Gross income from fundraising events (not including \$ 32,843 of contributions reported on line 1c)									
eve		See Part IV, line 18		a b							
r R		b Less direct expenses c Net income or (loss)		b na ev		50	77	0			770
the		a Gross income from g			ents •			+			,,,
Ò		See Part IV, line 19			J						
				а							
		b Less direct expenses		b							
		c Net income or (loss) laGross sales of invent		activit	ies						
	10	returns and allowance									
				а	54,4	53					
	ı	b Less cost of goods s	old	b	59,2	68					
	•	C Net income or (loss)		invent			-4,81	5	-4,815		
		Miscellaneous	Revenue		Business Code		00.20	_			00.205
	11	1aOTHER INCOME			900	199	80,28	٦			80,285
	ı	b FORFEITED ENROLL	MENT DEPOSI	ΓS	611	500	15,50	0	15,500		
	•	PASS-THROUGH INC	OME		900	099	-6,84	9		9,61	7 -16,466
		d All other revenue .				_		+			
	•	e Total. Add lines 11a-	-11d		•		20.0-	6			
	12	2 Total revenue. See	Instructions				88,93				
							40,412,44	9	29,389,362	13,77	3,402,556 Form 990 (2018)
											(4U10

Forr	n 990 (2018)				Page 10
	art IX Statement of Functional Expenses cion 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	nizations must comp	lete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX .	<u> </u>		<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
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	3,233,400	3,233,400		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	642,791		642,791	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	14,996,043	11,927,460	2,759,721	308,862
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	949,119	769,551	157,924	21,644
9	Other employee benefits	3,198,644	2,935,823	234,060	28,761
10	Payroll taxes	1,119,885	873,245	225,434	21,206
11	Fees for services (non-employees)				
ā	Management	42,327	42,327		_
ŀ	Legal	84,804		84,804	
(: Accounting				
	1 Lobbying				
•	Professional fundraising services See Part IV, line 17				
f	Investment management fees	57,997		57,997	
9	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	413,560	177,241	185,715	50,604
12	Advertising and promotion	321,869	8,320	313,549	
13	Office expenses	2,224,225	1,915,843	236,508	71,874
14	Information technology	421,461	405,059	16,402	
15	Royalties				
16	Occupancy	1,860,717	1,860,717		
	Travel	251,397	179,155	13,052	59,190
	Payments of travel or entertainment expenses for any federal, state, or local public officials •			· · · · · · · · · · · · · · · · · · ·	
19	Conferences, conventions, and meetings	358,138	341,606	16,532	
	Interest	362,287	362,287		
	Payments to affiliates				
	Depreciation, depletion, and amortization	2,426,356	1,950,790	427,039	48,527
	Insurance	46,267	46,267		
	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	·	·		
	a UNRELATED BUSINESS INCO	7,700		7,700	
	b CONTRACTED SERVICES	1,451,201	1,451,201		
	c SCHOOL EQUIPMENT R&M	302,757	302,757		
	d MISCELLANEOUS EXPENSES	204,286	16,849	180,124	7,313
	e All other expenses	108,021	41,610	54,484	11,927
25	Total functional expenses. Add lines 1 through 24e	35,085,252	28,841,508	5,613,836	629,908
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				
	- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				

Page **11**

41,166,366 2.797.837

94.806.731 6,197,657

3.335.669

9,768,975

718.444

20.020.745

35.715.834

13,926,317

25,143,835

74,785,986

94,806,731

Form **990** (2018)

3.486.936

8,662,629

145.554

16.459.771

34.255.743

12,263,656

24.969.077

71,488,476

87,948,247

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22 23

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Form 990 (2018)

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Liabilities 22

Fund Balances

Assets or 30

Net

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Tax-exempt bond liabilities

and other liabilities not included on lines 17 - 24)

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total liabilities.Add lines 17 through 25 .

persons Complete Part II of Schedule L .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

					(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		•	1,487,973	1	2,091,418
	2	Savings and temporary cash investments			4,369,791	2	4,742,434
	3	Pledges and grants receivable, net	counts receivable, net coans and other receivables from current and former officers, directors, rustees, key employees, and highest compensated employees Complete				3,534,426
	4	Accounts receivable, net					216,277
	5	trustees, key employees, and highest compensa Part II of Schedule L					200,000
s	6	Loans and other receivables from other disqualif section 4958(f)(1)), persons described in section contributing employers and sponsoring organizations of the voluntary employees' beneficiary organizations (Part II of Schedule L	c(c)(3)(B), and of section 501(c)(9) structions) Complete		6		
ssets	7	Notes and loans receivable, net				7	
SSI	8	Inventories for sale or use				8	
٩	9	Prepaid expenses and deferred charges			734,571	9	655,963
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	71,496,086			
	ь	Less accumulated depreciation	10 b	32,094,076	35,827,204	10c	39,402,010

a)	1 1	Trotes and loans receivable, net					
sse	8	Inventories for sale or use			8		
A	9	Prepaid expenses and deferred charges	734,571	9			
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	71,496,086			
	ь	Less accumulated depreciation	10b	32,094,076	35,827,204	10 c	
	11	Investments—publicly traded securities .	39,935,601	11			
	12	Investments—other securities See Part IV, line	3,012,483	12			
	13	Investments—program-related See Part IV, line	11 .			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			15		
	16	Total assets.Add lines 1 through 15 (must equa	87,948,247	16			
	17	Accounts payable and accrued expenses		4,164,652	17		
	18	Grants payable			18		

3a

3b

No

Form 990 (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID: Software Version:

EIN: 31-4379445

Name: THE COLUMBUS ACADEMY

Form 990 (2018)

Form 990, Part III, Line 4a:

COLLEGE PREPARATORY INSTRUCTION OF STUDENTS FROM 3 YEARS OLD THROUGH 12TH GRADE TOTAL ENROLLMENT IS 1.121. OF WHICH 394 ARE MINORITIES 300 STUDENTS RECEIVE FINANCIAL AID BASED ON NEED

SUMMER SCHOOL AND DAY CAMP PROGRAM (JUNE, JULY & AUGUST) 1,731 ATTENDED COURSES, INCLUDING KEYBOARDING, ART FROM ALL ANGLES, STUDY SKILLS,

Form 990, Part III, Line 4b:

ROBOTICS, ETC

and Independent Contractors (A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Estimated Average Reportable than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the compensation from related

any hours

for related

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and a director/trustee)

organization

(W- 2/1099-

organizations

(W- 2/1099-

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from the

organization and

	organizations below dotted line)	ndividual trustee or director	Institutional Trustee		(e) employee	highest compensated highest compensated	-ormer	MISC)	MISC)	related organizations
MR VICTOR THORNE PRESIDENT/TRUSTEE	10 00	×		x				0	0	1
MR JONATHAN KASS VICE PRESIDENT/TRUSTEE	10 00	×		х				0	0	1
MS SANDY DOYLE-AHERN SECRETARY/TRUSTEE	10 00	х		х				0	0	1
MS CHRISTINE FREYTAG TREASURER/TRUSTEE	10 00	×		х				0	0	1
MR KEVIN REEVES	6 00									

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MR KEVIN REEVES

.....

IMMEDIATE PAST PRESIDENT

MS TANISHA LYON BROWN

DR RITA AGRAWAL

MR KEVIN BARNEY

MR KEVIN MALHAME

MS BETH FISHER

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless compensation hours per compensation person is both an officer week (list from the from related compensation

any hours

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6 00

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and a director/trustee)

organization

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organizations

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	formulated	and	a un	ectt) / Cl	uscee,	,	(W 2/1000	(NY 2/1000	organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
MS JENNIFER SALOPEK TRUSTEE	6 00	×						0	0	0	
DR RONDA GAISER TRUSTEE	6 00	×						0	0	0	
MS LAURA WEISER PACA REPRESENTATIVE (NON-VOTING)	6 00	×						0	0	0	
MR MICHAEL L GROSS	6 00	×						0	0	0	

MS LAURA WEISER
PACA REPRESENTATIVE (NON-VOTING)
MR MICHAEL L GROSS
TRUSTEE
MR ASIM Z HAQUE

.....

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

MR MATTHEW HARRIS

MR W HENRY HAUSER

MS LAUREN M HILSHEIMER

MR J KLAY HUDDLESTON

MR GEORGE A SKESTOS

ALUMNI REPRESENTATIVE (NON-VOTING)

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average hours per than one box, unless compensation compensation amount of other week (list person is both an officer

any hours

for related

and Independent Contractors

ASST HEAD OF SCHOOL FOR DEV/EXTERNAL

RELATIONS

MS CORINNA IZOKAITIS

UPPER SCHOOL HEAD

FACILITIES DIRECTOR

MR DOUG BENNETT

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and a director/trustee)

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from the

organization

(W- 2/1099-

175,046

136,828

135,309

from related

organizations

(W- 2/1099-

compensation

from the

organization and

38,551

63,041

62,788

52,887

27,074

0

0

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
MS SUSAN S WILLIAMS PHD TRUSTEE	6 00	×						0	0	1
MR STEVE WITTMANN TRUSTEE	6 00	x						0	0	ı
MR EDWARD J YEN TRUSTEE	6 00	×						0	0	ı
MS KELLY JENNINGS YEOMAN TRUSTEE	6 00	×						0	0	ı
MR MATTHEW ZEIGER TRUSTEE	6 00	х						0	0	1
MRS MARGARET KOERNER CHIEF FINANCIAL OFFICER	40 00			x				177,194	0	38,55
MS MELISSA SODERBERG HEAD OF SCHOOL	40 00				×			379,253	0	63,04
MR ERICH HUNKER	40 00									

40 00

40 00

................

......

and Independent Contractors (A) Name and Title

MR MARK HANSEN

LOWER SCHOOL HEAD

MR JOHN WUORINEN

DIRECTOR OF ADMISSIONS & FINANCIAL AID

week (list any hours for related organizations below dotted line)	
 40 00	
40 00	

(B)

Average hours per

Institutiona

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

(C)

Position (do not check more than one box, unless person is both an officer employee

and a director/trustee)

Х

Former

compensation from the organization (W-2/1099-MISC) 142,548 132,317

(D)

Reportable

from related organizations (W- 2/1099-MISC)

(E)

Reportable

compensation

compensation from the organization and related organizations 57,446

16,678

(F)

Estimated

amount of other

etil	e GK	APHIC prii	nt - DO NO	PROCESS	As Filed Data -			DLN: 9	3493035004000
	m 99	OULE A	Com	plete if the o	Charity Statu rganization is a sect 4947(a)(1) nonexe Attach to Form	a section	2018 Open to Public		
Harns	d Rever	f the Treasury		► Go to	www.irs.gov/Form	<u>990</u> for the late	st information		Inspection
		he organiza US ACADEMY	tion					Employer identific	ation number
Pa	rt I	Reason	for Public C	harity Stat	us (All organization	s must comple	te this part) ^c	31-4379445 See instructions	
					e it is (For lines 1 thro			Too moti detioner	
1		A church, c	onvention of o	hurches, or as	ssociation of churches	described in sec	tion 170(b)(1)	(A)(i).	
2	✓	A school de	escribed in sec	tion 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	or a cooperativ	e hospital ser	vice organization desc	rıbed ın section	170(b)(1)(A)(iii).	
4		A medical r name, city,		nization operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5		-	ation operated (iv). (Complet		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6				•	governmental unit de	escribed in sectio	on 170(b)(1)(A	ı)(v).	
7		section 17	'0(b)(1)(A)(vi). (Complete				nıt or from the gener	al public described in
8		A communi	ty trust descri	bed in sectio i	170(b)(1)(A)(vi)	(Complete Part I	I)		
9					escribed in 170(b)(1) ee instructions Enter				ege or university or a
.0		from activit	cies related to cincome and u	its exempt fur inrelated busir	(1) more than 331/39 actions—subject to cer less taxable income (le amplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
1					d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
2		more public	cly supported	organizations (d exclusively for the be described in section 5 the type of supporting	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting org n(s) the powe	anızatıon oper	ated, supervised, or cappoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme	nt of the supp		pervised or controlled in ation vested in the sare and C.				
С					supporting organizatio ions) You must com				ited with, its
d		Type III n	on-functiona integrated T	ally integrate he organizatio	 d. A supporting organ n generally must satis rt IV, Sections A and 	Ization operated fy a distribution	ın connection wi requirement and	th its supported orgai	
e		Check this	box if the orga	anızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		or Type III no of supported		integrated supporting	organizacion			
g	Provi	de the follow	ing informatio	n about the su	upported organization((s)			
	(ii) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1- 10 above (see instructions)) (iv) Is the organization in your governing in						(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No		
ota	ı								
		work Reduc	tion Act Noti	ce, see the I	nstructions for	Cat No 11285	5F :	Schedule A (Form 9	90 or 990-EZ) 2018

instructions

	Page	_
1	L70	

oport Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170
(1)(A)(ix)
mplete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part
If the organization fails to qualify under the tests listed below, please complete Part III.)

	III. If the organization fai						iy under Part
_	Section A. Public Support	is to quality ut	ider the tests his	ted below, pied.	se complete rai	C 111.)	
	Calendar year		I	I			
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
4	Total. Add lines 1 through 3						
4	The portion of total contributions by						
5	· · ·						
	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						
S	ection B. Total Support		•	•	•		
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(e)2018	(f)Total
	(or fiscal year beginning in) ▶	(a)2017	(0)2013	(6)2010	(u)2017	(e)2010	(1)Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on		+				
10							
	loss from the sale of capital assets						
	(Explain in Part VI) Total support. Add lines 7 through						
11	10						
12	Gross receipts from related activities, e	tc (see instruction	ons)	<u> </u>		12	
	First five years. If the Form 990 is for			ard fourth or fifth	n tay year as a sec	tion 501(c)(3) org	anization
		=				· · · · · · <u>-</u>	_
_	check this box and stop here				<u> </u>	<u>P</u> L	
	Section C. Computation of Public						
	Public support percentage for 2018 (line			column (f))		14	
	Public support percentage for 2017 Sch					15	
16a	33 1/3% support test—2018. If the	organızatıon dıd ı	not check the box	on line 13, and lin	ne 14 is 33 1/3% o	r more, check this	box
	and stop here. The organization qualif	ies as a publicly s	supported organiza	ation			ightharpoons
b	33 1/3% support test—2017. If the	organization did	not check a box of	on line 13 or 16a,	and line 15 is 33 i	./3% or more, chec	k this
	box and stop here. The organization	qualifies as a nub	alicly supported or	ganization			ightharpoons
47-	10%-facts-and-circumstances test-				ne 13 16a or 16h	and line 14	
1/2	is 10% or more, and if the organization						
	in Part VI how the organization meets t						
	J			J. garnización	-, as a publ	,	►□
	organization	2047 ****	, , ,		43.46.46.	47	
ь	10%-facts-and-circumstances test						
	15 is 10% or more, and if the organization						
	Explain in Part VI how the organization	i meets the Tact	s-and-circumstand	es test the orga	inization qualifies	as a publicly	_
	supported organization						▶□
18	Private foundation. If the organizatio	n did not check a	box on line 13, 1	6a, 16b, 17a, or 1	.7b, check this box	cand see	

P	art IIII Support Schedule for						
	(Complete only if you c						ler Part II. If
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	below, please co	omplete Part II.)	
30	Calendar year		43.50/5		412.004		(0) =
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions,						
_	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
_	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year			I	T		
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
h	Unrelated business taxable income						
_	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12							
	loss from the sale of capital assets						
13	(Explain in Part VI) Total support. (Add lines 9, 10c,						
	11, and 12)						
14	First five years. If the Form 990 is fo	r the organization	's fırst, second, tl	nird, fourth, or fift	:h tax year as a se	ction 501(c)(3) c	rganızatıon,
	check this box and stop here						▶ 🗆
Se	ection C. Computation of Public						
15	Public support percentage for 2018 (lin	ie 8, column (f) di	ivided by line 13,	column (f))		15	
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16	
Se	ection D. Computation of Invest						
17	Investment income percentage for 201	1 8 (line 10c, colur	mn (f) divided by	line 13, column (f	())	17	
18	Investment income percentage from 2	017 Schedule A, ¹	Part III, line 17			18	
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not
	more than 33 1/3%, check this box and s						▶ □
	33 1/3% support tests—2017. If the						
	not more than 33 1/3%, check this box	-			•		▶ □
20	Private foundation. If the organization		-				▶□
		AL GIG HOL CHECK O	. 20/ 011 11116 14, 1	a, or industrial	Callo DOX allu 366		

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b 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 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a 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 4b supervised by or in connection with its supported organizations

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 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in 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 5a

amendment to the organizing document) 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? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 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.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection 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?		103	-140
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	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	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) 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? <i>Provide details in Part VI.</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

Sched	lule A (Form 990 or 990-EZ) 2018			Page 6
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	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 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount		_	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	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-functionally-instructions)	ntegrat	ed Type III supporting or	ganızatıon (see

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

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2

If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

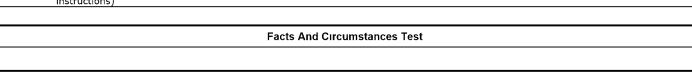
Additional Data

Software ID: Software Version:

EIN: 31-4379445

Name: THE COLUMBUS ACADEMY

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



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

Supplemental Financial Statements

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

DLN: 93493035004000 OMB No 1545-0047

> Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

8

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

Name of the organization **Employer identification number** THE COLUMBUS ACADEMY 31-4379445 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Maintaining Co	llections of Art	t, Histori	ical T	reas	ures, or	Other	Similar A	ssets (c	ontınued)
3		the organization's acquisition, accessio (check all that apply)	n, and other recor	ds, check	any of	the fo	ollowing th	at are a	significant i	use of its	collectioi	n
а		Public exhibition		d		Loar	n or exchar	ige prog	rams			
b		Scholarly research		е		Othe	er					
c		Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in											
5	Durin	g the year, did the organization solicit c s to be sold to raise funds rather than to							ılar	☐ Yes	. 🗆	No
Pa	rt IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		Form 990), Part	IV, I	ine 9, or	reporte	d an amou			
1a		e organization an agent, trustee, custod ded on Form 990, Part X?	ian or other intern	nediary for	contri	bution	ns or other	assets r	not	☐ Yes	; <u></u>	No
b	If "Y∈	es," explain the arrangement in Part XII	I and complete the	e following	table				А	mount		
c	Begin	ining balance						1c				
d	Addıt	ions during the year						1d				_
е		butions during the year						1e				
f		ng balance					-	1f				
2a		ne organization include an amount on Fo	orm 990. Part X. lı	ne 21. for	escrov	or cu	∟ ustodial ac		bility?	☐ Yes	<u> </u>	— No
b		es," explain the arrangement in Part XIII							•	_		
_	rt V	Endowment Funds. Complete if										
		Endownient Fands. Complete ii	(a)Current year		rior yea		(c)Two yea		(d)Three year		(e)Four ye	ears hack
1a	Beaunn	ing of year balance	43,293,8		41,722	-		,162,516		,207,272		1,720,368
	_	outions	174,7			5,630		262,688		946,850		804,003
		vestment earnings, gains, and losses	1,961,6			3,080	5	,233,155	-1.	,236,379		463,089
		or scholarships	1,154,5	_	1,108			,059,300		939,532		904,764
		•	1,154,5		1,100	7,304		,035,300		JJJ,JJZ		704,704
е		expenditures for facilities ograms	790,6	46	752	2,557		822,188		762,861		1,821,544
f		strative expenses	57,9	97	57	7,253		54,369		52,834		53,880
		year balance	43,427,0	88	43,293	3.838	41	,722,502	38.	,162,516	4	0,207,272
_								,		,,		
2		de the estimated percentage of the curr d designated or quasi-endowment >	ent year end balar 18 280 %	nce (line I	g, colu	mn (a	a)) neid as					
a			10 200 /0									
b		anent endowment ► 57 900 %										
С		·	820 %									
		percentages on lines 2a, 2b, and 2c shou	·									
3a		here endowment funds not in the posses nization by	ssion of the organi	ization tha	t are h	eld ar	nd administ	tered for	the		Yes	No.
	-	rrelated organizations								22	(i) res	No No
	. ,	•			•						(ii)	No
ь	• •	elated organizations	ns listed as require	· · · · ed on Sche	 edule R	?				. 3		110
4		ribe in Part XIII the intended uses of the	•			•						
Pa	rt VI	Land, Buildings, and Equipme										
		Complete if the organization answ		Form 990), Part	IV, ا	ine 11a. S	See For	m 990, Pa	art X, lin	e 10.	
	Descri	ption of property (a) Cost or ot (investm		ost or other	basis (other)	(c) Accur	nulated d	epreciation	(0	i) Book va	llue
1a	Land				2,1	55,551						2,155,551
	Buildin	gs				29,867			26,247,543			29,782,324
		old improvements							•			
		·			8 31	53,535	;		5,846,533			2,507,002
		nent				57,133	_		5,040,333			4,957,133
	Other Add	ines 1a through 1e (Column (d) must e	aual Form 000 D	art Y colo					>			
-016	Auu	mics ta dirough te (Column (a) must e	.quai i Oiiii 330, Pe	are A, COIUI	(<i>D)</i>	,е	10(C/) ·	• '				39,402,010

	Investments—Other Securities. Complete if the organization				
	See Form 990, Part X, line 12. (a) Description of security or category		(b)		(c) Method of valuation
	(including name of security)		Book value	Cost	or end-of-year market value
	derivatives				
2) Closely-f 3) Other <u> </u>	neld equity interests				
١)					
3)					
D)					
E)					
F)					
G)					
⊣)					
otal. (Column art VIII	n (b) must equal Form 990, Part X, col (B) line 12)	▶			
art VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form			e 11c. See Fo	orm 990, Part X, line 13.
	(a) Description of investment	(b) Boo	k value		(c) Method of valuation or end-of-year market value
L)					
2)					
3)					
1)					
5)					
)					
7)					
8)					
9)					
8) 9) otal. (Column	n (b) must equal Form 990, Part X, col (B) line 13) Other Assets. Complete if the organization answered 'Yes'		990, Pari	t IV, line 11d S	See Form 990, Part X, line 15
B) Otal. (Column Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description		990, Pari	t IV, line 11d S	See Form 990, Part X, line 15 (b) Book value
D) Part IX O)	Other Assets. Complete if the organization answered 'Yes'		990, Parl	t IV, line 11d S	
B) Potal. (Column Part IX	Other Assets. Complete if the organization answered 'Yes'		990, Parl	t IV, line 11d S	
Dotal. (Column	Other Assets. Complete if the organization answered 'Yes'		990, Pari	t IV, line 11d S	
Dotal. (Column Part IX	Other Assets. Complete if the organization answered 'Yes'		990, Pari	t IV, line 11d S	
Dotal. (Column L.)	Other Assets. Complete if the organization answered 'Yes'		990, Pari	t IV, line 11d S	
ptal. (Column Part IX	Other Assets. Complete if the organization answered 'Yes'		990, Pari	t IV, line 11d S	
otal. (Column land)	Other Assets. Complete if the organization answered 'Yes'		990, Pari	t IV, line 11d S	
ital. (Column lant IX	Other Assets. Complete if the organization answered 'Yes'		990, Pari	t IV, line 11d S	
part IX))))))))))))))))))	Other Assets. Complete if the organization answered 'Yes'		990, Part	t IV, line 11d S	
3) Potal. (Column Part IX 2) 3) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered 'Yes'	on Form		t IV, line 11d S	(b) Book value
potal. (Column Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered 'Yes'	on Form			(b) Book value
Dotal. (Column Part IX	Other Assets. Complete if the organization answered 'Yes' (a) Description (b) must equal Form 990, Part X, col (B) line 15)	on Form	s' on For		(b) Book value
ptal. (Column)))))))))))))))) ptal. (Column Part X	Other Assets. Complete if the organization answered 'Yes' (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered in the organization answered in the organization answered in the program in	on Form	s' on For	 m 990, Part I	(b) Book value
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part IX)))))))))))) part IX))))) part X) Federal in JSTODIAN ITEREST RABLIGATION)	Other Assets. Complete if the organization answered 'Yes' (a) Description min (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability income taxes DEPOSITS ATE SWAP	on Form	s' on For		(b) Book value
part IX)) part IX))))))) part X) part X part X part X part X part X part X part X part X part X part X part X part X part X part X part X part X part X part X part X part X part X	Other Assets. Complete if the organization answered 'Yes' (a) Description min (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability income taxes DEPOSITS ATE SWAP	on Form	s' on For		(b) Book value
potal. (Column Part IX 2) 2) 2) 3) 4) 5) 6) 7) 6) 7) 6) 7) 7) 7) 8) 7) 8) 8) 10 11 12 13 14 15 16 17 17 18 18 18 18 18 18 18 18	Other Assets. Complete if the organization answered 'Yes' (a) Description min (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability income taxes DEPOSITS ATE SWAP	on Form	s' on For		(b) Book value
potal. (Column Part IX 2) 2) 2) 3) 4) 5) 6) 7) 6) 7) 6) 7) 7) 7) 8) 8) 8) 8) 8) 8) 8	Other Assets. Complete if the organization answered 'Yes' (a) Description min (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability income taxes DEPOSITS ATE SWAP	on Form	s' on For		(b) Book value
Dotal. (Column Dart IX L) S) S) S) Otal. (Column S) S) Otal. (Column Part X L) Federal In USTODIAN NTEREST RA	Other Assets. Complete if the organization answered 'Yes' (a) Description min (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability income taxes DEPOSITS ATE SWAP	on Form	s' on For		(b) Book value
potal. (Column Part IX 2) 3) 4) 5) 6) 7) Part X Part X L) Federal in USTODIAN NTEREST RA BLIGATION 4) 5)	Other Assets. Complete if the organization answered 'Yes' (a) Description min (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization answered See Form 990, Part X, line 25. (a) Description of liability income taxes DEPOSITS ATE SWAP	on Form	s' on For		(b) Book value

Part XI

2

b

c

Part XII

5

1

2

b

Schedule D (Form 990) 2018

1

2e

3

4c

5

1

2e

-1,099,250

69.358

57,997

4.912.298

137,578

Page 4

-1,029,892

35,442,154

4,970,295

40,412,449

30,314,561

137,578

Schedule D (Form 990) 2018

Add lines 4a and 4b .

Add lines 2a through 2d .

Return Reference

See Additional Data Table

а	Net unrealized gains (losses) on investments
b	Donated services and use of facilities
c	Recoveries of prior year grants
d	Other (Describe in Part XIII)
e	Add lines 2a through 2d
3	Subtract line $2e$ from line 1
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 .

Other (Describe in Part XIII)

Donated services and use of facilities . . .

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on line 1 but not on Form 990, Part VIII, line 12

3	Subtract line 2e from line 1			3	30,176,983
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	57,997		
b	Other (Describe in Part XIII)	4b	4,850,272		
С	Add lines $4a$ and $4b$			4c	4,908,269
5	Total expenses Add lines ${\bf 3}$ and ${\bf 4c.}$ (This must equal Form 990, Part I, line 18) .		5	35,085,252
Par	t 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

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

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

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

2a

2b 2c 2d

4a

4b

2a 2b

2c

2d

Explanation

Schedule D (Form 990) 2018			
Part XIII Supplemental Info	mation (continued)		
Return Reference	Explanation		

Schedule D (Form 990) 2018

Additional Data

EIN: 31-4379445

Name: THE COLUMBUS ACADEMY

PROFESSIONAL DEVELOPMENT, ATHLETICS, STUDENT NEWSPAPER, AND COMMENCEMENT AWARDS

Supplemental Information

Software ID: Software Version:

Return Reference Explanation PART V, LINE 4 THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED FOR FACULTY AND STAFF SALARIES, FINANCIAL AID,

Supplemental Information						
Return Reference	Explanation					
PART X, LINE 2	THE ACADEMY DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS					

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Supplemental Information _					
Return Reference	Explanation				
PART XI, LINE 2D - OTHER ADJUSTMENTS	STUDENT STORE ACTIVITY EXPENSES, REPORTED ON PART VIII, LINE 10B 59,268 FUNDRAISING EVENT EXPENSES, REPORTED ON PART VIII, LINE 8B 10,090				

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	STUDENT FINANCIAL AID, REPORTED ON PART IX, LINE 2 3,233,400 STUDENT TUITION REMISSIONS, REPORTED ON PART IX, LINE 9 1,616,872 PASS-THROUGH INCOME ADJUSTMENT FOR TAX RETURN 62,02

_ _ _

Supplemental Information							
Return Reference	Explanation						
	STUDENT STORE ACTIVITY EXPENSES, REPORTED ON PART VIII, LINE 10B 59,268 FUNDRAISING EVENT EXPENSES, REPORTED ON PART VIII, LINE 8B 10,090 LOSS ON UNCOLLECTIBLE PLEDGES 68,220						

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	STUDENT FINANCIAL AID, REPORTED ON PART IX, LINE 2 3,233,400 STUDENT TUITION REMISSIONS, REPORTED ON PART IX, LINE 9 1,616,872

Supplemental Information	
Return Reference	Explanation
PART VI, LINE 1E, COLUMN (B) - OTHER	THE AMOUNT LISTED REPRESENTS ASSETS HELD AS CONSTRUCTION IN PROCESS AT THE END OF THE YEAR

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efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493035004000 OMB No 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ Complete if the organization answered "Yes" on Form 990, EZ) Part IV, line 13, or Form 990-EZ, Part VI, line 48. ▶ Attach to Form 990 or Form 990-EZ. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest instructions. Inspection Department of the Treasury Namel & the organization **Employer identification number** THE COLUMBUS ACADEMY 31-4379445 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes 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 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes d Copies of all material used by the organization or on its behalf to solicit contributions? 4d Yes If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Nο b Admissions policies? 5b Nο 5c c Employment of faculty or administrative staff? Nο d Scholarships or other financial assistance? 5d Nο e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Nο h Other extracurricular activities? 5h Nο If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Yes b Has the organization's right to such aid ever been revoked or suspended? 6b No If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990 or 990-EZ) (2018)

HEALTH AND DIAGNOSTIC SERVICES. AND GUIDANCE AND COUNSELING Schedule F (Form 990 or 990-F7) (2018)

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2018

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

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

DLN: 93493035004000 OMB No 1545-0047

Open to Public

Inspection

Employer identification number

31-4379445

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SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization THE COLUMBUS ACADEMY

Internal Revenue Service

che	dule G (Form 990 or 990-EZ) 2018					F	Page 3	
.1	Does the organization conduct gaming	activities with nonmember	rs?		☐ Yes	□No		
.2	Is the organization a grantor, beneficia formed to administer charitable gaming		a member of a partnership or other entity		□Yes			
3	Indicate the percentage of gaming activ	vity conducted in						
а	The organization's facility			13a			%	
b	An outside facility			13b			%	
4	Enter the name and address of the pers	on who prepares the orga	inization's gaming/special events books and r	ecords				
	Name ►							
	Address ►							
5a	Does the organization have a contract virevenue?	with a third party from who	om the organization receives gaming		□Yes	□No		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$							
С	If "Yes," enter name and address of the	third party						
	Name ►							
	Address ►							
6	Gaming manager information							
	Name ►							
	Gaming manager compensation ▶ \$							
	Description of services provided ▶							
	☐ Director/officer	☐ Employee	☐ Independent contractor					
7	Mandatory distributions							
а	Is the organization required under state retain the state gaming license?	e law to make charitable d	istributions from the gaming proceeds to		Yes	□No		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$							
Pai	t IV Supplemental Informatio	n. Provide the explana	tions required by Part I, line 2b, column blicable. Also provide any additional info				 S.	
_	Return Reference		Explanation					

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493035004000 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number THE COLUMBUS ACADEMY 31-4379445 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete If the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Return Reference **Explanation**

FINANCIAL AID BASED ON THE POTENTIAL RECIPIENT'S NEED

PART III COLUMBUS ACADEMY SELECTS INDIVIDUALS USING NEED-BASED CRITERIA THE POTENTIAL RECIPIENT'S FAMILY SUBMITS A PACKET OF FINANCIAL AID INFORMATION, INCLUDING PERSONAL INCOME TAX RETURNS ONE COPY OF THE FINANCIAL AID INFORMATION IS FORWARDED TO AN INDEPENDENT AGENCY TO EVALUATE THE LEVEL OF NEED. ANOTHER COPY OF THE FINANCIAL AID INFORMATION IS EVALUATED BY THE COMMITTEE TO DETERMINE THE ELIGIBILITY FOR

Schedule I (Form 990) 2018

efil	e GRAPHIC pr	int - DO NOT PROCESS As	Filed Data	a -	DLN: 934	9303	5004	000	
Sch	edule J	Com	npensati	ion Information	ОМ	В По	1545-(0047	
(For	n 990)	For certain Officers,		rustees, Key Employees, and Highest					
		➤ Complete if the organi	Compensa zation answ	ited Employees ered "Yes" on Form 990, Part IV, line 23.		2(1	18	ζ .	
_	a		▶ Attach	to Form 990.		pen to Public			
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.qov/i</u>	<u>-огтээо</u> тог	instructions and the latest information.			ectio		
	ne of the organiza			Employe	identificati	on nu	ımber		
INC	COLUMBUS ACADE	41		31-43794	1 5				
Pa	rt I Questi	ons Regarding Compensatio	n	•					
					Г		Yes	No	
1a				the following to or for a person listed on Form y relevant information regarding these items					
		or charter travel		Housing allowance or residence for personal us					
	_	companions		Payments for business use of personal residen	ce				
		nification and gross-up payments	✓	Health or social club dues or initiation fees					
	□ Discretion	ary spending account	Ш	Personal services (e g , maid, chauffeur, chef)					
b		kes in line 1a are checked, did the c ill of the expenses described above?		ollow a written policy regarding payment or rein plete Part III to explain	nbursement	1b		No	
2				or allowing expenses incurred by all		2	Yes		
	directors, truste	es, officers, including the CEO/Exec	utive Director	r, regarding the items checked in line 1a?					
3		if any, of the following the filing org EO/Executive Director Check all the		d to establish the compensation of the					
	_	·		CEO/Executive Director, but explain in Part III					
	✓ Compensa	ation committee	✓	Written employment contract					
	_ '	ent compensation consultant	₹	Compensation survey or study					
		of other organizations	✓	Approval by the board or compensation comm	ttee				
4	During the year, related organiza		, Part VII, Se	ction A, line 1a, with respect to the filing organi	zation or a				
	_					_			
a L		ance payment or change-of-control		fied votirement plan?	-	4a 4b	Yes	No	
b c	•	receive payment from, a suppleme receive payment from, an equity-l	•	•		4c	165	No	
·				clicable amounts for each item in Part III					
_), 501(c)(4), and 501(c)(29) or	_	-					
5		ed on Form 990, Part VII, Section A ontingent on the revenues of	, line 1a, did i	the organization pay or accrue any					
а	The organization	۱۶				5a		No	
b	Any related orga					5b		No	
	•	5a or 5b, describe in Part III							
6		ed on Form 990, Part VII, Section A contingent on the net earnings of	, line 1a, did i	the organization pay or accrue any					
a	The organization					6a		No	
b	Any related orga				-	6b		No	
7	•	6a or 6b, describe in Part III	line to deli	the every restrict and a second					
7		ed on Form 990, Part VII, Section A escribed in lines 5 and 6? If "Yes," o		the organization provide any nonfixed rt III		7		No	
8				red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," describe		8		No	
9	If "Yes" on line 8 53 4958-6(c)?	3, did the organization also follow th	ne rebuttable	presumption procedure described in Regulation	s section	9		110	
For I	Danarwark Badu	ction Act Notice, see the Instru	ctions for Ec	orm 990. Cat No 50053T	Schedule 1	Form	000)	2018	

Part III Officers,	Dire	ctors, Trustees, Key	y Employees, and Hi	ghest Compensated	Employees. Use dup	licate copies if addition	nal space is needed.	<u> </u>
For each individual whose instructions, on row (ii) [Note. The sum of column	Do no	ot list any individuals that	t are not listed on Form 9	90, Part VII		-	•	t ındıvıdual
(A) Name and Title		(B) Breakdown (i) Base compensation	of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	C compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
1 MRS MARGARET KOERNER	(i)	177,194	0	0	19,120	19,431	215,745	0
CHIEF FINANCIAL OFFICER	(ii)	0	0	0	0	0	0	0
2 MS MELISSA SODERBERG HEAD OF SCHOOL	(i)	338,576	0	40,677	29,263	33,778	442,294	0
	(ii)	0	0	0	0	0	0	0
3 MR ERICH HUNKER ASST HEAD OF SCHOOL FOR	(i)	175,046	0	0	18,510	44,278	237,834	0
DEV/EXTERNAL	(ii)	0	0	0	0	0	0	0
4 MS CORINNA IZOKAITIS UPPER SCHOOL HEAD	(i)	136,828	0	0	7,300	45,587	189,715	0
of the serious ments	(ii)	0	0	0	0	0	0	0
5 MR DOUG BENNETT FACILITIES DIRECTOR	(i)	135,309	0	0	14,530	12,544	162,383	0
	(ii)	0	0	0	0	0	0	0
6 MR MARK HANSEN LOWER SCHOOL HEAD	(i)	142,548	0	0	7,980	49,466	199,994	0
	(ii)	0	0	0	0	0	0	0

Schedule J (Form 990) 2018								
Part III Supplemental Inform	nation							
rovide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information								
Return Reference	Explanation							

MEMBERSHIP ARE INCLUDED IN HER TAXABLE COMPENSATION

Return Reference	Explanation
	THE COLUMBUS ACADEMY MAINTAINED A NONQUALIFIED DEFERRED COMPENSATION PLAN FOR ITS HEAD OF SCHOOL, UNDER IRC 457(F) UNDER THE 457(F) PLAN, THE ORGANIZATION INCURRED AN EMPLOYER CONTRIBUTION LIABILITY OF \$17,500 DURING THE YEAR

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	te: To capture the full co	ntent of this docum	ent, please selec	ct landscape mode	(11" x 8.	5") whe	en pr	inting.						_	
	hedule K	Sui	nnlemental I	nformation o	n Tax-F	vemr	nt R	onds				OMB No 1	545-004	7	
(Fo	orm 990)				rm 990, Part VI, line 24a. Provide descriptions,						1 2018				
			•	, and any additional		in Part	VI.								
	artment of the Treasury mal Revenue Service			► Attach to Form 990 irs.gov/Form990 for		nformati	ion.					Upen to Inspe	Public ection		
	e of the organization COLUMBUS ACADEMY									Employ	yer iden	tification nun	ıber		
										31-43	79445				
Pa	rt I Bond Issues	,										Γ			
	(a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued			(d) Date issued	(e) Issue	price	(f) Description	on of purpose	(g) De	(g) Defeased (, ,	Pool ancing	
											issuer				
	CTTV OF CALLANINA CUITO	24 6400400		22.04.2040	10.0			DT 1/7		Yes	No	Yes No	Yes		
Α	CITY OF GAHANNA OHIO	31-6400492	00000000	03-01-2019	19,0	000,000	SEE PA	ART VI			Х	×		×	
Pa	rt II Proceeds					· · · · · · · · · · · · · · · · · · ·						l l			
					ı	A		E	В	С			D		
1	Amount of bonds retired .					89,	223								
	Amount of bonds legally defe														
3	Total proceeds of issue					9,995,	244								
4	Gross proceeds in reserve fu														
5	Capitalized interest from pro														
6	Proceeds in refunding escrov														
7_	Issuance costs from proceed					144,:	199								
8	Credit enhancement from pr														
9	Working capital expenditures														
10	Capital expenditures from pr					9,995,	244								
11	Other spent proceeds														
12	Other unspent proceeds .					704,	756								
13	Year of substantial completion	on						1		1					
					Yes	No		Yes	No	Yes	No	Yes	<u> </u>	No	
14	Were the bonds issued as pa		•		X										
15	Were the bonds issued as pa					X							$-\!\!\!\!+\!\!\!\!\!-$		
16	Has the final allocation of pro					X									
17	Does the organization maint proceeds?				X										
Pa	rt Ⅲ Private Business	Use													
						Α		E		C			D		
1	Was the organization a partr financed by tax-exempt bond				Yes	X		Yes	No	Yes	No	Yes	,	No	
2	Are there any lease arranger property?	ments that may result in	private business use			х									
For	Paperwork Reduction Act N				Ca	t No 501	193F			•	S	chedule K (Form 99	0) 2018	

d

6

Part IV

Arbitrage

Page 2

D

D

Schedule K (Form 990) 2018

No

Yes

Yes

C

No

Yes

C

No

Yes

Nο

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Yes

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Yes

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ASSOCIATION

Х

PNC BANK NATIONAL

Yes

No

Are there any research agreements that may result in private business use of bond-financed

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

counsel to review any research agreements relating to the financed property?

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Rebate not due yet?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Χ

Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?	Х		
	Name of provider			

Schedule K (Form 990) 2018

period?

Part V

Part VI

requirements of section 148? . . .

Return Reference

PART I, LINE A, COLUMN (F)

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

ISSUANCE OF THE SERIES 2019 BONDS

Х

Α

PROPERTY LOCATED AT 4300 CHERRY BOTTOM ROAD, GAHANNA, OHIO, AND (2) CERTAIN COSTS AND EXPENSES INCURRED IN CONNECTION WITH THE

Nο

Explanation FINANCE (1) THE ACQUISITION, CONSTRUCTION, RENOVATION, AND EQUIPPING OF THE ACADEMY'S ATHLETIC EXPANSION PROJECTS WHICH INCLUDE A NEW FIELDHOUSE, WEIGHT ROOM, TRAINING ROOM, AND MAINTENANCE BUILDING, AS WELL AS ROAD IMPROVEMENTS AT THE CAMPUS LOCATED ON THE REAL

Yes

Х

R

No

Yes

No

Yes

Page 3

No

D

No

Yes

Yes

Return Reference	Explanation
IDVDI II LIVIE 3 (MILIMINI (VI	THE SERIES 2019 BONDS ARE DRAW DOWN BONDS WITH A TOTAL AGGREGATE PERMISSIBLE DRAW OF \$19,000,000 AS OF JUNE 30, 2019, THE CORPORATION HAS DRAWN \$9,906,022 OF BONDS

Return Reference	Explanation
PART IV, LINE 2 C, COLUMN (A)	THE 2019 BONDS ARE DRAW DOWN BONDS THE CORPORATION ONLY DRAWS UPON THE BONDS WHEN IT HAS REIMBURSABLE EXPENSES AND USES SUCH DRAWS TO EITHER IMMEDIATELY PAY SUCH EXPENSES OR TO REIMBURSE ITSELF FOR SUCH EXPENSES BECAUSE OF THIS THERE ARE NO INVESTMENT EARNINGS ON THE SERIES 2019 BONDS AND THEREFORE NO NEED FOR REBATE

Additional Data

Return Reference

DARTI LINE A COLUMN (F)

PART IV, LINE 2 C, COLUMN

Software Version: EIN: 31-4379445

Name: THE COLUMBUS ACADEMY

SERIES 2019 BONDS AND THEREFORE NO NEED FOR REBATE

Software ID:

TART I, LINE A, COLOTTI (I)	invalue (1) the regulation, construction, kenovation, and equilities of the readern 3 attraction
	EXPANSION PROJECTS WHICH INCLUDE A NEW FIELDHOUSE, WEIGHT ROOM, TRAINING ROOM, AND MAINTENANCE
	BUILDING, AS WELL AS ROAD IMPROVEMENTS AT THE CAMPUS LOCATED ON THE REAL PROPERTY LOCATED AT
	4300 CHERRY BOTTOM ROAD, GAHANNA, OHIO, AND (2) CERTAIN COSTS AND EXPENSES INCURRED IN
	CONNECTION WITH THE ISSUANCE OF THE SERIES 2019 BONDS
PART II, LINE 3, COLUMN (A)	THE SERIES 2019 BONDS ARE DRAW DOWN BONDS WITH A TOTAL AGGREGATE PERMISSIBLE DRAW OF
	\$19,000,000 AS OF JUNE 30, 2019, THE CORPORATION HAS DRAWN \$9,906,022 OF BONDS

THE 2019 BONDS ARE DRAW DOWN BONDS THE CORPORATION ONLY DRAWS UPON THE BONDS WHEN IT HAS REIMBURSABLE EXPENSES AND USES SUCH DRAWS TO EITHER IMMEDIATELY PAY SUCH EXPENSES OR TO REIMBURSE ITSELF FOR SUCH EXPENSES BECAUSE OF THIS THERE ARE NO INVESTMENT EARNINGS ON THE

FINANCE (1) THE ACQUISITION CONSTRUCTION RENOVATION AND FOLIPPING OF THE ACADEMY'S ATHLETIC

Explanation

efile GRAPHI	C print - DO N	OT PROCESS	As File	d Data -					DL	N: 93	49303	5004000	
Schedule L (Form 990 or 990)-EZ) ► Comple	ete if the organi	zation ans	wered "Yes"	on Form 99		ies 2	5a, 2	5b, 26	,		545-0047	
			► Attach	to Form 990	or Form 990	line 38a or 4 I-EZ. t information					2018		
Department of the Tre Internal Revenue Serv	I	P G0 t0 <u>w</u>	ww.irs.go	<u>1V / FOFII1990</u>	for the lates	t information	•			C)pen to Inspe	Public	
Name of the org	anization						En	ploy	er ide	ntifica	tion nu		
								-4379					
	ss Benefit Tra lete if the organiz									e 40b			
) Name of disqua			lationship bet	ween disquali	fied person and	$\overline{}$	(c) D	escript	on of	(d)	Corrected?	
				or	ganızatıon		+	tra	ansactio	on	Yes	No No	
Part II Lo		From Interest	Ted Person Tyes" on Find X, line 5, (d) Loan	ons. form 990-EZ, 1 6, or 22	Part V, line 38		(g)	In	line 26	1)	(i)	nization Written	
meresea persor	organization	loan	o ga		amount	duc	ucia	u ,c		d or	ugi	.cmcnc	
/1)	LIEAD OF	TO COVER	То	From	250,000	200,000	Yes	_	Yes	No	Yes	No	
(1) MS MELISSA SODERBERG	HEAD OF SCHOOL	TO COVER EDUCATIONAL COSTS		X	230,000	200,000		No	Yes		Yes		
Total		•		•	\$	200,000							
Part III Gra	ints or Assista	nco Bonofitino	Totoros	tod Barcon		·							
Cor	nplete if the org	anızatıon answ	ered "Yes'	on Form 99	0, Part IV,								
(a) Name of Inte		c) Relationship be terested person a organization		(c) Amount of	assistance	(d) Type o	f assis	stance	e ((e) Pur	rpose of	assistance	
									_				
For Paperwork Red						No. 50056A			edule I				

Schedule L (Form 990 or 990-EZ) 2018

Return Reference

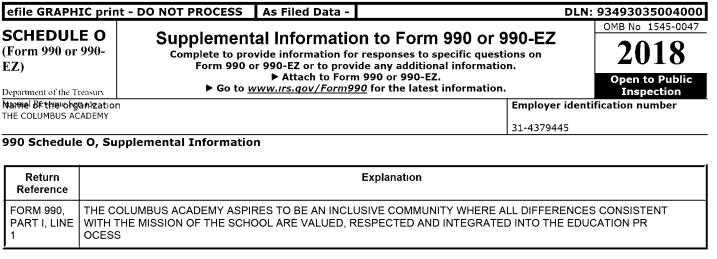
Complete if the organization a (a) Name of interested person	(b) Relationship	(c) Amount of	(d) Description of transaction	(e) Sh	arıng
(a) Name of Interested person	between interested	transaction	(d) Description of Cansaction	(e) Si	
	person and the			organiz	atıon's
	organization			reven	ues?
				Yes	No
(1) CONTINENTAL BUILDING SYSTEMS	JONATHAN KASS, BOARD VP & TRUSTEE, HAS A FAMILY RELATIONSHIP WITH AN OWNER	364,750	THE SCHOOL HAS A CONSTRUCTION PROJECT CONTRACT WITH CONTINENTAL BUILDING SYSTEMS FOR VARIOUS CAMPUS RENOVATION AND EXPANSION PROJECTS THE RELATIONSHIP BETWEEN THE MR KASS AND THE INTERESTED PERSON WAS PROPERLY DISCLOSED PER THE SCHOOL'S CONFLICT OF INTEREST POLICY, PER PROPER DISCLOSURE ON THE TRUSTEE'S ANNUAL CONFLICT OF INTEREST STATEMENT PRIOR TO THE BOARD'S CONSIDERATION OF THE CONSTRUCTION PROJECT, MR KASS AGAIN DISCLOSED HIS CONFLICT AND ABSTAINED FROM VOTING ON MATTERS RELATING TO THE CONSTRUCTION PROJECT		No
					_
Part V Supplemental Information					
Provide additional information for	responses to questions on	Schedule L (see instruction	ons)		
	· ·	•	· · · · · · · · · · · · · · · · · · ·		

Explanation

Page 2

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(For	m 990)		1	ioncasii contri	butions		20	10	•
		I -	_	ons answered "Yes" on Fo	orm 990, Part IV, lines 2	9 or 30.	20	19	
		► Attach to Form			_				
Interna	ment of the Treasury il Revenue Service		ov/Form9	<u>90</u> for the latest informat	ion.		Open to Inspe	ection	
Name THE C	of the organizat	ion /				Employer identif	ication n	umbe	r
	020110007101102111					31-4379445			
Pa	rt I Types	of Property	_			_			
			(a) Check ıf applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	noncash con	(d) of determin tribution a		:s
1	Art—Works of art	t							
2	Art—Historical tr	easures .							
3	Art—Fractional in	nterests							
	Books and public								
5	Clothing and hou								
6	goods Cars and other v	 ehicles							
7	Boats and planes								
	Intellectual prope								
	Securities—Public		X	20	190,42	8 STOCK EXCHANG	E		
	Securities—Close				,				
11	Securities—Partr or trust interest								
12	Securities—Misce	ellaneous							
13	Qualified conserve contribution—Histructures .	istoric							
14	Qualified conserve contribution—Of								
	Real estate—Res								
	Real estate—Cor								
17	Real estate—Oth								
18	Collectibles								
19	Food inventory								
20 21	Drugs and medic	.ai supplies .							
	Historical artifact	• • • • • • • • • •							
	Scientific specim								
	Archeological art								
	Other ▶ (
26	Other ▶ ()							
27	Other ▶ ()							
28	Other ▶ ()							
29				ition during the tax year for 3, Part IV, Donee Acknowled		29			
20	D	d. d. klassa						Yes	No
зua	must hold for at	least three years fr	om the date	contribution any property reports of the initial contribution, a	ind which is not required to	be used for exem	pt 30a		No
b	If "Yes," describ	e the arrangement (n Part II				300		110
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the reviev	v of any nonstandard contr	ibutions?	31	Yes	
32a				or related organizations to so		ash · · · ·	32a		No
Ь	If "Yes," describ	e ın Part II							
33	If the organizati	•	amount in	column (c) for a type of pro	perty for which column (a)	ıs checked,			
For D		on Act Notice, see the	Instruction	s for Form 990	Cat No. 512271	Schedu	le M (Form	0001	(2018)

Schedule M (Form 990) (2018)	Page 2
Part II Supplemental Info	
	ion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part imber of contributions, the number of items received, or a combination of both. Also complete itional information.
Return Reference	Explanation
	Schedule M (Form 990) (2018)



Return Reference	Explanation
FORM 990, PART III, LINE 1	THE COLUMBUS ACADEMY - AN INDEPENDENT, COEDUCATIONAL COLLEGE PREPARATORY SCHOOL - ENRICHES ITS ACADEMIC TRADITION OF EXCELLENCE BY VALUING A BROAD DIVERSITY OF STUDENTS AS IT SEEKS TO DEVELOP THE COMPLETE PERSON MIND, BODY AND CHARACTER THE SCHOOL REWARDS RIGOROUS EFF ORT AND ACCOMPLISHMENT, FOSTERS COMPASSION, RESPECT AND MORAL COURAGE, AND INSISTS ON INTE GRITY, FAIR PLAY AND COMMUNITY SERVICE THE ACADEMY STRIVES TO DEVELOP AND SUSTAIN A COMMUNITY OF THOUGHTFUL, RESPONSIBLE, CAPABLE AND CONFIDENT CITIZENS EAGER TO ENGAGE IN A PLURA LISTIC AND EVER-CHANGING WORLD

Return Explanation

FORM 990,	FORM 990 IS FIRST REVIEWED BY THE FINANCE AND AUDIT COMMITTEE OF THE BOARD OF TRUSTEES IT
PART VI,	S THEN E-MAILED TO THE FULL BOARD OF TRUSTEES FOR THEIR REVIEW AND APPROVAL, AND FORMALL
SECTION B,	Y ACCEPTED BY THE FULL BOARD OF TRUSTEES AT ITS NEXT MEETING, PRIOR TO THE FORM'S SUBMISSI
LINE 11B	ON TO THE IRS

Return Explanation Reference

990 Schedule O, Supplemental Information

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

AT THE FIRST BOARD MEETING OF EVERY NEW FISCAL YEAR, TRUSTEES AND OFFICERS ARE GIVEN A COP YOF THE CONFLICT OF INTEREST AND ETHICS POLICY THEY ARE REQUIRED TO COMPLETE A QUESTIONN AIRE THAT DISCLOSES ANY CONFLICTS OF INTEREST, AND SUBMIT THIS SIGNED FORM TO THE ADMINIST RATION THE ADMINISTRATION FOLLOWS UP WITH TRUSTEES TO ENSURE THAT ALL BOARD MEMBERS SUBMIT THIS SIGNED FORM TO THE SCHOOL

Return

Reference	Explaination
FORM 990,	THE REVIEW OF HEAD OF SCHOOL COMPENSATION BY THE BOARD IS BASED UPON THE BOARD'S DETERMINA
PART VI,	TION OF THE HEAD OF SCHOOL'S PERFORMANCE AS MEASURED AGAINST THE ACADEMY'S MISSION STATEME
SECTION B,	NT AND STRATEGIC PLAN, AS WELL AS HER SATISFACTION OF PRIOR PERFORMANCE GOALS ESTABLISHED
LINE 15	AND APPROVED BY THE BOARD'S NOMINATING AND GOVERNANCE COMMITTEE OR SUCH SUCCESSOR COMMITTE
	E, CONSIDERATION OF COMPENSATION PRACTICES OF OTHER INDEPENDENT SCHOOLS, AND SUCH OTHER FA
	CTORS DEEMED REASONABLE AND APPROPRIATE BY THE BOARD COMPENSATION OF OTHER KEY EMPLOYEES
	OR OFFICERS IS BASED UPON PERFORMANCE AND COMPARATIVE INFORMATION FROM OTHER INDEPENDENT S
	CHOOLS AT THE LOCAL, REGIONAL, AND NATIONAL LEVELS

Explanation

Return Explanation
Reference

FORM 990, PART VI, GANIZATION'S FORMS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST FURTHER, THE OR GANIZATION'S FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION THROUGH ANOTHER'S WEBSITE, WWW GU SECTION C, LINE 18

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation

Reference	
PART XI,	PASS-THROUGH INCOME ADJUSTMENT FOR TAX RETURN -62,026 FASB 158 ADJUSTMENT -800,191 LOSS ON UNCOLLECTIBLE PLEDGES -68,220
LINE 9	

Return Reference	Explanation
FORM 990, PART XII, LINE 2C THE ORGANIZATION HAS A FINANCE AND AUDIT	COMMITTEE THAT OVERSEES THE AUDIT FURTHER, THIS COMMITTEE INTERVIEWS CANDIDATES FOR THE A UDIT FIRM AND MAKES A RECOMMENDATION BASED ON THIS PROCESS TO THE FULL BOARD OF TRUSTEES THE FULL BOARD OF TRUSTEES PASSES A RESOLUTION SELECTING THE EXTERNAL AUDITORS THIS PROCE SS REMAINS UNCHANGED FROM THE PRIOR YEAR

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

Treasury

DLN: 93493036004081 **Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

		e 2019 c		ning 07-01-2019 , and ending 06-	30-2020				
		pplicable:	C Name of organization THE COLUMBUS ACADEMY			D Employe	r identif	fication number	
		change				31-4379	445		
	me cha tial ret	-	Doing business as						
☐ Fin	al returr	n/terminated				E Telephone	numbor		
		l return on pending	4300 CHERRY BOTTOM BOAD	ail is not delivered to street address) Room/s	uite	(614) 50			
			City or town, state or province, cour GAHANNA, OH 43230	ntry, and ZIP or foreign postal code					
			E Name and address of principal	J officer.	1	G Gross red		/,9/3,33/ 	
			F Name and address of principa MELISSA SODERBERG	ii omcer:		Is this a group ret	urn for	□Yes ☑ No	
			4300 CHERRY BOTTOM ROAD GAHANNA, OH 43230			subordinates? Are all subordinate	es		
T Ta	x-exen	npt status:	·		┤ `´i	ncluded?		☐ Yes ☐No	
			№ 501(c)(3)	(insert no.)		If "No," attach a li Group exemption	•	•	
JW	ebsit	e:► WW	/W.COLUMBUSACADEMY.ORG		(e)	Stoup exemption	number		
K Forr	n of or	ganization	: 🗹 Corporation 🗌 Trust 🔲 Asso	ociation Other ►	L Year of			of legal domicile:	
							ОН		
Pa	art I	_	mary						
		Briefly des SEE SCHE	scribe the organization's mission o DULE O	r most significant activities:					
၁၄	-								
Ē	-								
Governance		CL 1.11:			11	250/ 6:1			
<u> </u>				scontinued its operations or disposed of ag body (Part VI, line 1a)			ssets.	22	
			•	the governing body (Part VI, line 1b)			4	21	
Activities &			·	lendar year 2019 (Part V, line 2a)			5	863	
X			, ,	cessary)			6	880	
ACI			nrelated business revenue from Part VIII, column (C), line 12				7a	-3,189	
				n Form 990-T, line 39			7b	-3,189	
				•		Prior Year		Current Year	
_	8	Contribut	tions and grants (Part VIII, line 1h)			7,606,7	7,606,757 4		
Ravenue	9 Program s		· · · · · · · · · · · · · · · · · · ·				29,378,677		
ōΛċ			ent income (Part VIII, column (A), lines 3, 4, and 7d)			3,275,442		30,571,887 2,090,548	
α			venue (Part VIII, column (A), lines	•		151,5			
	12	Total rev	enue—add lines 8 through 11 (mu	st equal Part VIII, column (A), line 12)		40,412,4			
				paid (Part IX, column (A), lines 1-3)		3,233,400		3,432,750	
	1		paid to or for members (Part IX, co				0		
ξĈ	15	Salaries,	other compensation, employee be	enefits (Part IX, column (A), lines 5–10)		20,906,4	82	22,441,60	
nse	16a	Professio	onal fundraising fees (Part IX, colur	mn (A), line 11e)			0	(
Expenses	ь	Total fund	raising expenses (Part IX, column (D),	line 25) ▶609,979					
ŭ	17	Other exp	penses (Part IX, column (A), lines	11a-11d, 11f-24e)		10,945,3	10,945,370 10,703,6		
	18	Total exp	enses. Add lines 13–17 (must equ	ıal Part IX, column (A), line 25)		35,085,2	52	36,578,006	
	19	Revenue	less expenses. Subtract line 18 fro	om line 12		5,327,1	97	983,006	
ĕ &					Begii	nning of Current Ye	ear	End of Year	
an et			. (5.4)			04.006.7	24		
Net Assets or Fund Balances			ets (Part X, line 16)		-	94,806,7	-	98,144,040	
چ چ			ilities (Part X, line 26)		-	20,020,7		25,833,546	
			s or fund balances. Subtract line 2	21 from line 20		74,785,9	86	72,310,494	
	i rt II r nena		ature Block eriury I declare that I have exam	ined this return, including accompanyin	a schedule	s and statements	and to	the best of my	
know	ledge	and belie		. Declaration of preparer (other than of					
any k	nowle	edge.							
		*****	*			2021-02-04			
Sign		Signati	ure of officer			Date			
Here	•		ARET A KOERNER CHIEF FINANCIAL OF	FICER					
		Туре о	r print name and title						
		P	rint/Type preparer's name	Preparer's signature	Date 2021-02-04		TIN 0057554	0	
Paid	t	L			2021-02-04	self-employed			
	pare	*!	irm's name ► JOHN GERLACH & COM	IPANY LLP		Firm's EIN ► 31-4	1419361		
Use	On	ly	irm's address ► 37 W BROAD ST STE 8	00		Phone no. (614) 2	24-2164		
			COLUMBUS, OH 4321	5					
May +	he ID	S discuss		wn above? (see instructions)		-	П,	Yes 🗌 No	
i ay t	או בוו	- uiscuss	and recurr with the preparer Snov	vii above: (see IIISH uchOlis)					

Cat. No. 11282Y

Form **990** (2019)

Form	990 (2019)					Page 2
Pa	rt III Statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	dule O contains a resp	onse or note to	any line in this Part III .		🗹
1	Briefly describe the o	rganization's mission:				
SEE S	SCHEDULE O					
_	B.1.1					
2	Did the organization	□Yes ☑No				
	the prior Form 990 o	⊔ Yes ⊻ No				
_	•	se new services on Sc				
3	_		nake significant	changes in how it condu	icts, any program	
	services?	ese changes on Schedu				☐ Yes 🗹 No
4	Describe the organiza Section 501(c)(3) an	ation's program service	e accomplishmer ons are required	I to report the amount o	largest program services, as mea of grants and allocations to others	
4a	(Code:) (Expenses \$	28,792,446	including grants of \$	3,432,750) (Revenue \$	29,247,515)
	See Additional Data					
4b	(Code: See Additional Data) (Expenses \$	1,308,636	including grants of \$) (Revenue \$	1,333,164)
	See Additional Data					
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program service	ces (Describe in Sched	ule O.)			
	(Expenses \$	inc	luding grants of	\$) (Revenue \$)
4e	Total program serv	/ice expenses ►	30,101,0	82		

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Par	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 \bigcirc	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
	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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
	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 2	6		No
	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		No
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III 2	8		No
	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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🖼	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		No
	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	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		No

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Nο

20a

20b

21

orm	990 (2019)			Page 4
Pai	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	Yes	
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
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 2	26	Yes	
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🐒	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if School R. O. contains a response or note to any line in this Both V.			
	Check if Schedule O contains a response or note to any line in this Part V	 ;	Yes	No No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 109			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			ĭ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	ı

Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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	863		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority or financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	/er, a 4a		No
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA	R).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organizat solicit any contributions that were not tax deductible as charitable contributions?			No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts not tax deductible?	were 6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and so provided to the payor?		Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to Form 8282?	o file 7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
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 F 1098-C?	orm 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			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
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.			
	Is the organization licensed to issue qualified health plans in more than one state?	· 13a		
	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			
	Enter the amount of reserves on hand			NI-
	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		No
15	If Yes, has it filed a Form 720 to report these payments? If No, provide an explanation in Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or explanation.			
	parachute payment(s) during the year?	. 15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . If "Yes," complete Form 4720, Schedule O.	16		No

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to	lines
Se	ction A. Governing Body and Management			
		\longrightarrow	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 22	-		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No
11.	and branches to ensure their operations are consistent with the organization's exempt purposes?	100		
IIA	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	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		No
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	00		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	IL , MD , MA , NH , OH , WA , CO Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s			
	only) available for public inspection. Indicate how you made these available. Check all that apply.			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest			
	policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: MARGARET A KOERNER CHIEF FINANCIAL OFFICER 4300 CHERRY BOTTOM ROAD GAHANNA, OH 432300745 (614) 5	609-222	27	

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. Isist all of the organization's current key employees, if any. See instructions for definition of "key employee." List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable 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 \$100,000 of reportable compensation from the organizations. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours per week (list any hours per week (list any hours per week (list any hours below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (B) Average hours per week (list any hours per week (list any hours below dotted line) (C) Average hours per week (list any hours per week (list any hours per week (list any hours per week (list any hours per week (list any hours per week (list any hours per week (list any hours per week (list any hours per week (list any hours per week list any hours per week list any hours per week list any hours per week list any hours per week list any hours per week list any hours per week list any hours per week list any hours per week lis	Form 990 (2019)											Page 7
As Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. ■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0 - in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations 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. ■ (B) Name and title ■ (B) Name and title ■ (B) Name and title ■ (B) Name and title ■ (B) Name and title ■ (B) Name and title ■ (B) Name and title ■ (C) Position (do not check more than spendal properties of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of other organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization o			Truste	es, I	Key	En	nploy	ees	, Highest Comp	ensated Employ	yees,	
La Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax rear. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's furrent key employees, if any. See instructions for definition of "key employee." List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 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 organization and any related organization or any related organization or any related organization or any related organization or any related organization or any related organization or any related organization or any related organization or any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) Average hours per beneficer and a director/trustee) List all of the organization or any related organization	Check if Schedule O contains a	response or no	te to an	y line	in t	his	Part VI	١.				
■ List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. ■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization, more than \$10,000 of reportable compensation from the organization, more than \$10,000 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 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 week (list any hours for related organizations below dotted line) ■ (C) Reportable compensation from the organization from the organization of the organization has not officer and a director/trustee) ■ (D) Reportable compensation from the organization organization of the organization organization organization has not officer and a director/trustee) ■ (D) Reportable compensation from the organization organization organization organization organization organization organizations (W-2/1099-MISC) ■ (F) Estimated organizations (W-2/1099-MISC) ■ (F) Estimated organization organization organization organization organiz	Section A. Officers, Directors, Tru	istees, Key E	mploy	ees,	an	d H	lighe	st C	Compensated En	nployees		
■ List all of the organization's current key employees, if any. See instructions for definition of "key employee." ■ List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 freportable compensation from the organization and any related organizations. ■ List all of the organization's former officers, key employees, or 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. See 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. ■ Check this box if neither the organization nor any related organization organization from the organization of related organizations below dotted line) ■ Check this box if neither the organization below dotted line) ■ Check this box if neither the organization or any related organization of from the organization of from the organization of the compensation from the organization and related organizations below dotted line) ■ Check this box if neither the organization or any related organization or any related organization or any related organization or any related organization or any related organization or any related organization or any related organization or any related organization or any related organization or any related organization or any related organization or any related organi	year.		•						, ,		-	ı's tax
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■ List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (A) Name and title (B) Average hours per week (list any hours per week (list any hours per week (list any hours per week (list any hours below dotted line) (C) (D) (E) Reportable compensation from the organization (do not check more than one box, unless person is both an officer and a director/trustee) (C) (D) (E) Reportable compensation from the organization (W-2/1099-MISC) (W-2/1099-MISC) MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations.												
Average hours per week (list any hours for related organizations) below dotted line) Continue to the person of the order in which to list the persons above. Continue to the order in which to list the persons above.	of reportable compensation from the organiz	ation and any re	elated o	rgani	zatio	ons.			. ,	·	·	
(A) Name and title (B) Average hours per week (list any hours for related organizations below dotted line) (B) Average hours per week (list any hours for related organizations below dotted line) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) (B) Average hours per week (list any hours for related organization (W-2/1099-MISC) (B) Reportable compensation from the organizations (W-2/1099-MISC) MISC) (F) Estimated amount of other compensation from the organization and related organizations organizations)	organization, more than \$10,000 of reportab	le compensatio	n from t								е	
Name and title Average hours per week (list any hours for related organizations below dotted line) Name and title Average hours per week (list any hours for related organizations below dotted line) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer	Check this box if neither the organizatio	n nor any relate	d organ	nizatio	on co	omp	ensate	d ar	ny current officer, di	rector, or trustee.		
it steed		(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estimated amount of othe compensation from the	ated of other isation the
See Additional Data Table		organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		` '	rela	ted
	See Additional Data Table											

	nt VII Section A. Officers, Direc	ctors. Trustee	s. Kev	Fmp	lov	ees	and	Hia	hest Co	mpensa	ted Employees	(cont	inued)	Page 8
(A) Name and title		(B) Average hours per week (list any hours for related	Position than controls is b	ion (de	(C) do not box, u an off ctor/t	c) ot che unles fficer trust	heck mess perser and a	nore rson a	Repo compo fro orga	(D) portable pensation om the nization 2/1099-	(E) Reportable compensation from related organizations (W-2/1099-		(F) Estimated amount of other compensation from the organization and	
		organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	,	ISC)	MISC)		related organizations	
See	Additional Data Table			_	+	\vdash	+-	+						
				<u> </u>			$oxed{oxed}$							
			<u> </u>	—	<u> </u>	\perp	 	-	<u> </u>					
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				\vdash	+	\vdash	+							
					\vdash	\vdash	\vdash	\top						
	Sub-Total			•			•				•			
	Total from continuation sheets to P Total (add lines 1b and 1c)	•		· ·	<u>.</u>		>		1,	,389,043		0		343,204
2	Total number of individuals (including of reportable compensation from the			e list	ed a	bov	e) who	o rec	eived mo	ore than \$	100,000			
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .			tee, k				or hi	-	mpensate	ed employee on	3	Yes	No No
4	For any individual listed on line 1a, is organization and related organization individual	ns greater than \$	\$150,00	00? <i>If</i>	"Yes	s," c	comple	ete Sc	chedule J	for such		4	Yes	140
5	Did any person listed on line 1a recei services rendered to the organization									ition or in	dividual for	5		No
	ection B. Independent Contract Complete this table for your five high		ad indep	ende	nt c	ontr	ractors	that	received	I more tha	an \$100,000 of co	mnen	sation	
	from the organization. Report compe											116	(C	<u>, </u>
CONT	Name TINENTAL BUILDING SYSTEMS	and business addre	ess							Description of services CONSTRUCTION			Compensation 9,019,494	
150 E	E BROAD ST								I		•••			,,
	JMBUS, OH 43215 E DINING SERVICES				_	_				DINING SI	ERVICES		1,	,086,943
	YORK RD STE 100 IERVILLE, MD 21093													
	EQUITIES MANAGEMENT				_	_		_		MAINTENA	ANCE SERVICES			380,704
COLU	SOUTH FRONT STREET STE 200 JMBUS, OH 43215 ITO SERVICES LLC									HOUSEKE	FPING			356,057
BIN 8	38604									110002.1.				550,02.
	/AUKEE, WI 53288 MFOTH INC				—	—				GROUNDS	KEEPING			326,117
	HILL ROAD NW AL WINCHESTER, OH 43110								I					
2 T	Total number of independent contracto compensation from the organization		t not lim	nited t	to th	ose	listed	abov	ve) who r	received r	more than \$100,00	00 of		
ı —					_	_							Form 99	0 (2019)

Form 9 Part		(2019) Statement	of E	Povonuo						Page 9
Part	VIII				a respo	onse or note to any	line in this Part VIII			🗆
							(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
ons, Gifts, Grants Similar Amounts	18	a Federated campa	igns	s	1a	13,501		revenue		512 - 514
		b Membership dues 1b								
Gra	١,	c Fundraising even	ts .		1c	12,715				
_, \ <u>\</u>	١,	d Related organizat	tions	s	1d					
Gif	١,	e Government grants	(con	tributions)	1e	1,354,564				
ns, Sir	1	f All other contributio								
Contributions, Gifts, Grants and Other Similar Amounts	above g Noncash contributions included in				1f	3,315,713				
Contrand (lines 1a - 1f:\$		l	1 g	249,995				
ರ ಕ		h Total. Add lines :	1a-1	.f	•	>	4,696,493			
						Business Code	28,960,268	28,960,268		
en.	2a	TUITION & FEES				611600	28,960,268	28,960,268		
Program Service Revenue	b	SUMMER SCHOOL & [DAY (CAMP		611600	1,333,164	1,333,164		
vice R	С	CARE AFTER SCHOOL	., TU	TORING & SPR		611600	244,345	244,345		
n Ser	d	d ATHLETIC EVENTS				611600	34,110	34,110		
rogra	е	•								
<u> </u>	f	All other program	serv	ice revenue.						
	g	Total. Add lines 2	2a−2	2f	. ▶	30,571,887		l		
	3	Investment income	(inc	luding divide	ends, i	nterest, and other	2,032,49	8	249	2,032,249
		similar amounts). Income from invest		ot of tax-exe		ond proceeds			249	2,032,243
		Royalties			•		12	2		132
				(i) Rea		(ii) Personal				
	62	Gross rents	6a		60,692					
		Less: rental	Ua		00,092		-			
		expenses	6b		O)				
	С	Rental income or (loss)	6c		60,692					
	d Net rental income or (loss)						60,69	2	140	60,552
	(i) Securities			(ii) Other						
	7a	7a Gross amount from sales of assets other than inventory								
	b	Less: cost or other basis and sales expenses	7b	20,3	316,047	8,37	4			
	С	Gain or (loss)	7c		66,424	-8,37	4			
	c	Net gain or (loss)	•			· · · •	58,05	О	-2,120	60,170
Other Revenue	8a Gross income from fundraising events (not including \$ 12,715 of contributions reported on line 1c). See Part IV, line 18			0.070						
Re	h	Less: direct expen			8a 8b	9,870 8,751				
ē		: Net income or (los					 1,11	9		1,119
	9a	Gross income from See Part IV, line 19		ing activities.						
					9a 9b		4			
		Less: direct expen Net income or (los				ies				
			-,	· · · · · · · · · · · · · · · · · · ·						
	10	aGross sales of inve returns and allowa			10a	59,445				
	b	Less: cost of good			10a	79,153	_			
		Net income or (los					」 -19,70	8 -19,708		
		Miscellaneo				Business Code				
	11	-aOTHER INCOME				90009	9 138,41	1		138,411
	b	b FORFEITED ENROLLMENT DEPOSITS				61160	0 28,50	0 28,500		
	c	PASS-THROUGH I	NCC	OME		90009	9 -7,06	2	-1,458	-5,604
	,	All other revenue								
	_	Total. Add lines 1				>				
	12	! Total revenue. S	ee ir	nstructions			159,84			
					-	· P	37,561,01	2 30,580,679	-3,189	2,287,029 Form 990 (2019)

	rt IX Statement of Functional Expenses				Page 10
	Section 501(c)(3) and 501(c)(4) organizations must co		_	ns must complete colu	mn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX			<u> ⊔</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	3,432,750	3,432,750		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	790,379		790,379	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	15,856,223	12,724,556	2,821,057	310,610
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,018,597	820,239	176,901	21,457
9	Other employee benefits	3,593,625	3,286,551	274,132	32,942
10	Payroll taxes	1,182,783	921,130	240,229	21,424
11	Fees for services (non-employees):				
а	Management	68,500	68,500		
b	Legal	71,271		71,271	
c	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	58,387		58,387	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	444,125	211,951	176,453	55,721
12	Advertising and promotion	315,016	13,744	301,272	
13	Office expenses	1,828,033	1,571,750	219,361	36,922
14	Information technology	651,052	617,438	33,614	
15	Royalties				
16	Occupancy	1,775,166	1,775,166		
17	Travel	246,177	166,138	15,889	64,150
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	283,041	265,128	17,913	
20	Interest	338,318	338,318		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,680,713	2,155,293	471,805	53,615
23	Insurance	50,444	50,444		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
•	a UNRELATED BUSINESS INCO	350		350	
i	OCONTRACTED SERVICES	1,364,056	1,364,056		
•	SCHOOL EQUIPMENT R&M	252,063	252,063		
	MISCELLANEOUS EXPENSES	131,854	18,304	113,470	80
	e All other expenses	145,083	47,563	84,462	13,058
25	Total functional expenses. Add lines 1 through 24e	36,578,006	30,101,082	5,866,945	609,979
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

1

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3

Assets

20

Fund Balances

ō 29

Assets 30

27

28

31

32

33

2,098,108

2,936,310

3,499,159

168.598

150,000

833,288

46,218,103

39,448,744

2,791,730

98,144,040

4,479,181

2,633,683

17.351.607

1,369,075

25.833.546

34,657,758

37,652,736

72,310,494

98,144,040

Form 990 (2019)

(B)

End of year

Beginning of year

80.920.854

34,702,751

2,091,418

4,742,434

3,534,426

216,277

200,000

655,963

39,402,010

41,166,366

2.797.837

94,806,731

6,197,657

3,335,669

9.768.975

718,444

20.020.745

35,715,834

39,070,152

74,785,986

94,806,731

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Page **11**

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

Cash-non-interest-bearing									
Savings and temporary cash	inv	estn	nent	īS.					
Pladage and grants receivable		- o+							

Pledges and grants receivable, net . Accounts receivable, net .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net Inventories for sale or use

Prepaid expenses and deferred charges .

basis. Complete Part VI of Schedule D Investments—publicly traded securities .

10a 10b

10a Land, buildings, and equipment: cost or other b Less: accumulated depreciation 11 12 13

Investments—other securities. See Part IV, line 11 . . . Investments—program-related. See Part IV, line 11 . Intangible assets . Other assets. See Part IV, line 11 . . .

14 15 16

Total assets. Add lines 1 through 15 (must equal line 34) . 17 Accounts payable and accrued expenses . 18

Grants payable . 19

Deferred revenue . . . Tax-exempt bond liabilities . . . Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Secured mortgages and notes payable to unrelated third parties . . .

21 Liabilities 22 23

24 Unsecured notes and loans payable to unrelated third parties . 25

and other liabilities not included on lines 17 - 24).

Complete Part X of Schedule D

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

26 Organizations that follow FASB ASC 958, check here <a> \square and

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

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

Retained earnings, endowment, accumulated income, or other funds

3a

3h

Nο

Form 990 (2019)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

COLLEGE PREPARATORY INSTRUCTION OF STUDENTS FROM 3 YEARS OLD THROUGH 12TH GRADE. TOTAL ENROLLMENT IS 1,149, OF WHICH 414 ARE MINORITIES. 275

Software Version:

EIN: 31-4379445

Name: THE COLUMBUS ACADEMY

STUDENTS RECEIVE FINANCIAL AID BASED ON NEED.

Form 990 (2019) Form 990, Part III, Line 4a:

SUMMER SCHOOL AND DAY CAMP PROGRAM (JUNE, JULY & AUGUST). 1,853 ATTENDED COURSES, INCLUDING KEYBOARDING, ART FROM ALL ANGLES, STUDY SKILLS,

Form 990, Part III, Line 4b:

ROBOTICS, ETC.

(A) (D) (E) (B) (C) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation and a director/trustee)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

MS BETH FISHER

DR RONDA GAISER

MS TANISHA LYON BROWN

	any hours	any hours and a director/trustee)						organization	organizations	from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
MR JONATHAN KASS PRESIDENT/TRUSTEE	10.00	Х		х				0	0	0	
MR MATTHEW HARRIS VICE PRESIDENT/TRUSTEE	10.00	Х		х				0	0	0	

MR MATTHEW HARRIS	10.00	v	<		0	0	Γ
VICE PRESIDENT/TRUSTEE		^	^		0		L
MS SANDY DOYLE-AHERN	10.00	X	х		0	0	
SECRETARY/TRUSTEE		Λ	^			Ĭ	ĺ
MS CHRISTINE FREYTAG	10.00	_					
TREASURER/TRUSTEE		Х	Х		٥	٥	ĺ

6.00

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VICE I RESIDENT/ TROSTEE							
MS SANDY DOYLE-AHERN	10.00	×	X		9	0	
SECRETARY/TRUSTEE		Λ	^		9	0	
MS CHRISTINE FREYTAG	10.00	~	_		0	0	
TREASURER/TRUSTEE		Χ	^		0	0	
MR VICTOR THORNE	6.00	v			0	0	
IMMEDIATE PAST PRESIDENT		^			U	U	

MS SANDY DOYLE-AHERN SECRETARY/TRUSTEE		X	Х		0	0	0
MS CHRISTINE FREYTAG TREASURER/TRUSTEE	10.00	Х	X		0	0	0
MR VICTOR THORNE IMMEDIATE PAST PRESIDENT	6.00	Х			0	0	0
DR RITA AGRAWAL	6.00						

SECRETARY/TRUSTEE								
MS CHRISTINE FREYTAG	10.00	×		Y		0	0	0
TREASURER/TRUSTEE		Α		^		9	3	0
MR VICTOR THORNE	6.00	×	·			0	0	0
IMMEDIATE PAST PRESIDENT		^				9	9	0
DR RITA AGRAWAL	6.00	~				9	0	0
TRUCTEE		^				U	U	U

THE RESIDENCE THE STEE								
MR VICTOR THORNE	6.00	Y				0	0	0
IMMEDIATE PAST PRESIDENT		Χ				0	0	
DR RITA AGRAWAL	6.00	Y				0	0	0
TRUSTEE		^				0	0	
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INNEDIATE FAST FRESIDENT							
DR RITA AGRAWAL	6.00	×			0	0	
TRUSTEE		Λ.				9	
MR KEVIN BARNEY	6.00						
		Х			0	0	

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any nours	and	. u un	CCCC	21/ (1	ascee,	,	diganization	(14) 2/1000		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
MR J KLAY HUDDLESTON TRUSTEE	6.00	х						0	0	0	
MS KAREN JENNINGS TRUSTEE	6.00	х						0	0	0	
MR GREG GOROSPE PACA REPRESENTATIVE (NON-V	6.00	х						0	0	0	
MR KEVIN MAI HAME	6.00										

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MR KEVIN MALHAME TRUSTEE

MR NILES OVERLY

MS JENNIFER SALOPEK

MR GEORGE A SKESTOS

.......

ALUMNI REPRESENTATIVE (NON

MS SUSAN S WILLIAMS PHD

MR STEVE WITTMANN

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

MR CRAIG TANN

and Independent Contractors

(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Average Estimated than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation

and a director/trustee)

organization

180,174

141,626

140,445

152,079

138,381

organizations

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66,114

58,968

28,433

44,368

35,381

from the

any hours

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40.00

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40.00

40.00

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	a,	u i i u	u un		,, .,	ascee	,	(1)		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MR EDWARD J YEN TRUSTEE	6.00	Х						0	0	0
MR MATTHEW ZEIGER TRUSTEE	6.00	Х						0	0	0
MRS MARGARET KOERNER CHIEF FINANCIAL OFFICER	40.00			х				190,118	0	42,223
MS MELISSA SODERBERG HEAD OF SCHOOL	40.00				х			446,220	0	67,717

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MS MELISSA SODERBERG
HEAD OF SCHOOL
MR ERICH HUNKER
ASST HEAD OF SCHOOL FOR DE

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DIRECTOR OF ADMISSIONS & FINANCIAL AID

MS CORINNA IZOKAITIS

UPPER SCHOOL HEAD

MR DOUG BENNETT

MR MARK HANSEN

FACILITIES DIRECTOR

LOWER SCHOOL HEAD

MR JOHN WUORINEN

and Independent Contractors

efil	e GR/	APHIC pri	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	3493036004081
SCI		ULE A	Dublic (Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047
	m 99		Complete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) c empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2019
		the Treasury	► Go to <u>www.irs</u>	. <u>gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
Nam	e of th	nie Service ne organiza US ACADEMY	tion				Employer identific	ation number
		O3 ACADEMI					31-4379445	
	rt I		for Public Charity Statu				See instructions.	
1 ne c	rganiz		a private foundation because	•	-		(A)(:)	
		•	onvention of churches, or as:					
2	✓		scribed in section 170(b)(1		,	, ,		
3		·	or a cooperative hospital serv	-			-	
4		A medical r name, city,	esearch organization operate and state:	d in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5			ation operated for the benefit (iv). (Complete Part II.)	of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).	
7			ation that normally receives a (O(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the gener	al public described in
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)		
9			ural research organization de rant college of agriculture. Se					ege or university or a
10		from activit investment	ation that normally receives: lies related to its exempt fun- income and unrelated busing See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and operated cly supported organizations d through 12d that describes	escribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or c	ontrolled by its s	upported organiz	zation(s), typically by	
b		Type II. A manageme	supporting organization supents of the supporting organization supporting organizations A a	tion vested in the sar				
С		Type III f	unctionally integrated. A sorganization(s) (see instruction	upporting organizatio				ted with, its
d		Type III n	on-functionally integrated integrated. The organization (s). You must complete Par	I. A supporting organi generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar	
e			box if the organization receiv or Type III non-functionally			RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter	the number	of supported organizations				<u> </u>	
g			ing information about the su	·	r '			T
	(i) N	Name of supported of the secon		(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
Tota		l. P. '	tion Act Notice, see the In		Cat. No. 11285		Schedule A (Form 9	000 57) 5515

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	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.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					▶ [
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	33 1/3% support test—2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	33 1/3% support test—2018. If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
17 a	10%-facts-and-circumstances tes	t— 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	-and-circumstanci cumstances" test.	es test, check thi The organization	s box and stop n e qualifies as a publ	e re. Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— 2018. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and sto	p here.	
	Explain in Part VI how the organization			-		• •	. \Box
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010		(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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						
8	Public support. (Subtract line 7c						
	from line 6.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		_
20	Private foundation. If the organization	-	-				
	ritvate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

10a

answer line 10b below.

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. 3a Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination. 3b 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. 3с

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a 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

4b supervised by or in connection with its supported organizations. 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. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and

(c) below (if applicable). Also, provide detail in 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 5a amendment to the organizing document).

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6

supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) . 7

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

8 complete Part I of Schedule L (Form 990 or 990-EZ). 8

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. 9a

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Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting
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than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its

organization had an interest? If "Yes," provide detail in Part VI.

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019

9b

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Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in
which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
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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,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

	edule A (101111 330 01 330 E2) 2013			age 3
Pa	rt IV Supporting Organizations (continued)			
_			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?			
		11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-		
2	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	2		
	organization.			
S	ection C. Type II Supporting Organizations			
_			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the	1		
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
S	ection 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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):		
	The organization satisfied the Activities Test. Complete line 2 below.			
	b			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No
•	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.	2a		
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
	involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI</i> .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.	3h		

3b

Schedule A (Form 990 or 990-EZ) 2019 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use assets 2 3 Subtract line 2 from line 1d 3 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see 4 instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 6 6 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 2 Enter 85% of line 1 3 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions	
7	Total annual distributions. Add lines 1 through 6.	
_		

7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to who details in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
		110 2013	Allibant for 2013
1 Distributable amount for 2019 from Section C, line 6		110 2015	Allount for 2013

details in Part VI). See instructions		(
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018.			

Schedule A (Form 990 or 990-EZ) (2019)

f Total of lines 3a through e

instructions)

See instructions.

a Excess from 2015. **b** Excess from 2016. c Excess from 2017. **d** Excess from 2018. e Excess from 2019.

3j and 4c. 8 Breakdown of line 7:

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines

Additional Data

Software ID:

Software Version: 81-4379445

Name: THE COLUMBUS ACADEMY

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

instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493036004081

OMB No. 1545-0047

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990,

2019

Department of the Treasury Internal Revenue Service

(Form 990)

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	me of the organization COLUMBUS ACADEMY		Emp	ployer identification i	number
	COLOTIBOD NEWSELLI		31-4	1379445	
Pa	rt I Organizations Maintaining Donor Adv		ls or Acc	counts.	
	Complete if the organization answered "Y	'es" on Form 990, Part IV, line 6. (a) Donor advised funds		(h) Funda and athan a	
	Total number at end of year	(a) Donor advised funds	-	(b) Funds and other a	ccounts
	· ·		-		
	Aggregate value of contributions to (during year)		-		
,	Aggregate value of grants from (during year)		_		
	Aggregate value at end of year				
; ;	Did the organization inform all donors and donor advisorganization's property, subject to the organization's organization inform all grantees, donors, and charitable purposes and not for the benefit of the donor private benefit?	exclusive legal control?	 can be use ose conferi	ed only for ring impermissible	Yes 🗌 No
Pai	t II Conservation Easements.				Yes ∐ No
	Complete if the organization answered "\	es" on Form 990, Part IV, line 7.			
	Purpose(s) of conservation easements held by the org	anization (check all that apply).			
	Preservation of land for public use (e.g., recreati	on or education) \qed Preservation o	f an histor	rically important land ar	ea
	☐ Protection of natural habitat	☐ Preservation o	f a certifie	d historic structure	
	Preservation of open space				
,	Complete lines 2a through 2d if the organization held	a qualified conservation contribution in the	e form of a	a conservation	
•	easement on the last day of the tax year.	a quamica conscivation contribution in the	2 101111 01 0	Held at the End of	the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements .		2b		
С	Number of conservation easements on a certified history	ric structure included in (a)	2c		
d	Number of conservation easements included in (c) acq structure listed in the National Register	uired after 7/25/06, and not on a historic	2d		
3	Number of conservation easements modified, transfer tax year ►	red, released, extinguished, or terminated	by the or	ganization during the	
ļ	Number of states where property subject to conservat	ion easement is located >		_	
i	Does the organization have a written policy regarding and enforcement of the conservation easements it hol		ing of viola	ations,	□ No
•	Staff and volunteer hours devoted to monitoring, insp	ecting, handling of violations, and enforcin	ng conserv	ation easements during	the year
,	Amount of expenses incurred in monitoring, inspecting \$ \\$	g, handling of violations, and enforcing cor	nservation	easements during the	year
}	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	on 170(h)((4)(B)(i)	
	and section $170(h)(4)(B)(ii)$?			☐ Yes	□ No
)	In Part XIII, describe how the organization reports colbalance sheet, and include, if applicable, the text of the organization's accounting for conservation easements	ne footnote to the organization's financial s			
ar	Organizations Maintaining Collection Complete if the organization answered "\		Other Si	milar Assets.	
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its fin-	116 (ASC 958), not to report in its revenue or public exhibition, education, or research	in further		orks of
b	If the organization elected, as permitted under SFAS : historical treasures, or other similar assets held for pufollowing amounts relating to these items:	116 (ASC 958), to report in its revenue stablic exhibition, education, or research in fo	atement ar urtherance	nd balance sheet works e of public service, prov	of art, ide the
(i) Revenue included on Form 990, Part VIII, line 1			▶ \$	
(i	i)Assets included in Form 990, Part X			. ▶\$	
2	If the organization received or held works of art, histo following amounts required to be reported under SFAS	rical treasures, or other similar assets for			
а	Revenue included on Form 990, Part VIII, line 1			. > \$	
b	Assets included in Form 990, Part X			▶ \$	
	-				

 $\boldsymbol{c} \ \ \text{Leasehold improvements}$

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

d Equipment .

Julie	dule D (1 01111 330) 2013					Page Z
Par	t IIII Organizations Maintaining Co	llections of Art,	Historical Treas	ures, or Other !	Similar Assets	(continued)
3	Using the organization's acquisition, accessing items (check all that apply):	on, and other records		following that are a	significant use of	its collection
а	Public exhibition		d Loa	n or exchange prog	rams	
b	Scholarly research		e 🗌 Oth	er		
С	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explair	how they further t	ne organization's ex	empt purpose in	
5	During the year, did the organization solicit assets to be sold to raise funds rather than					Yes 🗌 No
Par	rt IV Escrow and Custodial Arrang Complete if the organization ans X, line 21.		rm 990, Part IV,	line 9, or reporte	d an amount or	n Form 990, Part
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?					Yes 🗌 No
b	If "Yes," explain the arrangement in Part XI	II and complete the f	ollowing table:		Amour	 nt
c	Beginning balance		-	1c		
d	Additions during the year					
е	Distributions during the year			1e		
f	Ending balance			1f		
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or o	ustodial account lia	bility?	Yes 🗆 No
b	If "Yes," explain the arrangement in Part XII				·	
	rt V Endowment Funds.					
	Complete if the organization ans					
4	Danissian of vary balance	(a) Current year 43,427,088	(b) Prior year 43,293,838	(c) Two years back 41,722,502	(d) Three years bac 38,162,51	
	Beginning of year balance	507,660	174,759	, ,	262,68	<u> </u>
	Contributions	-486,248	1,961,634	3,373,080	5,233,15	
	Net investment earnings, gains, and losses Grants or scholarships	1,199,478		, ,	1,059,30	
	Other expenditures for facilities	1,199,470	1,154,500	1,100,504	1,039,30	939,332
	and programs	755,530	790,646	752,557	822,18	762,861
f	Administrative expenses	58,387	57,997	57,253	54,36	59 52,834
g	End of year balance	41,435,105	43,427,088	43,293,838	41,722,50	38,162,516
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a)) held as:		
а	Board designated or quasi-endowment ►	18.000 %				
b	Permanent endowment ► 62.000 %					
С	Temporarily restricted endowment ▶ 20	.000 %				
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.				
3а	Are there endowment funds not in the posse organization by:	ession of the organiza	tion that are held a	nd administered for	the -	Yes No
	(i) unrelated organizations					3a(i) No
L.	(ii) related organizations		an Cabadula D2		-	3a(ii) No 3b
ь 4	Describe in Part XIII the intended uses of th	•			[30
	rt VI Land, Buildings, and Equipme		Willette Fallas.			
	Complete if the organization ans Description of property (a) Cost or o (investn	ther basis (b) Cos	rm 990, Part IV, t or other basis (other			line 10. (d) Book value
	·					
	Land		2,155,55			2,155,551
b	Buildings		69,454,60	5	28,227,108	41,227,497

9,280,126

30,572

2,804,483

46,218,103

30,572

6,475,643

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on Form 990,	Dart T\/ !	ine 111	See Form 000 5	Dart V II	ne 12
	(a) Description of security or category (including name of security)	(b) Book value	ne III	(c) Methor Cost or end-of-	d of valua	ation:
(1) Financia						
(2) Closely-l (3)Other	held equity interests					
(A)						
(B)						
(C)						
(D)						
(E)						
(F) (G)						
(G)						
	(1)					
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related.					
	Complete if the organization answered 'Yes' on Form 990, (a) Description of investment	Part IV, li	ne 110	(b) Book value		ine 13. ethod of valuation:
	(a) Beschiption of investment			(b) book value		end-of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9) 						
	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.		<u> </u>			
	Complete if the organization answered 'Yes' on Form 990, F (a) Description	Part IV, lir	ne 11d	. See Form 990, Par	t X, line	15. (b) Book value
(1)	()					(-,
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
Total. (Colu	mn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.				•	
	Complete if the organization answered 'Yes' on Form 990, F (a) Description of liability	Part IV, lir	ne 11e	or 11f.See Form		rt X, line 25. b) Book value
	income taxes				,	b) Book value
(4)						
(5)						
(6)						
(7)						
(8)						
(9)	n (b) must squal Form COO Port V and (CO III and CO					4 865 55-
2. Liability fo	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the footnol					
organization	's liability for uncertain tax positions under FIN 48 (ASC 740). Check	here if the	text of	the footnote has be	en provid	ded in Part XIII 🗹

2

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

Page 4

c	Recoveries of prior year grants	2c			1 1	
d	Other (Describe in Part XIII.)	2d		87,904	1	
e	Add lines 2a through 2d		 		2e	

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

Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains (losses) on investments

Donated services and use of facilities

-2,296,419 3 3 32,227,586 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a 58,387

4b 5,275,039 b Add lines **4a** and **4b** 4c C Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5

2a

2b

-2.384.323

5,333,426 5 37,561,012 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 31,442,241

Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities . . . 2a 2b Prior year adjustments

1 2 2c C 2d 161,788 d Other (Describe in Part XIII.) . . Add lines 2a through 2d . 2e е 3 Subtract line 2e from line 1 . 3

161,788 31,280,453 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a Investment expenses not included on Form 990, Part VIII, line 7b . . . 58,387 5.239.166 4b b Add lines **4a** and **4b** 4c 5,297,553 5 5 36.578.006

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. Return Reference Explanation

See Additional Data Table

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID: Software Version:

EIN: 31-4379445

Name: THE COLUMBUS ACADEMY

Supplemental Information

Return Reference Explanation

PART V, LINE 4: THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED FOR FACULTY AND STAFF SALARIES, FINANCIAL AID, PROFESSIONAL DEVELOPMENT, ATHLETICS, STUDENT NEWSPAPER, AND COMMENCEMENT AWARDS.

Supplemental Information						
Return Reference	Explanation					
PART X, LINE 2:	THE ACADEMY DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS.					

_ _ _

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	STUDENT STORE ACTIVITY EXPENSES, REPORTED ON PART VIII, LINE 10B 79,153. FUNDRAISING EVENT EXPENSES, REPORTED ON PART VIII, LINE 8B 8,751.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	STUDENT FINANCIAL AID, REPORTED ON PART IX, LINE 2 3,432,750. STUDENT TUITION REMISSIONS, REPORTED ON PART IX, LINE 9 1,806,416. PASS-THROUGH INCOME ADJUSTMENT FOR TAX RETURN 35,87 3.

_ _ _

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	STUDENT STORE ACTIVITY EXPENSES, REPORTED ON PART VIII, LINE 10B 79,153. FUNDRAISING EVENT EXPENSES, REPORTED ON PART VIII, LINE 8B 8,751. LOSS ON UNCOLLECTIBLE PLEDGES 73,884.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	STUDENT FINANCIAL AID, REPORTED ON PART IX, LINE 2 3,432,750. STUDENT TUITION REMISSIONS, REPORTED ON PART IX, LINE 9 1,806,416.

-

Supplemental Information	
Return Reference	Explanation
PART VI, LINE 1E, COLUMN (B) -	THE AMOUNT LISTED REPRESENTS ASSETS HELD AS CONSTRUCTION IN PROCESS AT THE END OF THE YEAR.

_ _ _

DLN: 93493036004081 efile GRAPHIC print - DO NOT PROCESS As Filed Data -OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ 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. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** THE COLUMBUS ACADEMY 31-4379445 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, 1 Yes 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? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? . 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h No If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

Schedule E (Form 990 or 990EZ) (2019)						
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.						
Return Reference	Explanation					
SCHEDULE E, PART I, LINE 3	A STATEMENT AFFIRMING ITS NONDISCRIMINATORY POLICY WAS PLACED IN ALL ADVERTISEMENTS, BROCHURES, NEWSPAPER ARTICLES, AND OTHER TYPES OF MEDIA MENTIONING THE SCHOOL.					
SCHEDULE E, PART I, LINE 6	THE COLUMBUS ACADEMY RECEIVES REIMBURSEMENT FROM THE STATE OF OHIO FOR EXPENSES INCURRED BY THE SCHOOL'S EMPLOYEES IN THE COMPLETION OF CLERICAL AND ADMINISTRATIVE DUTIES REQUIRED BY FEDERAL, STATE OR LOCAL LAWS. IN ADDITION, THE SCHOOL RECEIVES COST REIMBURSEMENT AND SUPPORT FOR TEXTBOOKS, HEALTH AND DIAGNOSTIC SERVICES. AND GUIDANCE AND COUNSELING.					

Schedule F (Form 990 or 990-F7) (2019)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493036004081 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization THE COLUMBUS ACADEMY 31-4379445 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2019

	than \$15,000 of fundraising e		3		
	gross receipts greater than \$!				
		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events (add col. (a) through
		GOLF OUTING (event type)	(event type)	(total number)	col. (c))
Keverkie					
	1 Gross receipts	22,585			22,585
	2 Less: Contributions	12,715			12,715
	3 Gross income (line 1 minus line 2)	9,870			9,870
	4 Cash prizes				
ဂ္ဂ	5 Noncash prizes	75			75
<u> </u>	6 Rent/facility costs				
3	7 Food and beverages	2,201			2,201
	8 Entertainment	6,475			6,475
5	0	·			
- I	9 Other direct expenses			_	
ا د	10 Direct expense summary. Add lines 4 to				8,751
	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10	from line 3, column (d)			1,119
	10 Direct expense summary. Add lines 4 to	from line 3, column (d)		> > V, line 19, or reported	1,119
ar	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organization.	from line 3, column (d)	s" on Form 990, Part I (b) Pull tabs/Instant bingo/progressive bingo		1,119
ar	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organization.	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		1,119 d more than \$15,000 (d) Total gaming (add
Par	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 Gaming. Complete if the orgon Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		1,119 d more than \$15,000 (d) Total gaming (add
Par	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		1,119 d more than \$15,000 (d) Total gaming (add
Par	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the orgon form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		1,119 d more than \$15,000 (d) Total gaming (add
Med Expenses Keverine	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		1,119 d more than \$15,000 (d) Total gaming (add
ar Head Keverine	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye	(b) Pull tabs/Instant		1,119 d more than \$15,000 (d) Total gaming (add
Par Paragon Revenue	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	from line 3, column (d) anization answered "Ye (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	d more than \$15,000 (d) Total gaming (add
Par Paragon Revenue	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 Gaming. Complete if the orgon on Form 990-EZ, line 6a. 1 Gross revenue	rom line 3, column (d) anization answered "Ye (a) Bingo Yes	(b) Pull tabs/Instant bingo/progressive bingo Yes %	(c) Other gaming	d more than \$15,000 (d) Total gaming (add
Par alliana sasiady paid	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 to 11 Net income summary. Subtract line 10 to 11 Gaming. Complete if the orgon on Form 990-EZ, line 6a. 1 Gross revenue	rom line 3, column (d) anization answered "Ye (a) Bingo Yes % No Chrough 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	d more than \$15,000 (d) Total gaming (add
Par paragraphy coclody topic	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 Gaming. Complete if the organ on Form 990-EZ, line 6a. 1 Gross revenue	(a) Bingo Yes % No Chrough 5 in column (d)	(b) Pull tabs/Instant bingo/progressive bingo Yes % No	(c) Other gaming Yes % No	1,119 d more than \$15,000 (d) Total gaming (add
Par	10 Direct expense summary. Add lines 4 to 11 Net income summary. Subtract line 10 Gaming. Complete if the organization on Form 990-EZ, line 6a. 1 Gross revenue	rom line 3, column (d) anization answered "Ye (a) Bingo Yes % No Chrough 5 in column (d) t line 7 from line 1, column (d) aming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo Yes % No n (d)	(c) Other gaming Yes % No	1,119 d more than \$15,000 (d) Total gaming (add col.(a) through col.(c))

Sche	dule G (Form 990 or 990-EZ) 2019)					F	Page 3
11	Does the organization conduct ga	aming activities with nonmember	s?			Yes	Пио	
12	Is the organization a grantor, beformed to administer charitable of		member of a partnership or other	entity 		□Yes		
13	Indicate the percentage of gamir	g activity conducted in:						
а	The organization's facility .				13a			%
b	An outside facility				13b			%
14	Enter the name and address of the	ne person who prepares the orga	nization's gaming/special events bo	oks and re	ecords:			
	Name •							
	Address >							
15a	Does the organization have a cor revenue?	tract with a third party from who	om the organization receives gaming			□ v	П.	
b			anization 🕨 \$			⊔ Yes	⊔ но	
	amount of gaming revenue retain							
c	If "Yes," enter name and address	of the third party:						
	Name ►							
	Address •							
16	Gaming manager information:							
	Name ►							
	Gaming manager compensation	▶ \$						
	Description of services provided I	>						
	☐ Director/officer	☐ Employee	☐ Independent contrac	tor				
17	Mandatory distributions:							
а			stributions from the gaming proceed			□Yes	Пио	
b	Enter the amount of distributions	required under state law distrib	uted to other exempt organizations	or spent		□ 1es	100	
	in the organization's own exempt	<u> </u>	•					
Pai			ions required by Part I, line 2b, licable. Also provide any additio					 s.
	Return Reference		Explanation					

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

(Form 990)

Department of the

Treasury

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

OMB No. 1545-0047

2019

DLN: 93493036004081

Open to Public Inspection

Internal Revenue Service							
Name of the organization THE COLUMBUS ACADEMY						Employer identific	ation number
						31-4379445	
		and Assistance					
Does the organization main the selection criteria used						e, and	☑ Yes ☐ No
2 Describe in Part IV the org							Ŭ les □ No
Part III Grants and Other	Assistance to Dom	nestic Organizations a	and Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant
organization or government	(5) 2	(if applicable)	grant	cash assistance	(book, FMV, appraisal, other)	noncash assistance	or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section		-					
For Paperwork Reduction Act Notice	ce, see tne Instructio	NS TOF FORM 990.		Cat. No. 5005!) P	Sch	nedule I (Form 990) 2019

Schedule I (Form 990) 2019

(1) FINANCIAL AID	275	3,432,750	0	N/A	N/A
(2)					
(3)					
(4)					
(5)					

(5) (6)

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

(7) Return Reference Explanation COLUMBUS ACADEMY SELECTS INDIVIDUALS USING NEED-BASED CRITERIA. THE POTENTIAL RECIPIENT'S FAMILY SUBMITS A PACKET OF FINANCIAL AID PART III:

INFORMATION, INCLUDING PERSONAL INCOME TAX RETURNS. ONE COPY OF THE FINANCIAL AID INFORMATION IS FORWARDED TO AN INDEPENDENT AGENCY TO EVALUATE THE LEVEL OF NEED. ANOTHER COPY OF THE FINANCIAL AID INFORMATION IS EVALUATED BY THE COMMITTEE TO DETERMINE THE ELIGIBILITY FOR FINANCIAL AID BASED ON THE POTENTIAL RECIPIENT'S NEED.

Schedule I (Form 990) 2019

Page 2

efil	e GRAPHIC pr	int - DO NOT PROCESS A	s Filed Data	a -	DLN: 934	9303	36004	081	
Sch	edule J	Cor	npensati	on Information	OM	IB No.	1545-0	0047	
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.							
			➤ Attach	to Form 990.		2019 Open to Public			
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.gov/</u>	<u>Form990</u> for	instructions and the latest informati	on.		co Pui ectio		
Nar	ne of the organiza			Em	ployer identificat				
THE	COLUMBUS ACADE	ЛΥ		31-	4379445				
Pa	rt I Questi	ons Regarding Compensation	on	122					
							Yes	No	
1a				the following to or for a person listed on y relevant information regarding these ito					
	First-class	or charter travel		Housing allowance or residence for pers	onal use				
	_	companions		Payments for business use of personal r					
		nification and gross-up payments	✓	Health or social club dues or initiation fe					
	☐ Discretion	ary spending account	Ш	Personal services (e.g., maid, chauffeur	, chef)				
b				follow a written policy regarding paymen ve? If "No," complete Part III to explain	t or	1 b		No	
2				or allowing expenses incurred by all	. 2	2	Yes		
	directors, truste	es, officers, including the CEO/Exe	ecutive Director	r, regarding the items checked on Line 1a	If				
3				d to establish the compensation of the					
		EO/Executive Director. Check all to d organization to establish compe		CEO/Executive Director, but explain in Pa	rt III.				
	✓ Compens	ation committee	✓	Written employment contract					
	_ '	ent compensation consultant	✓	Compensation survey or study					
		of other organizations	<u>~</u>	Approval by the board or compensation	committee				
4	During the year related organiza		0, Part VII, Se	ction A, line 1a, with respect to the filing	organization or a				
а	Receive a sever	ance payment or change-of-contro	payment? .			4a		No	
b		r receive payment from, a supplen				4b	Yes		
c	Participate in, o	r receive payment from, an equity	-based comper	nsation arrangement?		4c		No	
	If "Yes" to any o	of lines 4a-c, list the persons and p	provide the app	licable amounts for each item in Part III.					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) o	raanizatione	must complete lines 5-9					
5			_	the organization pay or accrue any					
		ontingent on the revenues of:							
а	The organization	1?				5a		No	
b						5b		No	
	,	5a or 5b, describe in Part III.							
6		ed on Form 990, Part VII, Section of the ontingent on the net earnings of:	A, line 1a, did t	the organization pay or accrue any					
а	-	1?				6a		No	
b						6b		No	
_	•	6a or 6b, describe in Part III.							
7				the organization provide any nonfixed rt III		7		No	
8	subject to the in	itial contract exception described	in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," descri 					
9	If "Yes" on line	3, did the organization also follow	the rebuttable	presumption procedure described in Reg	ulations section			No	
For F		ction Act Notice, see the Instr			3T Schedule J		1 9901	2019	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of column	s (B)	(i)-(iii) for each listed in	dividual must equal the to	tal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D)	and (E) amounts for tha	t individual.	
(A) Name and Title		(B) Breakdowr (i) Base compensation	of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	C compensation (iii) Other reportable	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior	
		-	Compensation	compensation	•			Form 990	
1 MRS MARGARET KOERNER CHIEF FINANCIAL OFFICER	(i)	190,118	0	0	21,000	21,223	232,341	0	
	(ii)	0	0	0	0	0	0	0	
2 MS MELISSA SODERBERG HEAD OF SCHOOL	(i)	400,934	0	45,286	31,763	35,954	513,937	0	
	(ii)	0	0	0	0	0	0	0	
3 MR ERICH HUNKER ASST HEAD OF SCHOOL FOR DE	(i)	180,174	0	0	19,100	47,014	246,288	0	
	(ii)	0	0	0	0	0	0	0	
4 MS CORINNA IZOKAITIS UPPER SCHOOL HEAD	(i)	141,626	0	0	10,667	48,301	200,594	0	
	(ii)	0	0	0	0	0	0	0	
5 MR DOUG BENNETT FACILITIES DIRECTOR	(i)	140,445	0	0	15,000	13,433	168,878	0	
	(ii)	0	0	0	0	0	0	0	
6 MR MARK HANSEN LOWER SCHOOL HEAD	(i)	152,079	0	0	8,200	36,168	196,447	0	
	(ii)	0	0	0	0	0	0	0	
7 MR JOHN WUORINEN DIRECTOR OF ADMISSIONS & FINANCIAL A	(i)	138,381	0	0	15,000	20,381	173,762	0	
	(ii)	0	0	0	0	0	0	0	
	Schedule J (Form 990) 201								

Schedule J (Form 990) 2019	Page 3					
Part III Supplemental Information						
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.						
Return Reference	Explanation					
·	THE COLUMBUS ACADEMY PAYS FOR A SOCIAL CLUB MEMBERSHIP FOR ITS HEAD OF SCHOOL SO THAT SHE IS ABLE TO PERFORM REQUISITE VOLUNTEER AND DONOR ENTERTAINING APPROPRIATE FOR HER LEADERSHIP ROLE TO ADVANCE THE INSTITUTION. EXPENSES SHE INCURS FOR THE PERSONAL USE OF HER MEMBERSHIP ARE INCLUDED IN HER TAXABLE COMPENSATION.					
	THE COLUMBUS ACADEMY MAINTAINED A NONQUALIFIED DEFERRED COMPENSATION PLAN FOR ITS HEAD OF SCHOOL, UNDER IRC 457(F). UNDER THE 457(F) PLAN, THE ORGANIZATION INCURRED AN EMPLOYER CONTRIBUTION LIABILITY OF \$15,750 DURING THE YEAR.					

Schedule J (Form 990) 2019

DLN: 93493036004081 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. ▶ Attach to Form 990. Open to Public Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** THE COLUMBUS ACADEMY 31-4379445 Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (q) Defeased (h) On (i) Pool behalf of financing issuer Yes No Yes No Yes No 19,000,000 |SEE PART VI CITY OF GAHANNA OHIO 31-6400492 000000000 03-01-2019 Х Χ Χ Part ${f II}$ **Proceeds** С D 1,179,790 2 3 18,676,089 5 6 7 144,119 8 9 10 10,231,970 11 12 13 Yes Yes No Yes No Yes No No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ 16 Does the organization maintain adequate books and records to support the final allocation of 17 Χ **Private Business Use** Part 🏻 Δ В C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Are there any lease arrangements that may result in private business use of bond-financed Χ Cat. No. 50193E Schedule K (Form 990) 2019 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter the percentage of financed property used in a private business use by entities other than

Exception to rebate?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a

nongovernmental person other than a 501(c)(3) organization since the bonds were

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nonqualified bonds of

Schedule K (Form 990) 2019

За

6

8a

Part IV

а

b

C

Arbitrage

Page 2

D

Schedule K (Form 990) 2019

No

Yes

		4	I	В		3	ļ r	D
	Yes	No	Yes	No	Yes	No	Yes	No
Are there any management or service contracts that may result in private business use of bond-financed property?		Х						

b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?				
С	Are there any research agreements that may result in private business use of bond-financed property?	X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?				

Χ

Α

No

Χ

Χ

Χ

700 00000000000 %

Χ

Χ

Yes

Χ

Χ

Х

ASSOCIATION

PNC BANK NATIONAL

0 %

0 %

0 %

В

No

Yes

C

No

Yes

Χ

Χ

Page 3

D

Nο

Yes

a	(GIC)?	X			
b	Name of provider				

Yes

Χ

No

Explanation

FINANCE (1) THE ACQUISITION, CONSTRUCTION, RENOVATION, AND EQUIPPING OF THE ACADEMY'S ATHLETIC EXPANSION PROJECTS WHICH INCLUDE A NEW FIELDHOUSE, WEIGHT ROOM, TRAINING ROOM, AND MAINTENANCE BUILDING, AS WELL AS ROAD IMPROVEMENTS AT THE CAMPUS LOCATED ON THE REAL

PROPERTY LOCATED AT 4300 CHERRY BOTTOM ROAD, GAHANNA, OHIO, AND (2) CERTAIN COSTS AND EXPENSES INCURRED IN CONNECTION WITH THE

В

No

Yes

C

Nο

Yes

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Schedule K (Form 990) 2019

period?

Part VI

Were gross proceeds invested in a guaranteed investment contract

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

ISSUANCE OF THE SERIES 2019 BONDS.

requirements of section 148? . . .

Return Reference

PART I, LINE A, COLUMN (F):

Return Reference	Explanation
IDVDI II LIVIE 3 COLLIMINI (VV)	THE SERIES 2019 BONDS ARE DRAW DOWN BONDS WITH A TOTAL AGGREGATE PERMISSIBLE DRAW OF \$19,000,000. AS OF JUNE 30, 2020, THE CORPORATION HAS DRAWN \$18,676,089 OF BONDS.

Return Reference	Explanation
PART IV, LINE 2.C, COLUMN (A):	THE 2019 BONDS ARE DRAW DOWN BONDS. THE CORPORATION ONLY DRAWS UPON THE BONDS WHEN IT HAS REIMBURSABLE EXPENSES AND USES SUCH DRAWS TO EITHER IMMEDIATELY PAY SUCH EXPENSES OR TO REIMBURSE ITSELF FOR SUCH EXPENSES. BECAUSE OF THIS THERE ARE NO INVESTMENT EARNINGS ON THE SERIES 2019 BONDS AND THEREFORE NO NEED FOR REBATE.

	print - DO NO	OT PROCESS	As Filed	u Data -					DL	N: 93	4930	3000	7700.
Schedule L									10	OMB No. 1545-0047			
(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.								,	2019				
									2017				
Department of the Treasury Internal Revenue Service FGo to www.irs.gov/Form990 for instructions and the latest information.										pen t Insp			
Name of the orga							Em	ploy	er ide	ntifica	tion n	umbe	er
THE COLUMBUS ACA	ADEMY						31-	4379	445				
Part I Exces	s Benefit Tran	nsactions (sect	ion 501(c)(3), section 50:	1(c)(4), and	section 501(c)	(29)	rgani	izations	s only)	•		
	ete if the organiza												
1 (a)	Name of disquali	ified person	(b) Rei	ationship betw ord	een disquali anization	fied person and	۱ (•	escripti nsactio		<u> </u>		
											16	:5	No
							+						
							+						
2 Enter the am	nount of tax incur	red by the organi	zation man	agers or disqu	alified persor	ns during the y	ear u	nder s	section				
4958.	nount of tax, if an		e reimbur				•	•	▶ \$				
5 Enter the an	Tourit or tax, if an	, on mic 2, abov	c, remibul.	sea by the org	armzacion i		•	•	P 4	´ —			
Part II Loa	ns to and/or	From Interest	ed Perso	ns									
Com	plete if the organ	ization answered	"Yes" on Fo	orm 990-EZ, Pa	art V, line 38	Ba, or Form 990	o, Pari	t IV, I	ine 26	; or if	he org	aniza	tion
Com	plete if the organ orted an amount o	ization answered	"Yes" on Fo X, line 5, 6	orm 990-EZ, Pa 5, or 22	ert V, line 38	(f) Balance	0, Pari		ine 26;			aniza	
Com repo	plete if the organ orted an amount o (b) Relationship with	ization answered on Form 990, Part	"Yes" on Fo X, line 5, 6 (d) Loan t	orm 990-EZ, Pa 5, or 22	(e) Original		(g)	In	(h Approv	ı) /ed by	(i)		ten
Com repo (a) Name of	plete if the organ orted an amount o (b) Relationship	ization answered on Form 990, Part (c) Purpose of	"Yes" on Fo X, line 5, 6 (d) Loan t	orm 990-EZ, Pa 5, or 22 to or from the	(e)	(f) Balance	(g)	In	(h	r) ved by	(i)) Writ	ten
Com repo (a) Name of	plete if the organ orted an amount o (b) Relationship with	ization answered on Form 990, Part (c) Purpose of	"Yes" on Fo X, line 5, 6 (d) Loan t	orm 990-EZ, Pa 5, or 22 to or from the	(e) Original principal	(f) Balance	(g)	In	(h Approv boar	r) ved by	(i)) Writ	ten
Com repo (a) Name of nterested person 1) S MELISSA	plete if the organ orted an amount o (b) Relationship with	ization answered on Form 990, Part (c) Purpose of	"Yes" on Fo X, line 5, 6 (d) Loan t orgar	orm 990-EZ, Pa 5, or 22 so or from the nization?	(e) Original principal	(f) Balance	(g) defa	In ult?	(h Approv boar comm	r) /ed by id or ittee?	(i) ag) Writ	ten ent?
Com repo (a) Name of nterested person	plete if the organ rted an amount o (b) Relationship with organization HEAD OF	ization answered on Form 990, Part (c) Purpose of loan TO COVER EDUCATIONAL	"Yes" on Fo X, line 5, 6 (d) Loan t orgar	orm 990-EZ, Page 15, or 22 to or from the nization?	(e) Original principal amount	(f) Balance due	(g) defa	In ult?	(h Approv boar comm Yes	r) /ed by id or ittee?	(i) ag) Writ	ten ent?
Com repo (a) Name of nterested person 1) S MELISSA	plete if the organ rted an amount o (b) Relationship with organization HEAD OF	ization answered on Form 990, Part (c) Purpose of loan TO COVER EDUCATIONAL	"Yes" on Fo X, line 5, 6 (d) Loan t orgar	orm 990-EZ, Page 15, or 22 to or from the nization?	(e) Original principal amount	(f) Balance due	(g) defa	In ult?	(h Approv boar comm Yes	r) /ed by id or ittee?	(i) ag) Writ	ten ent?
Com repo (a) Name of	plete if the organ rted an amount o (b) Relationship with organization HEAD OF	ization answered on Form 990, Part (c) Purpose of loan TO COVER EDUCATIONAL	"Yes" on Fo X, line 5, 6 (d) Loan t orgar	orm 990-EZ, Page 15, or 22 to or from the nization?	(e) Original principal amount	(f) Balance due	(g) defa	In ult?	(h Approv boar comm Yes	r) /ed by id or ittee?	(i) ag) Writ	ten ent?
Com repo (a) Name of nterested person 1) IS MELISSA ODERBERG	plete if the organ rted an amount o (b) Relationship with organization HEAD OF SCHOOL	ization answered in Form 990, Part (c) Purpose of loan TO COVER EDUCATIONAL COSTS.	"Yes" on Fo X, line 5, 6 (d) Loan t orgar	orm 990-EZ, Page 15, or 22 to or from the nization?	(e) Original principal amount	(f) Balance due	(g) defa	In ult?	(h Approv boar comm Yes	r) /ed by id or ittee?	(i) ag) Writ	ten ent?
Com repo (a) Name of nterested person (b) S MELISSA ODERBERG	plete if the organ rted an amount o (b) Relationship with organization HEAD OF SCHOOL	ization answered in Form 990, Part (c) Purpose of loan TO COVER EDUCATIONAL COSTS.	"Yes" on Fo X, line 5, 6 (d) Loan t organ To	orm 990-EZ, Property of the pr	(e) Original principal amount 250,000	(f) Balance due	(g) defa	In ult?	(h Approv boar comm Yes	r) /ed by id or ittee?	(i) ag) Writ	ten ent?
Com repo (a) Name of nterested person 1) IS MELISSA ODERBERG otal	plete if the organ rted an amount o (b) Relationship with organization HEAD OF SCHOOL	ization answered in Form 990, Part (c) Purpose of loan TO COVER EDUCATIONAL COSTS.	"Yes" on Fo X, line 5, 6 (d) Loan t organ To	prm 990-EZ, Property of the pr	(e) Original principal amount 250,000	(f) Balance due	(g) defa	In ult?	(h Approv boar comm Yes	r) /ed by id or ittee?	(i) ag) Writ	ten ent?
Com repo (a) Name of interested person 1) IS MELISSA ODERBERG Otal	plete if the organ rted an amount o (b) Relationship with organization HEAD OF SCHOOL	ization answered in Form 990, Part (c) Purpose of loan TO COVER EDUCATIONAL COSTS.	"Yes" on Fo X, line 5, 6 (d) Loan torgan To	prm 990-EZ, Property of the pr	(e) Original principal amount 250,000	(f) Balance due 150,000 150,000 line 27.	(g) defa	In ult?	(h Approv boar comm Yes Yes	ved by d or ittee?	(i) agg) Writ	ten ent?
Com repo (a) Name of nterested person (b) S MELISSA ODERBERG Otal	plete if the organ rted an amount o (b) Relationship with organization HEAD OF SCHOOL	ization answered in Form 990, Part (c) Purpose of loan TO COVER EDUCATIONAL COSTS. Ince Benefiting anization answered in Form 990, Palationship between the control of th	"Yes" on Fo X, line 5, 6 (d) Loan t orgar To To J Interest ered "Yes" tween (prm 990-EZ, Property of the pr	(e) Original principal amount 250,000	(f) Balance due	(g) defa	In ult?	(h Approv boar comm Yes Yes	ved by d or ittee?	(i) ag) Writ	ten ent?
Com repo (a) Name of nterested person (b) S MELISSA ODERBERG Otal	plete if the organ rted an amount o (b) Relationship with organization HEAD OF SCHOOL	ization answered in Form 990, Part (c) Purpose of loan TO COVER EDUCATIONAL COSTS. To costs.	"Yes" on Fo X, line 5, 6 (d) Loan t orgar To To J Interest ered "Yes" tween (prm 990-EZ, Property of the pr	(e) Original principal amount 250,000	(f) Balance due 150,000 150,000 line 27.	(g) defa	In ult?	(h Approv boar comm Yes Yes	ved by d or ittee?	(i) agg) Writ	ten ent?
Com repo (a) Name of interested person 1) IS MELISSA ODERBERG otal	plete if the organ rted an amount o (b) Relationship with organization HEAD OF SCHOOL	ization answered in Form 990, Part (c) Purpose of loan TO COVER EDUCATIONAL COSTS. Ince Benefiting anization answered in Form 990, Palationship between the control of th	"Yes" on Fo X, line 5, 6 (d) Loan t orgar To To J Interest ered "Yes" tween (prm 990-EZ, Property of the pr	(e) Original principal amount 250,000	(f) Balance due 150,000 150,000 line 27.	(g) defa	In ult?	(h Approv boar comm Yes Yes	ved by d or ittee?	(i) agg) Writ	ten ent?
Com repo (a) Name of interested person 1) IS MELISSA ODERBERG Otal	plete if the organ rted an amount o (b) Relationship with organization HEAD OF SCHOOL	ization answered in Form 990, Part (c) Purpose of loan TO COVER EDUCATIONAL COSTS. Ince Benefiting anization answered in Form 990, Palationship between the control of th	"Yes" on Fo X, line 5, 6 (d) Loan t orgar To To J Interest ered "Yes" tween (prm 990-EZ, Property of the pr	(e) Original principal amount 250,000	(f) Balance due 150,000 150,000 line 27.	(g) defa	In ult?	(h Approv boar comm Yes Yes	ved by d or ittee?	(i) agg) Writ	ten ent?
Com repo (a) Name of interested person 1) IS MELISSA ODERBERG Otal	plete if the organ rted an amount o (b) Relationship with organization HEAD OF SCHOOL	ization answered in Form 990, Part (c) Purpose of loan TO COVER EDUCATIONAL COSTS. Ince Benefiting anization answered in Form 990, Palationship between the control of th	"Yes" on Fo X, line 5, 6 (d) Loan t orgar To To J Interest ered "Yes" tween (prm 990-EZ, Property of the pr	(e) Original principal amount 250,000	(f) Balance due 150,000 150,000 line 27.	(g) defa	In ult?	(h Approv boar comm Yes Yes	ved by d or ittee?	(i) agg) Writ	ten ent?
Com repo (a) Name of interested person 1) IS MELISSA ODERBERG otal	plete if the organ rted an amount o (b) Relationship with organization HEAD OF SCHOOL	ization answered in Form 990, Part (c) Purpose of loan TO COVER EDUCATIONAL COSTS. Ince Benefiting anization answered in Form 990, Palationship between the control of th	"Yes" on Fo X, line 5, 6 (d) Loan t orgar To To J Interest ered "Yes" tween (prm 990-EZ, Property of the pr	(e) Original principal amount 250,000	(f) Balance due 150,000 150,000 line 27.	(g) defa	In ult?	(h Approv boar comm Yes Yes	ved by d or ittee?	(i) agg) Writ	tten ent?

Schedule L (Form 990 or 990-EZ) 2019

Page 2

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (c) Amount of (d) Description of transaction (e) Sharing (b) Relationship between interested transaction of person and the organization's organization revenues? Yes No (1) CONTINENTAL BUILDING SYSTEMS 9,019,494 THE SCHOOL HAS A JONATHAN KASS, Nο CONSTRUCTION PROJECT BOARD PRES/TRUSTEE, HAS A FAMILY CONTRACT WITH CONTINENTAL RELATIONSHIP WITH BUILDING SYSTEMS FOR VARIOUS AN OWNER CAMPUS RENOVATION AND EXPANSION PROJECTS. THE RELATIONSHIP BETWEEN MR. KASS AND THE INTERESTED PERSON WAS PROPERLY DISCLOSED PER THE SCHOOL'S CONFLICT OF INTEREST POLICY. PER PROPER DISCLOSURE ON THE TRUSTEE'S ANNUAL CONFLICT OF INTEREST STATEMENT, PRIOR TO

Part V

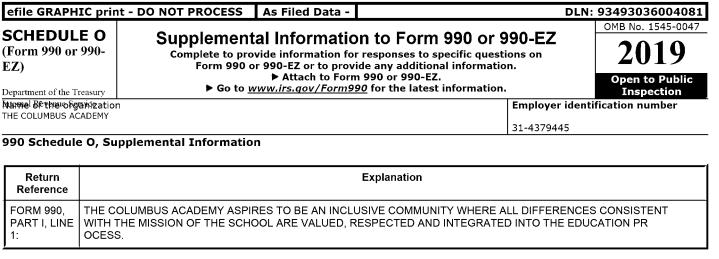
Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions). Return Reference Explanation

THE BOARD'S CONSIDERATION OF THE CONSTRUCTION PROJECT, lmr. kass again disclosed his CONFLICT AND ABSTAINED FROM VOTING ON MATTERS RELATING TO THE CONSTRUCTION PROJECT.

DLN: 93493036004081 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** THE COLUMBUS ACADEMY 31-4379445 Part I Types of Property (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 23 249,995 STOCK EXCHANGE 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (___ 26 Other ▶ (______) 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019)	Page 2
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization
is reporting in Part I, colu complete this part for an	umn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
	Schedule M (Form 990) (2019)



Return Reference	Explanation
FORM 990, PART III, LINE 1:	THE COLUMBUS ACADEMY - AN INDEPENDENT, COEDUCATIONAL COLLEGE PREPARATORY SCHOOL - ENRICHES ITS ACADEMIC TRADITION OF EXCELLENCE BY VALUING A BROAD DIVERSITY OF STUDENTS AS IT SEEKS TO DEVELOP THE COMPLETE PERSON: MIND, BODY AND CHARACTER. THE SCHOOL REWARDS RIGOROUS EFF ORT AND ACCOMPLISHMENT, FOSTERS COMPASSION, RESPECT AND MORAL COURAGE, AND INSISTS ON INTE GRITY, FAIR PLAY AND COMMUNITY SERVICE. THE ACADEMY STRIVES TO DEVELOP AND SUSTAIN A COMMU NITY OF THOUGHTFUL, RESPONSIBLE, CAPABLE AND CONFIDENT CITIZENS EAGER TO ENGAGE IN A PLURA LISTIC AND EVER-CHANGING WORLD.

Return Explanation
Reference

FORM 990,	FORM 990 IS FIRST REVIEWED BY THE FINANCE AND AUDIT COMMITTEE OF THE BOARD OF TRUSTEES. IT
PART VI,	IS THEN E-MAILED TO THE FULL BOARD OF TRUSTEES FOR THEIR REVIEW AND APPROVAL, AND FORMALL
SECTION B,	Y ACCEPTED BY THE FULL BOARD OF TRUSTEES AT ITS NEXT MEETING, PRIOR TO THE FORM'S SUBMISSI
LINE 11B	ON TO THE IRS.

990 Schedule O, Supplemental Information Return Explanation

ICERS ARE GIVEN A COP
OMPLETE A QUESTIONN
ORM TO THE ADMINIST
L BOARD MEMBERS SUBMI

CHOOLS AT THE LOCAL, REGIONAL, AND NATIONAL LEVELS.

Return

Reference	· ·
FORM 990,	THE REVIEW OF HEAD OF SCHOOL COMPENSATION BY THE BOARD IS BASED UPON THE BOARD'S DETERMINA
PART VI,	TION OF THE HEAD OF SCHOOL'S PERFORMANCE AS MEASURED AGAINST THE ACADEMY'S MISSION STATEME
SECTION B,	NT AND STRATEGIC PLAN, AS WELL AS HER SATISFACTION OF PRIOR PERFORMANCE GOALS ESTABLISHED
LINE 15	AND APPROVED BY THE BOARD'S NOMINATING AND GOVERNANCE COMMITTEE OR SUCH SUCCESSOR COMMITTE
	E, CONSIDERATION OF COMPENSATION PRACTICES OF OTHER INDEPENDENT SCHOOLS, AND SUCH OTHER FA
	CTORS DEEMED REASONABLE AND APPROPRIATE BY THE BOARD. COMPENSATION OF OTHER KEY EMPLOYEES
	OR OFFICERS IS BASED UPON PERFORMANCE AND COMPARATIVE INFORMATION FROM OTHER INDEPENDENT S

Explanation

Return Explanation
Reference

FORM 990, THE ORGANIZATION'S FORMS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. FURTHER, THE OR PART VI, GANIZATION'S FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION THROUGH ANOTHER'S WEBSITE, WWW.GU SECTION C, IDESTAR.ORG.

Return Explanation

FORM 990, PART VI, SECTION C, LINE 19

Return Explanation Deference

Reference	
FORM 990, PART XI.	PASS-THROUGH INCOME ADJUSTMENT FOR TAX RETURN -35,873. FASB 158 ADJUSTMENT -964,418. LOSS ON UNCOLLECTIBLE PLEDGES -73,884.
1707170,	0.10 01110 111111 11110110 110 110 110 1

LINE 9:

990 Schedule O, Supplemental Information

Return Explanation

FORM 990, PART XII, COMMITTEE INTERVIEWS CANDIDATES FOR THE AUDIT FIRM AND MAKES A RECOMMENDATION BASED ON THI SPROCESS TO THE FULL BOARD OF TRUSTEES, THE FULL BOARD OF TRUSTEES PASSES A RESOLUTION SE LECTING THE EXTERNAL AUDITORS. THIS PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR.

For Paperwork Reduction Act Notice, see the separate instructions.

Department of the

Treasury

Return of Organization Exempt From Income Tax

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

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

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

2020

DLN: 93493028000312OMB No. 1545-0047

Open to Public

Open to Public Inspection

		e 2020 c		nning 07-01-2020 , and ending 06	-30-20	121				
		pplicable:	C Name of organization	ming of the real of the change of	50 20	1	er identifi	ication number		
		change	THE COLUMBUS ACADEMY			31-4379	2445			
□ Name change □ Initial return □ Doing business as							7443			
			Doing business as							
		n/terminated d return	Number and street (or P.O. box if m	nail is not delivered to street address) Room	/suite	E Telephon	e number			
		on pending	4300 CHERRY BOTTOM ROAD	Nooning	, saice	(614) 5	09-2227			
			City or town, state or province, cou	ntry, and ZIP or foreign postal code		(== 1) =				
			GAHANNA, OH 43230			G Gross re	ceipts \$ 62	2,191,176		
			F Name and address of principa	al officer:	н	a) Is this a group ret	turn for	· · ·		
			MELISSA SODERBERG		'''	subordinates?	tarri ioi	□Yes ☑ No		
			4300 CHERRY BOTTOM ROAD GAHANNA, OH 43230		Н(b) Are all subordinat	:es	☐ Yes ☐No		
[Tax	x-exer	npt status:	· · · · · · · · · · · · · · · · · · ·	(insert no.) 4947(a)(1) or 527		included?	ist (sss			
1 147	a bait	- N/VA	/W.COLUMBUSACADEMY.ORG	(insert no.)	ı	If "No," attach a l C) Group exemption	•	•		
, ,,	ensii	.e: P vv vv	W.COLOMBOSACADEMT.ORG			-7 Group exemption	Hamber			
V Earn	n of o	rappization	☑ Corporation ☐ Trust ☐ Asso	oriation Other •	LY	ear of formation: 1911	M State	of legal domicile:		
N I OIII	11 01 01	gariizatiori.	Corporation in Trust in Asset	Clation			ОН			
Pa	art I	Sum	mary							
			scribe the organization's mission o	r most significant activities:						
e e	=	SEE SCHE	DULE O							
Ē										
Ē	-							_		
Governance				scontinued its operations or disposed o	of more	than 25% of its net a		1		
	l		of voting members of the governing	- , , , ,			3	23		
လ ဟ	4	Number o	of independent voting members of	the governing body (Part VI, line 1b)			4	22		
Activities &	5	Total nun	nber of individuals employed in ca	lendar year 2020 (Part V, line 2a) .			5	376		
Ś	6	Total nun	6	856						
ď	7a	Total unr	elated business revenue from Par	t VIII, column (C), line 12			7a	774		
	b	Net unrel	ated business taxable income from	m Form 990-T, line 39			7b	0		
Qı						Prior Year		Current Year		
	8	Contribut	ions and grants (Part VIII, line 1h)			4,696,4	193	5,039,269		
Ravenue	9	Program	service revenue (Part VIII, line 2g)		30,571,8	387	30,824,029		
<u>₹</u>	10	Investme	nt income (Part VIII, column (A),	ines 3, 4, and 7d)		2,090,5	548	2,910,729		
_	11	Other rev	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 202,08					310,422		
	12	Total reve	enue—add lines 8 through 11 (mu	ıst equal Part VIII, column (A), line 12)		37,561,0)12	39,084,449		
	13	Grants ar	nd similar amounts paid (Part IX, o	column (A), lines 1–3)		3,432,7	750	5,695,795		
	14	Benefits p	oaid to or for members (Part IX, c	olumn (A), line 4)			0	0		
88	15	Salaries,	other compensation, employee be	enefits (Part IX, column (A), lines 5-10)	22,441,6	507	22,704,696		
us(16a	Professio	nal fundraising fees (Part IX, colu	mn (A), line 11e)			0	0		
Expenses	ь	Total fundr	raising expenses (Part IX, column (D),	line 25) ▶661,070						
Ω.	17	Other exp	penses (Part IX, column (A), lines	11a-11d, 11f-24e)		10,703,6	549	11,560,080		
	18	Total exp	enses. Add lines 13–17 (must equ	ual Part IX, column (A), line 25)		36,578,0	36,578,006 39,960,			
	19	Revenue	less expenses. Subtract line 18 fr	om line 12		983,0	06	-876,122		
<u>કે જ</u>						Beginning of Current Y	ear	End of Year		
anc anc							\bot			
Net Assets or Fund Balances	l		ets (Part X, line 16)			98,144,0		107,517,374		
2 2	l		ilities (Part X, line 26)			25,833,5		26,394,597		
Zű	22	Net asset	s or fund balances. Subtract line	21 from line 20		72,310,4	194	81,122,777		
	ırt II		ature Block							
				ined this return, including accompanyi . Declaration of preparer (other than o						
any k			<u> </u>							
		 *****	k			2021-11-22				
c:		Signati	ure of officer			Date				
Sign Here		L' MARCA	DET A KOEDNED CHIEF FINANCIAL OF	FICED						
			RET A KOERNER CHIEF FINANCIAL OF r print name and title	FICER						
		 	rint/Type preparer's name	Preparer's signature	Date		PTIN			
Paid	1	[]) - / P = P - P 2 - O - O - O - O - O - O - O - O - O -		2022-0	01-28 Check 📙 if F	P00575540)		
Prej		ar	irm's name ► JOHN GERLACH & CON	IPANY LLP	1	self-employed Firm's EIN ► 31-	4419361			
Use		⊢								
use	UII	י ע י ^F	irm's address ▶ 37 W BROAD ST STE 8	00		Phone no. (614) 2	224-2164			
			COLUMBUS, OH 4321	5						
Мау t	he IR	S discuss	this return with the preparer sho	wn above? (see instructions)			□ Y	es 🗌 No		

Cat. No. 11282Y

Form **990** (2020)

Form	990 (2020)					Page 2
Pa	t III Statement	of Program Servi	ce Accomplis	hments		
	Check if Sche	dule O contains a resp	onse or note to	any line in this Part III .		🗹
1	Briefly describe the o	organization's mission:				
SEE S	SCHEDULE O					
_	Did the constitution				alidaana makillaka di an	
2	-	, -	. 3	vices during the year wh	nich were not listed on	☐ Yes ☑ No
		or 990-EZ?				∟ Yes ⊻ No
3	•	ese new services on Sc		changes in how it condu	icto any program	
3	_		nake significant	changes in now it condu	icts, any program	□yes ✓No
	services?	ese changes on Schedu				∟ Yes ⊻ No
4	Describe the organize Section 501(c)(3) an	ation's program service	e accomplishmer ons are required	to report the amount o	largest program services, as mea f grants and allocations to others	
4a	(Code:) (Expenses \$	32,924,697	including grants of \$	5,695,795) (Revenue \$	30,848,941)
	See Additional Data					
4b	(Code:) (Expenses \$	0	including grants of \$	0) (Revenue \$	0)
	See Additional Data					
4c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program servi	ces (Describe in Sched	ule O.)			
	(Expenses \$	inc	luding grants of	\$) (Revenue \$)
4e	Total program serv	vice expenses >	32,924,6	97		

Form	990 (2020)			Page 3
Par	t 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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
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		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part 2	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Yes	
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		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
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	Yes	
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		No
20-	Did the every justion exercts and as more beauty facilities? If "Ves." complete Cabadyle L'			

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Nο

20a

20b

21

orm 9	990 (2020)			Page 4						
Part	Checklist of Required Schedules (continued)									
			Yes	No						
	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	Yes							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J									
	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	Yes							
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No						
	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		No						
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No						
	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									
	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		No						
	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	Yes							
	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? <i>If "Yes," complete Schedule L,</i> Part III	27		No						
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):									
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	Yes							
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes							
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No						
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔧	29	Yes							
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No						
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	21		Na						
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		No No						
3	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		No						
4	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		No						
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No						
	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b								
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No						
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No						
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes							
Parl	Statements Regarding Other IRS Filings and Tax Compliance	· · · · ·								
	Check if Schedule O contains a response or note to any line in this Part V									
			Yes	No						
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 76									
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			ĺ						

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Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
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			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	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)? 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).	4a		No
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		No
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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a b	Gross income from members or shareholders			
12a	against amounts due or received from them.)	12a		
	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		
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.			
c	which the organization is licensed to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	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		No
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		No

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Pai	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	•	onse to i	ines
Se	ction 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 23			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 22			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		No
4	of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by			
a	the following: The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	<u> </u>	
	,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in			
13	Schedule O how this was done	12c	Yes Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ction C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed▶			
	IL , MD , MA , NH , OH , WA , CO			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website 🗹 Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: MARGARET A KOERNER CHIEF FINANCIAL OFFICER 4300 CHERRY BOTTOM ROAD GAHANNA, OH 432300745 (614) 5	<u>09-</u> 222	.7	
				n (2020)

(A)

Name and title

Part VII

(F)

Estimated

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee." • List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)

who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, or 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.

(C)

Position (do not check more

(D)

Reportable

(E)

Reportable

See 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.

(B)

Average

hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation director/trustee) any hours organization organizations from the for related (W-2/1099-(W-2/1099organization and Individual trustee or director Highest compensatemployee Former organizations MISC) MISC) related Institutional Trustee below dotted organizations employee line) Ē See Additional Data Table

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)															
	(A) Name and title	(B) Average hours per week (list any hours	Position than on is b	Position (do not check more than one box, unless person is both an officer and a director/trustee) Reports Rep						(D) (E) ortable Reportable ensation compensati m the from relate nization organizatio		ion amount of comper ons from		ated of other sation	
		for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee			/1099- ISC)		related organizations			
See A	Additional Data Table			\vdash	\square	\vdash	 -	+	-			\perp			
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1b S	Sub-Total			<u> </u>	<u>Ш</u>	<u>.</u> —	<u> </u>	<u></u>				\perp			
	otal from continuation sheets to Pa otal (add lines 1b and 1c)	•					▶	_	1,4	196,996		0		310,078	
2	Total number of individuals (including of reportable compensation from the	g but not limited	to thos					o rec	eived mor	re than \$1	.00,000				
3	Did the organization list any former of line 1a? If "Yes," complete Schedule 3										l employee on	3	Yes	No No	
4	For any individual listed on line 1a, is organization and related organization individual	s the sum of repo ns greater than \$	ortable (\$150,00	comp 0? <i>If</i>	ensa "Yes	ation	n and o	other ete Sc	r compens chedule J 1	sation fror for such			Vas		
5	Did any person listed on line 1a receiv services rendered to the organization	ive or accrue cor	mpensat	tion f	rom	any	y unrela	lated	organizat		- I	5	Yes	No	
	ction B. Independent Contract					_									
1	Complete this table for your five high- from the organization. Report comper											npens	sation		
 		(A) and business addre	ess	_	_	_		_			(B) cription of services		(C Compen	sation	
	INENTAL BUILDING SYSTEMS BROAD ST		_	_	_	_	_	_		CONSTRUC	TION		2,	,492,354	
COLU	BROAD ST MBUS, OH 43215 DINING SERVICES									DINING SE	PVICEC			884,903	
1402 `	YORK RD STE 100									DINTING	₹VICES			864,505	
LUTHE	ERVILLE, MD 21093 CUSTODIAL MANAGEMENT									HOUSEKEEI	PING			466,062	
	OX 78000 OIT, MI 482781940														
-	EQUITIES MANAGEMENT									MAINTENAN	NCE SERVICES			408,506	
COLU	OUTH FRONT STREET STE 200 MBUS, OH 43215														
	ITIVE MARKETING		_	_	_	_	_	_		WEB DESIG	6N/MAINTENANCE			371,736	
ROCH	HIGHLAND AVE ESTER, NY 14620 "otal number of independent contractor	Contuding but	·	"ad/	· +h		!:-+ad		N who r	·-trod m	* #100 00	^ ^f			
	ompensation from the organization >		. 1100 11111	illeu i		——	listeu	abov		eceived in	OTE CHAIT \$100,00	0 01	Form 99 (<u> </u>	

		(2020)								Page 9
Part	VII				respo	nse or note to any	line in this Part VIII			🗆
		CHECK II SCHOOL	auic	o contains a	10350	inse of more to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	1 a	Federated campaig	gns	1	.a			revenue		312 314
ants	b	Membership dues		. 1	.b					
s, Grants Amounts	C	Fundraising events	s .	1	.с	15,500				
		Related organization			.d					
ons, Gift Similar		Government grants (All other contributions		<u> </u>	.e	2,055,607				
ition er S	•	and similar amounts	not ir	ncludod I	Lf	2,968,162				
Contribution and Other	g	Noncash contribution lines 1a - 1f:\$	s incl		.g	244,995				
Com	h	Total. Add lines 1a	a-1f			>	5,039,269			
<u> </u>						Business Code	3,039,209	T		
Program Service Revenue	2a	TUITION & FEES				611600	30,727,195	30,727,195		
	h	CARE AFTER SCHOOL	L, TU	TORING & SPR		644600	96,834	96,834		
Reve	-		,			611600				
ice I	c									
Serv	d	·								
ran		·								
¥og⊨	e	·								
	f	All other program	serv	vice revenue.						
	g	Total. Add lines 2	2a-2	2f	>	30,824,029				
		Investment income similar amounts) .			nds, ii	nterest, and other	1,465,952	2	244	1,465,708
		Income from invest			npt bo	ond proceeds				
	5	Royalties				•	. 84	1		84
				(i) Real		(ii) Personal	_			
		Gross rents	6a	4	12,195					
	b	Less: rental expenses	6b		0					
	С	Rental income or (loss)	6c		12,195					
	(Net rental income				· · · •	42,195	5		42,195
				(i) Securit	ies	(ii) Other				
	7 <i>a</i>	Gross amount from sales of assets other than inventory		66,317	14,64	3				
	b	Less: cost or other basis and sales expenses	7b	22,99	92,386	43,80	2			
	С	Gain or (loss)	7c	1,47	73,931	-29,15	4			
		d Net gain or (loss)					1,444,777	7	-21	1,444,798
Other Revenue	82	a Gross income from fu (not including \$ contributions reporte See Part IV, line 18	d on	15,500 of line 1c).	8a	12,600				
Re	ŀ	Less: direct expen	ses		8b	11,356	_			
ther	•	c Net income or (los	ss) fr	rom fundraisir	ng eve	ents 🕨	1,244	1		1,244
	9a	Gross income from See Part IV, line 19	gam •	ing activities.	9a					
		Less: direct expen			9b	AC				
	`	. Net income or (los	55) 11	om gaming a		es •	1			
	10	aGross sales of inve returns and allowa	ento	ry, less s	10-	52,095				
	ŀ	Less: cost of good			10a 10b	59,183				
		Net income or (los			nvent	ory ►	ـــــــــــــــــــــــــــــــــــــ	-7,088		
	4.4	Miscellaneo				Business Code	171.016			171.016
	13	LaWORKERS' COMP	GR/	ANTS		900099	171,016			171,016
	ŀ	REIMBURSEMENT	s			900099	9 70,000			70,000
		FORFEITED ENRO		ENT DEPOSIT	S	611606	32,000	32,000		
		d All other revenue					971	l	551	420
		Total. Add lines 1				•	273,987	,		
	12	2 Total revenue. S	ee ir	nstructions .	•	• • • •	39,084,449	30,848,941	774	
										Form 990 (2020)

	art IX Statement of Functional Expenses				Page 10
	Section 501(c)(3) and 501(c)(4) organizations must co	omplete all columns.	All other organizatio	ns must complete colu	mn (A).
	Check if Schedule O contains a response or note to an	y line in this Part IX			<u>.</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	5,695,795	5,695,795		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	686,081		686,081	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	15,918,556	12,491,052	3,068,888	358,616
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,069,885	852,090	190,749	27,046
9	Other employee benefits	3,794,913	3,448,376	311,712	34,825
10	Payroll taxes	1,235,261	937,811	272,735	24,715
11	Fees for services (non-employees):				
а	Management	64,500	64,500		
b	Legal	459,096		459,096	
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	62,825		62,825	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)	381,808	182,251	152,776	46,781
12	Advertising and promotion	247,947	12,566	235,381	
13	Office expenses	1,703,389	1,444,245	169,497	89,647
14	Information technology	598,722	580,241	18,481	
15	Royalties				
16	Occupancy	1,967,652	1,967,652		
17	Travel	155,736	133,862	16,568	5,306
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19	Conferences, conventions, and meetings	327,443	318,154	9,289	
20	Interest	433,078	433,078		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,908,923	2,338,774	511,971	58,178
23	Insurance	52,009	52,009		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	a UNRELATED BUSINESS INCO	3,854		3,854	
	b CONTRACTED SERVICES	1,508,198	1,508,198		
	SCHOOL EQUIPMENT R&M	437,128	437,128		
	d MISCELLANEOUS EXPENSES	123,951	10,410	113,541	
	e All other expenses	123,821	16,505	91,360	15,956
25	Total functional expenses. Add lines 1 through 24e	39,960,571	32,924,697	6,374,804	661,070
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
	Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2020)

Assets

21

Liabilities

Fund Balances

ō 29

Assets 30

27

28

31

32

33

2,451,767

6,190,844

2,087,802

704,396

100,000

1,145,077

44,261,540

47,224,625

3,351,323

107,517,374

5,243,661

4,243,305

15.973.914

933.717

26.394.597

36,789,077

44,333,700

81,122,777

107,517,374

Form 990 (2020)

(B) End of year

Beginning of year

79.899.677

35,638,137

2,098,108

2,936,310

3.499.159

168.598

150,000

833,288

46,218,103

39,448,744

2.791,730

98,144,040

4,479,181

2,633,683

17.351.607

1,369,075

25.833.546

34,657,758

37,652,736

72,310,494

98,144,040

1

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4

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6 7

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9

10c

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Page **11**

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

4	C		

Cash-non-interest-bearing

Savings and temporary cash investments . . . 3 Pledges and grants receivable, net . . . Accounts receivable, net

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net Inventories for sale or use . .

Prepaid expenses and deferred charges . 10a basis. Complete Part VI of Schedule D Investments—publicly traded securities .

10a Land, buildings, and equipment: cost or other b Less: accumulated depreciation

10b Investments—other securities. See Part IV, line 11 . . . Investments—program-related. See Part IV, line 11 . Intangible assets . Other assets. See Part IV, line 11 . . .

11 12 13 14 15 16

17 Accounts payable and accrued expenses .

Total assets. Add lines 1 through 15 (must equal line 33) . Grants payable .

18 19 Deferred revenue . . . 20

Tax-exempt bond liabilities . . .

Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to any current or former officer, director, trustee, key

22 employee, creator or founder, substantial contributor, or 35% controlled entity 23 24

Secured mortgages and notes payable to unrelated third parties . . .

25

and other liabilities not included on lines 17 - 24).

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Unsecured notes and loans payable to unrelated third parties . Complete Part X of Schedule D

26 Total liabilities. Add lines 17 through 25 . .

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow FASB ASC 958, check here <a> \square and

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

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

Retained earnings, endowment, accumulated income, or other funds

Yes

Nο

Form 990 (2020)

2c

3a

3h

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Audit Act and OMB Circular A-133?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

Additional Data

Software ID:

Software Version:

EIN: 31-4379445

Name: THE COLUMBUS ACADEMY

Form 990 (2020) Form 990, Part III, Line 4a:

COLLEGE PREPARATORY INSTRUCTION OF STUDENTS FROM 3 YEARS OLD THROUGH 12TH GRADE, TOTAL ENROLLMENT IS 1.162, OF WHICH 154 ARE MINORITIES, 297 STUDENTS RECEIVED TUITION ASSISTANCE BASED ON NEED AND 1,134 RECEIVED DISCOUNTS DUE TO COVID.

SUMMER SCHOOL AND DAY CAMP PROGRAMS (JUNE, JULY & AUGUST) WERE SUSPENDED FOR THE YEAR, DUE TO THE PANDEMIC. NORMALLY, OVER 1,800 ATTEND COURSES WHICH INCLUDE KEYBOARDING, ART FROM ALL ANGLES, STUDY SKILLS, AND ROBOTICS.

Form 990, Part III, Line 4b:

(A) (E) (B) (C) (D) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

IMMEDIATE PAST PRESIDENT

MS TANISHA LYON BROWN

......

DR RITA AGRAWAL

MR KEVIN BARNEY

MS BETH FISHER

DR RONDA GAISER

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

	arry riours	and a director, trustee;					,	organization	organizacions	monn the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
MR JONATHAN KASS PRESIDENT/TRUSTEE	10.00	Х		х				0	0	0	
MS SANDY DOYLE-AHERN VICE PRESIDENT/TRUSTEE	10.00	х		х				0	0	0	
MS SUSAN S WILLIAMS PHD SECRETARY/TRUSTEE	10.00	х		х				0	0	0	
	10.00			T							

0

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0

0

VICE PRESIDENT/TRUSTEE		Х	Х		0	0	
MS SUSAN S WILLIAMS PHD	10.00	×	X		0	0	
SECRETARY/TRUSTEE		Λ.	^		•	9	
MS CHRISTINE FREYTAG	10.00	¥	¥		0	0	
TREASURER/TRUSTEE			^		9	9	
MR VICTOR THORNE	6.00						Ī

Χ

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Χ

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6.00

6.00

6.00

6.00

6.00

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(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation any hours and a director/trustee) organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	Commelated	and a director, trustee,			'	(14/ 2/1000	(14, 2/1000			
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MR MATTHEW HARRIS TRUSTEE	6.00	Х						0	0	0
MR CHING-CHU HU TRUSTEE	6.00	Х						0	0	0
MR J KLAY HUDDLESTON TRUSTEE	6.00	Х						0	0	0
MS KAREN JENNINGS TRUSTEE	6.00	Х						0	0	0

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6.00

6.00

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6.00

6.00

6.00

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MICS REAT HODDEESTON
TRUSTEE
MS KAREN JENNINGS
TRUSTEE
MS TRACIE KLINEFELTER
PACA REPRESENTATIVE (NON-VOTING)

MR KEVIN MALHAME

MR NILES OVERLY

MR BILL PORTER

MS JENNIFER SALOPEK

MS JESSICA CHI NIMJEE

......

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

TRUSTEE

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other week (list person is both an officer from the from related compensation

Χ

Χ

Х

Χ

193,850

166,500

157,250

154,690

39,522

45,928

29,694

61,157

0

0

0

0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

MR ERICH HUNKER

MR MARK HANSEN

LOWER SCHOOL HEAD

FACILITIES DIRECTOR

UPPER SCHOOL HEAD

MS CORINNA IZOKAITIS

MR DOUG BENNETT

RELATIONS

ASST HEAD OF SCHOOL FOR DEVELOPMENT/EXT

	any hours	and				ustee		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
MR GEORGE SKESTOS TRUSTEE	6.00	X						0	0	0
MR CRAIG TANN ALUMNI BOARD PRESIDENT (NON-VOTING)	6.00	х						0	0	0
DR PANKAJ TIWARI TRUSTEE	6.00	X						0	0	0
MR MATTHEW ZEIGER TRUSTEE	6.00	Х						0	0	0
MRS MARGARET KOERNER CHIEF FINANCIAL OFFICER	40.00			х				213,150	0	43,055
MS MELISSA SODERBERG HEAD OF SCHOOL	40.00				х			461,306	0	55,411

40.00

40.00

40.00

40.00

.

......

and Independent Contractors (A)

MR JOHN WUORINEN

Name and Title

DIRECTOR OF ADMISSIONS & TUITION ASSISTANCE

week (list any hours for related organizations below dotted line)
40.00

(B)

Average

hours per

than one box, unless person is both an officer and a director/trustee) employee

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

Institutiona

Position (do not check more Reportable compensation from the organization (W-2/1099-MISC) 150,250

(D)

Reportable compensation from related organizations (W- 2/1099-MISC)

(E)

compensation from the organization and related organizations 35,311

Estimated

amount of other

efil	e GR/	APHIC pri	nt - DO NOT PROCESS	As Filed Data -			DLN: 9	DLN: 93493028000312			
SCI	HED	ULE A	Public (Charity Statu	e and Dul	olic Supp	ort	OMB No. 1545-0047			
	m 99		Complete if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form	ion 501(c)(3) c empt charitable 990 or Form 99	organization or trust. 00-EZ.	· a section	2020			
		the Treasury	► Go to <u>www.irs</u>	.gov/Form990 for i	nstructions and	I the latest info	ormation.	Open to Public Inspection			
Nam	e of th	nie Service he organiza US ACADEMY	tion				Employer identific				
THE C	OLUMB	US ACADEMII					31-4379445				
	rt I		for Public Charity Statu				See instructions.				
	rganız		a private foundation because	`	-		(A)(!)				
1		•	onvention of churches, or as:								
2	✓		scribed in section 170(b)(1		,	, ,					
3		·	or a cooperative hospital serv	-			-				
4		A medical r name, city,	esearch organization operate and state:	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(iii). E	nter the hospital's			
5			ation operated for the benefit (iv). (Complete Part II.)	of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	ped in section 170			
6		A federal, s	tate, or local government or	governmental unit de	scribed in sectio	on 170(b)(1)(A	ı)(v).				
7			ation that normally receives a ro(b)(1)(A)(vi). (Complete		s support from a	governmental u	nit or from the genera	al public described in			
8		A communi	ty trust described in section	170(b)(1)(A)(vi).	(Complete Part I	I.)					
9			ural research organization de rant college of agriculture. Se					ege or university or a			
10		from activit investment	ation that normally receives: ties related to its exempt fun- income and unrelated busing See section 509(a)(2). (Co	ctions—subject to cer ess taxable income (le	tain exceptions,	and (2) no more	than 331/3% of its su	pport from gross			
11		An organiza	ation organized and operated	exclusively to test fo	r public safety. S	ee section 509	(a)(4).				
12		more public	ation organized and operated cly supported organizations d through 12d that describes	escribed in section 5	09(a)(1) or sec	ction 509(a)(2). See section 509(a				
a		Type I. A so	supporting organization opera n(s) the power to regularly a Part IV, Sections A and B.	ated, supervised, or coppoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by				
b		Type II. A manageme	supporting organization supents of the supporting organization supporting organizations A a	ervised or controlled i Ition vested in the sar							
С		Type III f	unctionally integrated. A s organization(s) (see instruction	upporting organizatio				ted with, its			
d		Type III n	on-functionally integrated integrated. The organization (s). You must complete Par	I. A supporting organi generally must satis	ization operated fy a distribution	in connection wi requirement and	th its supported orgar				
e		Check this	box if the organization receiver. or Type III non-functionally	ed a written determir	ation from the I		pe I, Type II, Type II	I functionally			
f	Enter	the number	of supported organizations				<u> </u>				
g			ing information about the su	· · · · · · · · · · · · · · · · · · ·	r '			T			
(i) Name of supported organization				(iii) Type of organization (described on lines 1- 10 above (see instructions))		anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
Tota		l. P. '	tion Act Notice, see the In		Cat. No. 11285		8-1	 90 or 990-EZ) 2020			

Sch	nedule A (Form 990 or 990-EZ) 2020						Page 2
P	Part II Support Schedule for	Organizations	Described in S	ections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	Section A. Public Support Calendar vear		I		I		
	(or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) Public support. Subtract line 5 from						
	line 4.						
S	Section B. Total Support	T	ı			1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7							
8							-
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9							
_	activities, whether or not the						
	business is regularly carried on				1		
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						_
11							
12	10 Gross receipts from related activities,	etc. (see instruction	ons)			12	
	First 5 years. If the Form 990 is for t						zation check
	this box and stop here	=			•		zation, check
	Section C. Computation of Publi				<u> </u>		
	Public support percentage for 2020 (li			column (f))		14	
	Public support percentage for 2019 Sc					15	
	a 33 1/3% support test—2020. If the						hox
100	and stop here. The organization qual						
b	33 1/3% support test—2019. If th	ne organization did	not check a box of	n line 13 or 16a,	and line 15 is 33 i		k this
_	box and stop here. The organization						
17 a	a 10%-facts-and-circumstances tes	t—2020. If the or	ganization did not	check a box on lir	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization	n meets the "facts	-and-circumstanc	es" test, check thi	s box and stop h e	e re. Explain	
	in Part VI how the organization meets			-			. 🗆
_	organization						▶□
b	10%-facts-and-circumstances tes 15 is 10% or more, and if the organis						
	Explain in Part VI how the organization						
	supported organization						▶□
18		on did not check a	box on line 13, 1	6a, 16b, 17a, or 1	17b, check this box	k and see	
	instructions						▶□
					Schodu	le A (Form 990 o	r 990-F7\ 2020

Sche	dule A (Form 990 or 990-EZ) 2020						Page 3
Р	art III Support Schedule for						
	(Complete only if you c						er Part II. If
	the organization fails to	qualify under t	the tests listed	below, please co	omplete Part II.)	
Se	ection A. Public Support			1	Г		
	Calendar year	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
4	(or fiscal year beginning in) ► Gifts, grants, contributions, and						
-	membership fees received. (Do not						
	include any "unusual grants.") .						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
2	organization's tax-exempt purpose Gross receipts from activities that are						
3	not an unrelated trade or business						
	under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	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.						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
o	from line 6.)						
Se	ection B. Total Support					•	
	Calendar year	() 2016	(1) 2017	() 2010	(1) 2010	() 2022	
	(or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources Unrelated business taxable income						
b	(less section 511 taxes) from						
	businesses acquired after June 30,						
	1975.						
C	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
4.2	regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c,						
	11, and 12.)			<u> </u>		<u> </u>	
14	First 5 years. If the Form 990 is for the	ne organization's	first, second, thire	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) orga	nization,
	check this box and stop here						▶ ∐
Se	ection C. Computation of Public	Support Perce	ntage				
15	Public support percentage for 2020 (lin			column (f))		15	
16	Public support percentage from 2019 S	chedule A, Part I	II, line 15			16	
	ection D. Computation of Invest						
	Investment income percentage for 202			line 13 column (f	7)	17	
17		•	. ,		• •	17	
18	Investment income percentage from 2					18	
	331/3% support tests—2020. If the						
1	more than 33 1/3%, check this box and	stop here. The o	rganization qualifi	ies as a publicly su	ipported organiza	tion	. ▶□
b	33 1/3% support tests—2019. If the	e organization did	not check a box	on line 14 or line	19a, and line 16 is	s more than 33 1/3	% and line 18 is
	not more than 33 1/3%, check this box	and stop here.	The organization	qualifies as a publ	icly supported ord	ganization	▶ □
20	Private foundation. If the organization	_	_				
				,		· · · · · · · · · · · · · · · · · · ·	

Page 4

7

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

7

8

10a

box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,					
	describe the designation. If historic and continuing relationship, explain.	1				
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in 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.					
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?					

	III Section 303(a)(1) or (2).	2			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and				
	3c below.	3a			
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the				
	determination.	3b			
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.				

	the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the						
	determination.	3b					
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.						
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.						
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support						
	to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c					
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in 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						

C							
	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.						
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used 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).						

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b 5c Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other 6 than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

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,"

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990 or 990-EZ).

the organization had excess business holdings).

organization had an interest? If "Yes," provide detail in Part VI.

provide detail in Part VI.

answer line 10b below.

Pa	rt IV	Supporting Organizations (continued)					
				Yes	No		
		e organization accepted a gift or contribution from any of the following persons?					
а		on who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the hing body of a supported organization?	11a				
b	A fami	ily member of a person described in 11a above?	11b				
		o controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c				
_	VI.	B. Type I Supporting Organizations					
	ection	b. Type I Supporting Organizations		Yes	No		
1	appoir descrit activit remov	e officers, directors, trustees, or membership of one or more supported organizations have the power to regularly be or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," be in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's ies. If the organization had more than one supported organization, describe how the powers to appoint and/or be directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, and to such powers during the tax year.	1				
2	Did the	e organization operate for the benefit of any supported organization other than the supported organization(s) that	_				
	operat <i>carried</i>	ted, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit dout the purposes of the supported organization(s) that operated, supervised or controlled the supporting ization.	2				
_							
5	ection	C. Type II Supporting Organizations		Yes	No		
1	Were:	a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of		163	110		
-	each d	of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the rting organization was vested in the same persons that controlled or managed the supported organization(s).	1				
S	ection	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?						
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).						
_							
3	voice i	ison of the relationship described in line 2 above, did the organization's supported organizations have a significant in the organization's investment policies and in directing the use of the organization's income or assets at all times the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3				
S	ection	E. Type III Functionally-Integrated Supporting Organizations					
1		the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ons):				
	a 🗌	The organization satisfied the Activities Test. Complete line 2 below.					
	b 🗆	The organization is the parent of each of its supported organizations. Complete line 3 below.					
	c 🗌	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)			
2	Activit	ies Test. Answer lines 2a and 2b below.		Yes	No		
	suppor o rgan respor	bstantially all of the organization's activities during the tax year directly further the exempt purposes of the rted organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported lizations and explain how these activities directly furthered their exempt purposes, how the organization was sive to those supported organizations, and how the organization determined that these activities constituted	2-				
		entially all of its activities. e activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the	2a				
	organi <i>organi</i>	zation's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the zation's position that its supported organization(s) would have engaged in these activities but for the organization's ement.	2b				
3		of Supported Organizations. Answer lines 3a and 3b below.	20				
	a Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of pported organizations? If "Yes" or "No" provide details in Part VI .	3a				
		e organization exercise a substantial degree of direction over the policies, programs and activities of each of its red organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>	3b				
			30				

Schedule A (Form 990 or 990-EZ) 2020 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (A) Prior Year (B) Current Year Section A - Adjusted Net Income (optional) Net short-term capital gain 1 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3 4 4 5 Depreciation and depletion 5 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) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8 (A) Prior Year (B) Current Year Section B - Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short 1 tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances **1**b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) **1**d e Discount claimed for blockage or other factors

(explain in detail in Part VI): 2

Acquisition indebtedness applicable to non-exempt use assets 3 Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).

Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035 6 7 Recoveries of prior-year distributions

8

Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount

Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1

2

Income tax imposed in prior year

instructions)

temporary reduction (see instructions)

5

7

Enter greater of line 2 or line 3 4

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency

Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see

1 2 3

3

4

5

6

7

8

4

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6

Schedule A (Form 990 or 990-F7) 2020

Current Year

_1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9	Distributable amount for 2020 from Section C, line 6	9	

7 Total annual distributions. Add lines 1 through 6.	7					
8 Distributions to attentive supported organizations to who details in Part VI). See instructions	8					
9 Distributable amount for 2020 from Section C, line 6			9			
10 Line 8 amount divided by Line 9 amount	10 Line 8 amount divided by Line 9 amount					
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020		
1 Distributable amount for 2020 from Section C, line 6						
2 Underdistributions if any for years prior to 2020						

8 Distributions to attentive suppor details in Part VI). See instruct	8				
9 Distributable amount for 2020 fr	rom Section C, line 6			9	
10 Line 8 amount divided by Line 9	amount			10	
	(ii) (see instructions) (ii) Excess Distributions (ii) Underdistribut Pre-2020		Underdistribution	ons	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from	om Section C, line 6				
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.					
3 Excess distributions carryover, if	any, to 2020:				
a From 2015			·		
b From 2016					

(see instructions)	Excess Distributions	Underdistributions Pre-2020	Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see			

See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
 Carryover from 2015 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			

f Total of lines 3a through e		
g Applied to underdistributions of prior years		
h Applied to 2020 distributable amount		
 Carryover from 2015 not applied (see instructions) 		
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4 Distributions for 2020 from Section D, line 7:		
\$		
 a Applied to underdistributions of prior years 		
b Applied to 2020 distributable amount		
c Remainder. Subtract lines 4a and 4b from line 4.		
5 Remaining underdistributions for years prior to		

Schedule A (Form 990 or 990-EZ) (2020)

2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines

See instructions.

d Excess from 2019.

a Excess from 2016. **b** Excess from 2017. c Excess from 2018.

e Excess from 2020.

3j and 4c. 8 Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2020 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D**

As Filed Data -

DLN: 93493028000312

OMB No. 1545-0047

Supplemental Financial Statements ▶ Complete if the organization answered "Yes," on Form 990,

Department of the Treasury Internal Revenue Service

(Form 990)

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Na	me of the organization			Employer id	dentification	number
1 HE				31-4379445		
Pa	Organizations Maintaining Donor Advis Complete if the organization answered "Ye	sed Funds or Other	Similar Funds o	r Accounts.	1	
	Complete if the organization answered Te	(a) Donor adv		(b) Fun	ids and other a	ccounts
1	Total number at end of year	• •				
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex					Yes 🗌 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for	any other purpose o		ermissible	Yes 🗌 No
Pa	rt III Conservation Easements.	-II F 000 BI	TV / 1: 7			
	Complete if the organization answered "Ye Purpose(s) of conservation easements held by the organ	·				
1		` —		hishauisalla isa		
	Preservation of land for public use (e.g., recreation	n or education) \square	Preservation of an		•	rea
	☐ Protection of natural habitat	Ц	Preservation of a c	ertified histori	c structure	
	☐ Preservation of open space					
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservation c	ontribution in the for		at the End of	the Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
С	Number of conservation easements on a certified historic	c structure included in (a)	2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and i	not on a historic	2d		
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguishe	ed, or terminated by	the organizatio	on during the	
4	Number of states where property subject to conservatio	n easement is located >	•			
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds	ne periodic monitoring, i	nspection, handling o	of violations,	☐ Yes	□ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violation	ons, and enforcing co	onservation ea		
7	Amount of expenses incurred in monitoring, inspecting, \$ \\$	handling of violations, a	and enforcing conserv	vation easeme	nts during the	year
8	Does each conservation easement reported on line 2(d)	above satisfy the requir	rements of section 1	70(h)(4)(B)(i)		
-	and section 170(h)(4)(B)(ii)?			()(-)(-)(-)	☐ Yes	□ No
9	In Part XIII, describe how the organization reports consibalance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organization			and	
Pai	Organizations Maintaining Collections Complete if the organization answered "Ye			er Similar A	\ssets.	
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial statement	ic exhibition, education,	, or research in furth			
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ following amounts relating to these items:					
((i) Revenue included on Form 990, Part VIII, line 1			> \$_		
(ii)Assets included in Form 990, Part X			▶\$		
2	If the organization received or held works of art, historic following amounts required to be reported under FASB A	cal treasures, or other s	imilar assets for fina		vide the	
а	Revenue included on Form 990, Part VIII, line 1			▶\$_		
b	Assets included in Form 990, Part X			▶\$		
For	Paperwork Reduction Act Notice, see the Instruction	s for Form 990	Cat No.	52283D Sc	hedule D (For	rm 990) 2020

d Equipment .

Sche	edule D (Form 990) 2020					Page 2
Par	t IIII Organizations Maintaining	Collections of Art, I	Historical Treas	ures, or Other	Similar Assets (co	ontinued)
3	Using the organization's acquisition, accestitems (check all that apply):	ssion, and other records	, check any of the f	following that are a	significant use of its	collection
а	Public exhibition		d 🗌 Loa	n or exchange prog	grams	
b	Scholarly research		e 🗌 Oth	er		
С	Preservation for future generations					
4	Provide a description of the organization's Part XIII.	s collections and explain	how they further tl	ne organization's e	xempt purpose in	
5	During the year, did the organization solid assets to be sold to raise funds rather that		•			□ No
Pa	rt IV Escrow and Custodial Arran Complete if the organization a X, line 21.		rm 990, Part IV,	line 9, or reporte	ed an amount on Fo	orm 990, Part
1 a	Is the organization an agent, trustee, cus included on Form 990, Part X?		•			□ No
b	If "Yes," explain the arrangement in Part	VIII and complete the fo	ollowing table:		Amount	
C	Beginning balance		<u>-</u>	1c	Amount	
d	Additions during the year			4.1		
е	Distributions during the year					
f	Ending balance			4.5		
2a	Did the organization include an amount o	n Form 990. Part X. line	21. for escrow or o	ustodial account lia	ability? 🗆 Y es	□ No
 b	-	, ,	•		, –	
	art V Endowment Funds.	ATT. CHECK HOTE II GITE C	Apiditation has bee	ii provided iii rare.	<u> </u>	
	Complete if the organization a	nswered "Yes" on Fo	rm 990, Part IV,	line 10.		
		(a) Current year	(b) Prior year	(c) Two years back		e) Four years back
	Beginning of year balance	41,435,105	43,427,088	43,293,838		38,162,516
	Contributions	317,695	507,660 -486,248	174,759	· · ·	262,688 5,233,155
	Net investment earnings, gains, and losses	-	,	1,961,634		
	Grants or scholarships	1,515,512	1,199,478	1,154,500	1,108,564	1,059,300
	Other expenditures for facilities and programs	1,009,669	755,530	790,646	·	822,188
f	Administrative expenses	62,825	58,387	57,997	· · ·	54,369
g	End of year balance	51,360,693	41,435,105	43,427,088	43,293,838	41,722,502
2	Provide the estimated percentage of the o	current year end balance	e (line 1g, column (a)) held as:		
а	Board designated or quasi-endowment	17.979 %				
b	Permanent endowment ► 50.174 %	••••				
C	Term endowment ► 31.847 %					
За	The percentages on lines 2a, 2b, and 2c s Are there endowment funds not in the po organization by:	•	tion that are held a	nd administered fo	r the	Yes No
	(i) Unrelated organizations				За	
	(ii) Related organizations				3a(· · · · · · · · · · · · · · · · · · ·
b			on Schedule R?		3	
4	Describe in Part XIII the intended uses of					
Pa	rt VI Land, Buildings, and Equip					
	Complete if the organization a					
		or other basis stment) (b) Cost	or other basis (other)	(c) Accumulated of	зергестаціоп (() Book value
1~	Land		2,155,55	1		2,155,551
	Land		69,558,25		30,054,802	39,503,455
	Buildings Leasehold improvements		09,556,25	<u>′ </u>	30,034,002	39,303,435
C	Leasenoid improvements			i	ı	

8,172,066

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

13,803

2,588,731

13,803

5,583,335

	Complete if the organization answered "Yes" on Form 990, I (a) Description of security or category (including name of security)	(b) Book value	ine 11b	See Form 990, F. (c) Methoo Cost or end-of-	d of valua	tion:
	ll derivatives					
(2) Closely- (3)Other	held equity interests					
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
(I)						
Total. (Colum. Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) Investments—Program Related.	•				
	Complete if the organization answered 'Yes' on Form 990, I	Part IV, li	ine 11c.			
	(a) Description of investment			(b) Book value	Cost or	ethod of valuation: end-of-year market value
(1)						value
(2)						
(3)						
(4)						_
(5)						_
(6)						
(7)						
(8)						
(9)						
(10)						
	W)					
Total. (Colum.	Other Assets.		•			
	Complete if the organization answered 'Yes' on Form 990, P (a) Description	art IV, lir	ne 11d.	See Form 990, Par	t X, line 1	5. (b) Book value
(1)						
(2)						
(3)						
(4)						_
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
	mn (b) must equal Form 990, Part X, col.(B) line 15.)				•	
Part X	Other Liabilities.					LV Ba - 25
	Complete if the organization answered 'Yes' on Form 990, P	art IV, lir	ne 11e	or 11f.See Form	(b)	t X, line 25.
1.	(a) Description of liability				Book value	
	IAN DEPOSITS				85,050	
(3) INTERES	ST RATE SWAP				830,443	
(4) OBLIGAT	TION UNDER CAPITAL LEASE				18,224	
(5)						
(6)						
(7)						
(8)						
(9)						
	n (b) must equal Form 990, Part X, col.(B) line 25.) or uncertain tax positions. In Part XIII, provide the text of the footnot	e to the c	raanizati		933,717 ments tha	t reports the organization
	x positions under FIN 48 (ASC 740). Check here if the text of the foot					e reports the organization

3

4

b

C 5

1

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Part XII

Schedule D (Form 990) 2020

Page 4

9,401,845

31,309,286

7,775,163

39,084,449

32,336,112

100,839

32,235,273

7,725,298

39.960.571

Schedule D (Form 990) 2020

а	Net unrealized gains (losses) on investments
b	Donated services and use of facilities
С	Recoveries of prior year grants
d	Other (Describe in Part XIII.)

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Prior year adjustments

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Subtract line 2e from line 1 .

Add lines 2a through 2d . .

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional 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

Total expenses and losses per audited financial statements

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Other (Describe in Part XIII.) Add lines **4a** and **4b**

Supplemental Information

Investment expenses not included on Form 990, Part VIII, line 7b . .

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

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

2d Investment expenses not included on Form 990, Part VIII, line 7b . 4a

4b

2a 2b

2c

2d

4a

4b

Explanation

2a

2b 2c

> 2e 3 62,825 7,712,338 4c

2e

3

4c

5

9.331.379

70,466

100,839

62,825

7,662,473

nent expenses not included on Form 990, Part VIII, line 7b	4a			62,825		
Describe in Part XIII.)	4b			7,712,338		
es 4a and 4b					4c	
venue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)					5	
Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered 'Yes' on Form 990, Part			per	ises per R	eturr	1.
penses and losses per audited financial statements					1	
s included on line 1 but not on Form 990, Part IX, line 25:						

Page 5		chedule D (Form 990) 2020
	ormation (continued)	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2020

Additional Data

Software ID: Software Version:

EIN: 31-4379445

Name: THE COLUMBUS ACADEMY

Supplemental Information

Return Reference Explanation

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED FOR FACULTY AND STAFF SALARIES, FINANCIAL AID, PROFESSIONAL DEVELOPMENT, ATHLETICS, STUDENT NEWSPAPER, AND COMMENCEMENT AWARDS.

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	THE ACADEMY DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE ANY UNCERTAIN TAX POSITIONS.

_ _ _

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	STUDENT STORE ACTIVITY EXPENSES, REPORTED ON PART VIII, LINE 10B 59,183. RECOVERY OF PRIOR YEAR UNCOLLECTIBLE RECEIVABLES 11,283.

Supplemental Information Return Reference Explanation STUDENT TUITION ASSISTANCE, REPORTED ON PART IX, LINE 2 3,817,188. STUDENT TUITION REMISSI ONS, REPORTED ON PART IX, LINE 9 1.966.679, STUDENT DISCOUNTS FOR COVID, REPORTED ON PART

PART XI, LINE 4B - OTHER ADJUSTMENTS: IX, LINE 2 1,878,606. PASS-THROUGH INCOME ADJUSTMENT FOR TAX RETURN 49.865.

upplemental Information					
Return Reference	Explanation				
PART XII, LINE 2D - OTHER ADJUSTMENTS:	STUDENT STORE ACTIVITY EXPENSES, REPORTED ON PART VIII, LINE 10B 59,183. LOSS ON UNCOLLECTIBLE PLEDGES 41,656.				

Supplemental Information Return Reference Explanation PART XII, LINE 4B - OTHER STUDENT TUITION ASSISTANCE, REPORTED ON PART IX, LINE 2 3,817,188. STUDENT TUITION REMISSI ADJUSTMENTS: ONS, REPORTED ON PART IX, LINE 9 1.966.679, STUDENT DISCOUNTS FOR COVID, REPORTED ON PART IX. LINE 2 1.878.606.

upplemental Information						
Return Reference	Explanation					
PART VI, LINE 1E, COLUMN (B) -	THE AMOUNT LISTED REPRESENTS ASSETS HELD AS CONSTRUCTION IN PROCESS AT THE END OF THE YEAR.					

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE E**

Schools

▶ Complete if the organization answered "Yes" on Form 990,

Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

DLN: 93493028000312 OMB No. 1545-0047

Open to Public

Department of the Treasury Namel Retherosganization THE COLUMBUS ACADEMY

(Form 990 or 990-

EZ)

▶ Go to www.irs.gov/Form990EZ for the latest information.

Inspection **Employer identification number**

HE C	31-4379445			
Pa	tI			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
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	Yes	
3	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.	3	Yes	
		1		
		1		
	Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
5 a	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
е	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
6~	Does the organization receive any financial aid or assistance from a governmental agency?	- - 6a	Yes	
	Has the organization's right to such aid ever been revoked or suspended?	6b	163	No
7	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
,	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Yes	
aper	work Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990	or 990	-EZ) (2	020)

Schedule F (Form 990 or 990-F7) (2020)

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493028000312 OMB No. 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. **Employer identification number** Name of the organization THE COLUMBUS ACADEMY 31-4379445 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 50083H Schedule G (Form 990 or 990-EZ) 2020

	rt II Fundraising Events. Comple	ete if the organization a	answered "Yes" on For	m 990, Part IV, line 18	Page 2 3, or reported more
	than \$15,000 of fundraising e	event contributions and			
	gross receipts greater than \$	(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
			(b) Event #2	(c)other events	(add col. (a) through
		GOLF OUTING (event type)	(event type)	(total number)	col. (c))
		(event type)	(event type)	(cocar mamber)	
ē					
Revenue					
ĕe∨					
_					
	1 Gross receipts	28,100			28,100
	·	·			
	2 Less: Contributions	15,500			15,500
	line 2)	12,600			12,600
	4 Cash prizes				
	5 Noncash prizes	75			75
ses	6 Rent/facility costs				
per	7 Food and beverages	2,495			2,495
ሷ					· -
Direct Expenses		8,010			8,010
ā	9 Other direct expenses	776			776
	10 Direct expense summary. Add lines 4	through 9 in column (d)			11,356
	11 Net income summary. Subtract line 10	from line 3, column (d)		.	1,244
Pai	t IIII Gaming. Complete if the org	anization answered "Ye	s" on Form 990, Part 1	IV, line 19, or reported	d more than \$15,000
	on Form 990-EZ, line 6a.				
~ `					
RIE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
элегие		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue	(a) Bingo		(c) Other gaming	
es Revenue		(a) Bingo		(c) Other gaming	
S	1 Gross revenue	(a) Bingo		(c) Other gaming	
S		(a) Bingo		(c) Other gaming	
S	2 Cash prizes	(a) Bingo		(c) Other gaming	
S	2 Cash prizes	(a) Bingo		(c) Other gaming	
S	2 Cash prizes		bingo/progressive bingo		
Direct Expenses Revenue	2 Cash prizes	(a) Bingo		(c) Other gaming	
S	2 Cash prizes		bingo/progressive bingo		
S	2 Cash prizes	☐ Yes %	bingo/progressive bingo	Yes	
S	2 Cash prizes	☐ Yes %	bingo/progressive bingo	Yes	
S	2 Cash prizes	Yes % No through 5 in column (d)	Yes % No	☐ Yes % ☐ No	
Direct Expenses	2 Cash prizes	Yes % No through 5 in column (d)	Yes % No n (d)	☐ Yes % ☐ No	
S	2 Cash prizes	Yes%_ No through 5 in column (d) ti line 7 from line 1, column ion conducts gaming activities.	Yes % No No Ities:	☐ Yes % ☐ No ▶	col.(a) through col.(c))
6 Direct Expenses	2 Cash prizes	Yes%_ No through 5 in column (d) tiline 7 from line 1, column ion conducts gaming activities in each of	Yes	☐ Yes % ☐ No ▶	
b 6 Direct Expenses	2 Cash prizes	Yes % No through 5 in column (d) the line 7 from line 1, column ion conducts gaming activities in each of	yes % No n (d)	Yes	Yes No
d e 6 Direct Expenses	2 Cash prizes	Yes % No through 5 in column (d) thine 7 from line 1, column ion conducts gaming activities in each of	Yes % No n (d)	Yes	Yes No
b 6 Direct Expenses	2 Cash prizes	Yes % No through 5 in column (d) the line 7 from line 1, column ion conducts gaming activities in each of	Yes % No No ties: these states? d or terminated during the	Yes	Yes No
Direct Expenses	2 Cash prizes	Yes % No through 5 in column (d) the line 7 from line 1, column ion conducts gaming activities in each of	Yes % No No ties: these states? d or terminated during the	Yes	Yes No

Sche	dule G (Form 990 or 990-EZ) 2020						F	Page 3
11	Does the organization conduct ga	ming activities with nonmember	5?			☐ Yes	Пио	
12	Is the organization a grantor, ben formed to administer charitable g		member of a partnership or other	entity 		□Yes		
13	Indicate the percentage of gamin	g activity conducted in:		I	1	□ ies		
а	The organization's facility .				13a			%
b	An outside facility			[13b			%
14	Enter the name and address of th	e person who prepares the orga	nization's gaming/special events bo	oks and red	cords:			
	Name •							
	Address							
15a	Does the organization have a con revenue?	tract with a third party from who	om the organization receives gamin	-		□Yes	Пыс	
b	If "Yes," enter the amount of gam	ing revenue received by the org	anization 🕨 \$			□ res		
	amount of gaming revenue retain	ed by the third party 🕨 \$						
С	If "Yes," enter name and address	of the third party:						
	Name ►							
	Address •							
16	Gaming manager information:							
	Name ▶							
	Gaming manager compensation	• \$						
	Description of services provided	·						
	☐ Director/officer	☐ Employee	☐ Independent contra	ctor				
17	Mandatory distributions:							
а	Is the organization required unde retain the state gaming license?		stributions from the gaming procee	eds to		Пν		
b			ited to other exempt organizations	or spent		☐Yes	∟ No	
-	in the organization's own exempt	•		-1				
Pai			ions required by Part I, line 2b licable. Also provide any additi					 S.
	Return Reference		Explanation					

efile GRAPHIC print - DO NOT PROCESS As Filed Data
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I

(Form 990)

Department of the

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

Treasury

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

OMB No. 1545-0047

2020

DLN: 93493028000312

Open to Public Inspection

Schedule I (Form 990) 2020

ame of the organization						Employer identific	ation number
HE COLUMBUS ACADEMY						31-4379445	
Part I General Inform	ation on Grants	and Assistance					
Does the organization mair the selection criteria used t	tain records to subs to award the grants	stantiate the amount of or assistance?	the grants or assistance,	the grantees' eligibility	for the grants or assistanc	e, and	☑ Yes ☐ No
Describe in Part IV the organic	•	_	_				
Part III Grants and Other A that received more t	Assistance to Dom :han \$5,000. Part II	estic Organizations a can be duplicated if add	ind Domestic Governme ditional space is needed.	ents. Complete if the o	rganization answered "Yes"	on Form 990, Part IV, line	21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
Enter total number of sectionEnter total number of other							

Cat. No. 50055P

(1) TUITION ASSISTANCE

(2) COVID TUITION DISCOUNT

Part III

(2)

(3)

(4)

(5)

(6)

(7)

Part IV

Schedule I (Form 990) 2020

297

1134

FOR TUITION ASSISTANCE BASED ON THE POTENTIAL RECIPIENT'S NEED.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(c) Amount of

cash grant

3.817.188

1,878,606

0 N/A 0 N/A

(d) Amount of

noncash assistance

(e) Method of valuation (book,

FMV, appraisal, other)

N/A

Page 2

(f) Description of noncash assistance

Schedule I (Form 990) 2020

Return Reference **Explanation**

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART III: COLUMBUS ACADEMY SELECTS INDIVIDUALS USING NEED-BASED CRITERIA. THE POTENTIAL RECIPIENT'S FAMILY SUBMITS A PACKET OF TUITION ASSISTANCE INFORMATION, INCLUDING PERSONAL INCOME TAX RETURNS. ONE COPY OF THE TUITION ASSISTANCE INFORMATION IS FORWARDED TO AN INDEPENDENT AGENCY TO EVALUATE THE LEVEL OF NEED. ANOTHER COPY OF THE TUITION ASSISTANCE INFORMATION IS EVALUATED BY THE COMMITTEE TO DETERMINE THE ELIGIBILITY

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 934930	28000	312
Sch	edule J	C	ompensati	ion Information	OMB No	. 1545-	0047
(Forr	n 990)	► Complete if the org	Compensa ganization answ ► Attach	rustees, Key Employees, and Highest Ited Employees Iered "Yes" on Form 990, Part IV, line 23. to Form 990.	20)2()
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>	ov/Form990 for	instructions and the latest information.		to Pu pectio	
Nar	ne of the organiza			Employe	r identification i		
THE	COLUMBUS ACADE	МҮ		31-43794	145		
Pa	rt I Questi	ons Regarding Compensa	ition				
						Yes	No
1a				the following to or for a person listed on Form y relevant information regarding these items.			
	First-class	or charter travel		Housing allowance or residence for personal u	ıse		
		companions		Payments for business use of personal resider	nce		
		nification and gross-up payment	_	Health or social club dues or initiation fees			
	☐ Discretion	nary spending account		Personal services (e.g., maid, chauffeur, chef)		
b				follow a written policy regarding payment or ve? If "No," complete Part III to explain	1b	Yes	
2				or allowing expenses incurred by all	2	Yes	
	directors, truste	es, officers, including the CEO/I	executive Director	r, regarding the items checked on Line 1a? .			
3				d to establish the compensation of the			
				not check any boxes for methods CEO/Executive Director, but explain in Part III.			
	, 	-		,			
		ation committee ent compensation consultant	⊻	Written employment contract Compensation survey or study			
		of other organizations	▽	Approval by the board or compensation comp	nittee		
		-	_				
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the filing orgar	ization or a		
а	Receive a sever	ance payment or change-of-con	itrol payment? .		4a		No
b	Participate in, o	r receive payment from, a supp	lemental nonqual	ified retirement plan?	4b	Yes	
c		. ,	,	nsation arrangement?	4c		No
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	licable amounts for each item in Part III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations	must complete lines 5-9			
5				the organization pay or accrue any			
	compensation c	ontingent on the revenues of:	,	, , ,			
а	The organization	n?			5a		No
b					. 5b		No
	If "Yes," on line	5a or 5b, describe in Part III.					
6		ed on Form 990, Part VII, Section Ontingent on the net earnings o		the organization pay or accrue any			
а	The organization	1?			6a		No
b					6b		No
	•	6a or 6b, describe in Part III.					
7	payments not d	escribed in lines 5 and 6? If "Ye	s," describe in Pa	the organization provide any nonfixed rt III	. 7		No
8	subject to the in	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," describe	8		No.
9	If "Yes" on line	8, did the organization also follo	ow the rebuttable	presumption procedure described in Regulation			No
For F	Panerwork Redu	ction Act Notice, see the Ins	structions for Fo	orm 990. Cat. No. 50053T		m 990)	2020

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

Part II instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D) column (B) reported (i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior reportable compensation compensation Form 990 compensation 1 MRS MARGARET KOERNER 213,150 (i) 0 0 21,315 21,740 0 256,205 CHIEF FINANCIAL OFFICER 0 0 0 0 0 0 0 (ii) 2 MS MELISSA SODERBERG 360,500 (i) 0 100,806 35,270 20,141 516,717 0 HEAD OF SCHOOL 0 0 0 0 0 0 0 (ii) 3 MR ERICH HUNKER 193,850 (i) 0 0 19,385 20,137 233,372 0 ASST HEAD OF SCHOOL FOR DEVELOPMENT/ 0 0 0 0 0 0 0 (ii) 4 MR MARK HANSEN 166,500 (i) 0 0 8,325 37,603 212,428 0 LOWER SCHOOL HEAD 0 0 0 0 0 0 0 (ii) 5 MR DOUG BENNETT (i) 157,250 0 0 15,725 13,969 0 186,944 FACILITIES DIRECTOR 0 0 0 0 0 (ii) 0 0 6 MS CORINNA IZOKAITIS 154,690 (i) 0 0 10,828 50,329 215,847 0 UPPER SCHOOL HEAD 0 0 0 0 0 0 0 (ii) 7 MR JOHN WUORINEN 150,250 (i) 0 0 15,225 20,086 185,561 0 DIRECTOR OF ADMISSIONS & TUITION ASS 0 0 0 0 0 0 0 (ii)

Schedule J (Form 990) 2020	Page 3						
Part III Supplemental Information							
Provide the information, explanation	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.						
Return Reference	Return Reference Explanation						
PART I, LINE 1A	THE COLUMBUS ACADEMY HAS A LOAN AGREEMENT WITH ITS HEAD OF SCHOOL, REFLECTED IN SCHEDULE L, PART II. THIS AGREEMENT PROVIDES FOR THE FORGIVENESS OF THE ANNUAL PRINCIPAL AND INTEREST PAYMENTS, MADE THROUGH INCLUSION IN HER COMPENSATION. FURTHER, THE AGREEMENT ALLOWS FOR A GROSS-UP PAYMENT FOR PAYROLL TAXES AS A RESULT OF THIS INCLUSION, FURTHER REFLECTED IN HER W-2 COMPENSATION. THE TOTAL AMOUNTS FOR THE FORGIVENESS AND GROSS-UP PAYMENT ARE REFLECTED IN SCH. J, PART II, COLUMN B(III). THE COLUMBUS ACADEMY PAYS FOR A SOCIAL CLUB MEMBERSHIP FOR ITS HEAD OF SCHOOL SO THAT SHE IS ABLE TO PERFORM REQUISITE VOLUNTEER AND DONOR ENTERTAINING APPROPRIATE FOR HER LEADERSHIP ROLE TO ADVANCE THE INSTITUTION. EXPENSES SHE INCURS FOR THE PERSONAL USE OF HER MEMBERSHIP ARE INCLUDED IN HER TAXABLE COMPENSATION, REFLECTED IN SCH. J, PART II, COLUMN B(III).						
DARTI LINE AR	THE COLUMBUS ACADEMY MAINTAINED A NONCHALIFIED DEFERRED COMPENSATION DIAN FOR ITS HEAD OF SCHOOL HINDER ING 4E7/E). HINDER THE 4E7/E)						

PART I, LINE 4B ITHE COLUMBUS ACADEMY MAINTAINED A NONQUALIFIED DEFERRED COMPENSATION PLAN FOR ITS HEAD OF SCHOOL, UNDER IRC 457(F). UNDER THE 457(F) PLAN, THE ORGANIZATION INCURRED AN EMPLOYER CONTRIBUTION LIABILITY OF \$18,566 DURING THE YEAR.

Schedule 1 (Form 990) 2020

DLN: 93493028000312 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No. 1545-0047 Schedule K **Supplemental Information on Tax-Exempt Bonds** (Form 990) ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Open to Public ▶ Attach to Form 990. Department of the Treasury Internal Revenue Service ▶Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization **Employer identification number** THE COLUMBUS ACADEMY 31-4379445 Part I **Bond Issues** (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (q) Defeased (h) On (i) Pool behalf of financing issuer Yes No Yes No Yes No 19,000,000 |SEE PART VI CITY OF GAHANNA OHIO 31-6400492 000000000 03-01-2019 Х Χ Χ Part ${f II}$ **Proceeds** С D 2,578,040 2 3 18,676,089 5 6 7 144,119 8 9 10 10,231,970 11 12 13 Yes No Yes Yes No Yes No No Were the bonds issued as part of a current refunding issue of tax-exempt 14 Χ Were the bonds issued as part of an advance refunding issue of taxable 15 Χ 16 Χ Does the organization maintain adequate books and records to support the final allocation of 17 Χ **Private Business Use** Part 🏻 Δ В C D Yes No Yes No Yes No Yes No Was the organization a partner in a partnership, or a member of an LLC, which owned property Χ Are there any lease arrangements that may result in private business use of bond-financed Χ Cat. No. 50193E Schedule K (Form 990) 2020 For Paperwork Reduction Act Notice, see the Instructions for Form 990.

b

d

6

Part IV

b

C

Arbitrage

Page 2

No

D

D

Schedule K (Form 990) 2020

No

Yes

Yes

В

No

Yes

Α

Nο

Χ

Χ

0 %

0 %

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В

No

Yes

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Χ

Yes

Χ

Χ

Х

ASSOCIATION

PNC BANK NATIONAL

C

No

Yes

C

No

Yes

If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside

If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside

Enter the percentage of financed property used in a private business use by entities other than

If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . . If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12

Has the organization established written procedures to ensure that all nongualified bonds of

counsel to review any research agreements relating to the financed property?

Does the bond issue meet the private security or payment test? . . .

Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were

Exception to rebate?

Was the hedge superintegrated?

Was the hedge terminated?

hedge with respect to the bond issue?

the issue are remediated in accordance with the requirements under

Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and

Has the organization or the governmental issuer entered into a qualified

counsel to review any management or service contracts relating to the financed property?

Are there any research agreements that may result in private business use of bond-financed

Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

(GIC)?	d in a guaranteed investment contract	X
Name of provider		

Schedule K (Form 990) 2020

period?

Part V

Part VI

Arbitrage (Continued)

requirements of section 148? . . .

Return Reference

PART I, LINE A, COLUMN (F):

Was the regulatory safe harbor for establishing the fair market value of

Were any gross proceeds invested beyond an available temporary

Has the organization established written procedures to monitor the

Procedures To Undertake Corrective Action

if self-remediation is not available under applicable regulations?

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program

ISSUANCE OF THE SERIES 2019 BONDS.

Yes

Χ

No

Explanation FINANCE (1) THE ACQUISITION, CONSTRUCTION, RENOVATION, AND EQUIPPING OF THE ACADEMY'S ATHLETIC EXPANSION PROJECTS WHICH INCLUDE A NEW FIELDHOUSE, WEIGHT ROOM, TRAINING ROOM, AND MAINTENANCE BUILDING, AS WELL AS ROAD IMPROVEMENTS AT THE CAMPUS LOCATED ON THE REAL

PROPERTY LOCATED AT 4300 CHERRY BOTTOM ROAD, GAHANNA, OHIO, AND (2) CERTAIN COSTS AND EXPENSES INCURRED IN CONNECTION WITH THE

В

No

Yes

Page 3

No

D

Nο

Yes

Yes

C

Nο

Yes

Return Reference	Explanation			
ART II, LINE 3, COLUMN (A):	THE SERIES 2019 BONDS ARE DRAW DOWN BONDS WITH A TOTAL AGGREGATE PERMISSIBLE DRAW OF \$19,000,000. THE CORPORATION HAS COMPLETED DRAWING ON THE BONDS WITH A TOTAL AMOUNT OF \$18,676,089 DRAWN AS OF JUNE 30, 2020.			

D/

Return Reference	Explanation
PART IV, LINE 2.C, COLUMN (A):	THE 2019 BONDS ARE DRAW DOWN BONDS. THE CORPORATION ONLY DRAWS UPON THE BONDS WHEN IT HAD REIMBURSABLE EXPENSES AND USED SUCH DRAWS TO EITHER IMMEDIATELY PAY SUCH EXPENSES OR TO REIMBURSE ITSELF FOR SUCH EXPENSES. BECAUSE OF THIS THERE ARE NO INVESTMENT EARNINGS ON THE SERIES 2019 BONDS AND THEREFORE NO NEED FOR REBATE.

	efile GRAPHIC print - DO NOT PROCESS				As Filed Data - DLN					N: 93	I: 93493028000312		
Schedule L Transa		ctions	with Int	erested	Person	s			10	4B No. 1	L545-00	347	
(Form 990 or 990-	EZ) ► Comple	te if the organiz	ation ansv	wered "Yes"	on Form 99	0, Part IV, lii	ies 2	5a, 2	5b, 26	,	20	20	1
				or Form 990- o Form 990 o		line 38a or 4)-EZ.	0 b.				4 U	4 U	1
Department of the Treas nternal Revenue Service	,	Go to <u>www.irs.g</u>					ormat	ion.		(pen to Inspe	o Pub ection	
Name of the orga							En	ploy	er ide	ntifica	tion nu	ımber	
THE COLUMBUS ACA	ADEMIT						31	-4379	9445				
		nsactions (sect											
	ete if the organiza Name of disquali	ation answered "Y				25b, or Form 9 fied person an						Carras	+17
1 (a)	Name of disquaii	nea person	(b) Kei		reen disquair Janization	ried person an	" "	(c) Description of transaction			(a) Ye	Correc	tea? No
				or gameation.									
							_						
							-						
							+						
2 Enter the an	nount of tax incur	red by the organi	zation mana	agers or disqu	alified persor	ns durina the v	 ′ear u	nder :	section	1			
4958				·					P 9				
3 Enter the am	nount or tax, if an	y, on line 2, abov	e, reimburs	sea by the orga	anization .		•			<u> </u>			
		From Interest											
		ization answered In Form 990, Part			art V, line 38	Ba, or Form 99	0, Par	t IV,	line 26	; or if	the orga	inizatio	n
(a) Name of		(c) Purpose of			(e)	(f) Balance	(g)	In	(ł	1)	(i)	Writte	
interested person	with	loan	organ	ization?	Original principal amount	due	default? Approve board commit						
	organization								Doar	a or			
			T .		amount				comm	ittee?			
			То	From	amount		Yes	No	comm Yes	No	Yes	No	
MŚ MELISSA	HEAD OF SCHOOL	TO COVER EDUCATIONAL COSTS.	10	From X	250,000	100,000	Yes	No			Yes Yes	No	<u> </u>
MŚ MELISSA		EDUCATIONAL	10	 		100,000	Yes		Yes			No	
MŚ MELISSA		EDUCATIONAL	10	 		100,000	Yes		Yes			No	1
MŚ MELISSA		EDUCATIONAL	10	 		100,000	Yes		Yes			No	
MŚ MELISSA		EDUCATIONAL	10	 		100,000	Yes		Yes			No	
MŚ MELISSA SODERBERG Fotal .	SCHOOL	EDUCATIONAL COSTS.		X •	250,000	100,000			Yes			No	
MŚ MELISSA SODERBERG Fotal . Part III Gran	SCHOOL	EDUCATIONAL COSTS.	Interest	X X	250,000 \$	100,000			Yes			No	
MŚ MELISSA SODERBERG Fotal Part IIII Gran	SCHOOL the second seco	EDUCATIONAL COSTS.	Interest	X b ced Persons on Form 999	250,000 \$ i. 0, Part IV,	100,000 line 27.		No	Yes Yes	No	Yes		
AS MELISSA SODERBERG Fotal Part IIII Gran Com	school nts or Assistar plete if the orga	EDUCATIONAL COSTS.	Interestered "Yes"	X X	250,000 \$ i. 0, Part IV,	100,000		No	Yes Yes	No			
MŚ MELISSA SODERBERG Fotal Part IIII Gran	school nts or Assistar plete if the orga	EDUCATIONAL COSTS.	Interestered "Yes"	X b ced Persons on Form 999	250,000 \$ i. 0, Part IV,	100,000 line 27.		No	Yes Yes	No	Yes		
MŚ MELISSA SODERBERG Fotal Part III Gran	school nts or Assistar plete if the orga	EDUCATIONAL COSTS. nce Benefiting anization answe) Relationship belerested person an	Interestered "Yes"	X b ced Persons on Form 999	250,000 \$ i. 0, Part IV,	100,000 line 27.		No	Yes Yes	No	Yes		
	school nts or Assistar plete if the orga	EDUCATIONAL COSTS. nce Benefiting anization answe) Relationship belerested person an	Interestered "Yes"	X b ced Persons on Form 999	250,000 \$ i. 0, Part IV,	100,000 line 27.		No	Yes Yes	No	Yes		
MŚ MELISSA SODERBERG Fotal Part III Gran	school nts or Assistar plete if the orga	EDUCATIONAL COSTS. nce Benefiting anization answe) Relationship belerested person an	Interestered "Yes"	X b ced Persons on Form 999	250,000 \$ i. 0, Part IV,	100,000 line 27.		No	Yes Yes	No	Yes		
MŚ MELISSA SODERBERG Fotal Part III Gran	school nts or Assistar plete if the orga	EDUCATIONAL COSTS. nce Benefiting anization answe) Relationship belerested person an	Interestered "Yes"	X b ced Persons on Form 999	250,000 \$ i. 0, Part IV,	100,000 line 27.		No	Yes Yes	No	Yes		

Page 2

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (a) Name of interested person (c) Amount of (d) Description of transaction (e) Sharing (b) Relationship between interested transaction of person and the organization's organization revenues? Yes No (1) CONTINENTAL BUILDING SYSTEMS 2,492,354 THE SCHOOL HAS A JONATHAN KASS, Nο CONSTRUCTION PROJECT BOARD PRES/TRUSTEE, HAS A FAMILY CONTRACT WITH CONTINENTAL RELATIONSHIP WITH BUILDING SYSTEMS FOR VARIOUS

Supplemental Information

CAMPUS RENOVATION AND EXPANSION PROJECTS. THE RELATIONSHIP BETWEEN MR. KASS AND THE INTERESTED PERSON WAS PROPERLY DISCLOSED PER THE SCHOOL'S CONFLICT OF INTEREST POLICY. PER PROPER DISCLOSURE ON THE TRUSTEE'S ANNUAL CONFLICT OF INTEREST STATEMENT, PRIOR TO THE BOARD'S CONSIDERATION OF THE CONSTRUCTION PROJECT, lmr. kass again disclosed his CONFLICT AND ABSTAINED FROM VOTING ON MATTERS RELATING TO THE CONSTRUCTION PROJECT.

Return Reference

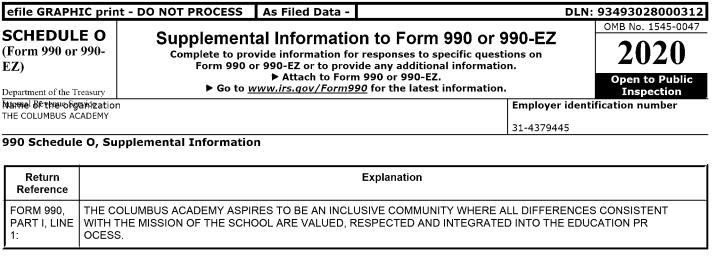
Provide additional information for responses to questions on Schedule L (see instructions).

AN OWNER

Explanation

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493028000312 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2020 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** THE COLUMBUS ACADEMY 31-4379445 Part I **Types of Property** (a) (b) (c) (d) Check if Number of contributions or Noncash contribution Method of determining applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1g 1 Art—Works of art . . Art-Historical treasures Art—Fractional interests 4 Books and publications Clothing and household goods Cars and other vehicles **7** Boats and planes . . . 8 Intellectual property . . . Securities—Publicly traded . Χ 244,995 STOCK EXCHANGE 10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . 13 Qualified conservation contribution—Historic structures Qualified conservation contribution—Other . . Real estate—Residential . Real estate—Commercial . Real estate—Other . . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . 21 Taxidermy 22 Historical artifacts . 23 Scientific specimens . . 24 Archeological artifacts . . 25 Other ▶ (___ 26 Other ▶ (______) 27 Other ▶ (______) Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt 30a Nο **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, Schedule M (Form 990) (2020) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2020)	Page 2
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization
is reporting in Part I, colu complete this part for any	ımn (b), the number of contributions, the number of items received, or a combination of both. Also y additional information.
Return Reference	Explanation
	Schedule M (Form 990) (2020)



Return Reference	Explanation
FORM 990, PART III, LINE 1:	THE COLUMBUS ACADEMY - AN INDEPENDENT, COEDUCATIONAL COLLEGE PREPARATORY SCHOOL - ENRICHES ITS ACADEMIC TRADITION OF EXCELLENCE BY VALUING A BROAD DIVERSITY OF STUDENTS AS IT SEEKS TO DEVELOP THE COMPLETE PERSON: MIND, BODY AND CHARACTER. THE SCHOOL REWARDS RIGOROUS EFF ORT AND ACCOMPLISHMENT, FOSTERS COMPASSION, RESPECT AND MORAL COURAGE, AND INSISTS ON INTE GRITY, FAIR PLAY AND COMMUNITY SERVICE. THE ACADEMY STRIVES TO DEVELOP AND SUSTAIN A COMMU NITY OF THOUGHTFUL, RESPONSIBLE, CAPABLE AND CONFIDENT CITIZENS EAGER TO ENGAGE IN A PLURA LISTIC AND EVER-CHANGING WORLD.

Return Explanation
Reference

FORM 990,	FORM 990 IS FIRST REVIEWED BY THE FINANCE AND AUDIT COMMITTEE OF THE BOARD OF TRUSTEES. IT
PART VI,	S THEN E-MAILED TO THE FULL BOARD OF TRUSTEES FOR THEIR REVIEW AND APPROVAL, AND FORMALL
SECTION B,	Y ACCEPTED BY THE FULL BOARD OF TRUSTEES AT ITS NEXT MEETING, PRIOR TO THE FORM'S SUBMISSI
LINE 11B	ON TO THE IRS.

990 Schedule O, Supplemental Information Return Explanation

Reference	
FORM 990,	AT THE FIRST BOARD MEETING OF EVERY NEW FISCAL YEAR, TRUSTEES AND OFFICERS ARE GIVEN A COP
PART VI,	Y OF THE CONFLICT OF INTEREST AND ETHICS POLICY. THEY ARE REQUIRED TO COMPLETE A QUESTIONN
SECTION B,	AIRE THAT DISCLOSES ANY CONFLICTS OF INTEREST, AND SUBMIT THIS SIGNED FORM TO THE ADMINIST
LINE 12C	RATION. THE ADMINISTRATION FOLLOWS UP WITH TRUSTEES TO ENSURE THAT ALL BOARD MEMBERS SUBMI
	T THIS SIGNED FORM TO THE SCHOOL

CHOOLS AT THE LOCAL, REGIONAL, AND NATIONAL LEVELS.

Return

Reference	
FORM 990,	THE REVIEW OF HEAD OF SCHOOL COMPENSATION BY THE BOARD IS BASED UPON THE BOARD'S DETERMINA
PART VI,	TION OF THE HEAD OF SCHOOL'S PERFORMANCE AS MEASURED AGAINST THE ACADEMY'S MISSION STATEME
SECTION B,	NT AND STRATEGIC PLAN, AS WELL AS HER SATISFACTION OF PRIOR PERFORMANCE GOALS ESTABLISHED
LINE 15	AND APPROVED BY THE BOARD'S NOMINATING AND GOVERNANCE COMMITTEE OR SUCH SUCCESSOR COMMITTE
	E, CONSIDERATION OF COMPENSATION PRACTICES OF OTHER INDEPENDENT SCHOOLS, AND SUCH OTHER FA
	CTORS DEEMED REASONABLE AND APPROPRIATE BY THE BOARD. COMPENSATION OF OTHER KEY EMPLOYEES
	OR OFFICERS IS BASED UPON PERFORMANCE AND COMPARATIVE INFORMATION FROM OTHER INDEPENDENT S

Explanation

Return Explanation
Reference

FORM 990, PART VI, GANIZATION'S FORMS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST. FURTHER, THE OR GANIZATION'S FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION THROUGH ANOTHER'S WEBSITE, WWW.GU SECTION C, IDESTAR.ORG.

Return Explanation

LINE 19

FORM 990, PART VI, SECTION C,

Return Explanation

Reference	
,	PASS-THROUGH INCOME ADJUSTMENT FOR TAX RETURN -49,865. FASB 158 ADJUSTMENT 437,264. LOSS O N UNCOLLECTIBLE PLEDGES -41,656. RECOVERY OF PRIOR YEAR BAD DEBT 11,283.

LINE 9:

990 Schedule O, Supplemental Information

Return Explanation

FORM 990, PART XII, COMMITTEE INTERVIEWS CANDIDATES FOR THE AUDIT FIRM AND MAKES A RECOMMENDATION BASED ON THI LINE 2C: S PROCESS TO THE FULL BOARD OF TRUSTEES. THE FULL BOARD OF TRUSTEES PASSES A RESOLUTION SE LECTING THE EXTERNAL AUDITORS. THIS PROCESS REMAINS UNCHANGED FROM THE PRIOR YEAR.