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# 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)

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

OMB No 1545-0047 2009

A Fo	rthe 2	2009 ca	lendar yea	r, or tax year beginning 07-01-20	009 and ending 06-30-201	0	_		
3 Ch	eck ıf ap	plicable	Please	C Name of organization The Columbus Academy			D Employer i	identifi	cation number
- Add	dress cha	ange	use IRS label or	,			31-43794		
— Nai	me char	nge	print or	Doing Business As			E Telephone	numbe	er
– <sub>Init</sub>	al retur	'n	type. See Specific	Number and street (or P O box if m	nail is not delivered to street addre	ss) Room/suite	(614) 509		
– Ter	mınated	i	Instruc- tions.	4300 Cherry Bottom Road		, , , , , , , , , , , , , , , , , , , ,	<b>G</b> Gross receip	ots \$ 31,	441,364
– <sub>Am</sub>	ended r	eturn		City or town, state or country, and 2	ZIP + 4				
— ADI	olication	pending		Gahanna, OH 43230					
		,	E Nan	L ne and address of principal office	ar.	11/-> *		_	
				ackenzie	=1	H(a) Is th	ıs a group reti ites?	urn for	┌ Yes
				Cherry Bottom Road					
			Gallalli	na,OH 43230		1 ' '	II affiliates incl		☐ Yes ☐ No
т Та	x-exem	pt status	▼ 501(c)	) ( 3 ) ◀ (insert no )	or $\Gamma$ 527	1 _			e instructions)
						H(c) Grou	ıp exemption	пишье	
				sacademy org		<u> </u>			
		janization	✓ Corporat	tion Trust Association Other 🕨	•	<b>L</b> Year of fo	rmation 1911	<b>M</b> Stat	e of legal domicile OH
Pa	rt I	Sumi	•						
	1	,		e organization's mission or most ademy aspires to be an inclusive	5	ancas consist	ent with the m	nission	of the school are
υ	1			and integrated into the educatio	-	sinces consist	ent with the n	11331011	of the school are
sovemance									
Ĭ									
2	_						2504 64		
			,	if the organization discontinue					
٥ ^			_	members of the governing body (					24
ACIIMILES				ndent voting members of the gov		)	•		24
	5	Total nu	umber of en	nployees (Part V , line 2a)				5	563
į	6	Total nu	umber of vo	olunteers (estimate if necessary)	)			6	715
		_		ted business revenue from Part				7a	-10,790
	b	Net unr	elated busi	ness taxable income from Form	990-T, line 34			7b	-39,383
						Pric	r Year		Current Year
_	8	Contri	butions and	d grants (Part VIII, line 1h) .			2,250,816		4,896,657
пïе	9	Progra	m service	revenue (Part VIII, line 2g) .		18,118,164		19,123,364	
Revent	10	Invest	ment incor	me (Part VIII, column (A), lines	3, 4, and 7d)		-527,383		576,675
ά	11	Other	revenue (P	art VIII, column (A), lines 5, 6 d	l, 8c, 9c, 10c, and 11e)		75,340		51,735
	12			dd lınes 8 through 11 (must equ		е	19,916,937		24,648,431
	13			ar amounts paid (Part IX, column			1,519,833		
	14						1,519,833		1,740,723
			•	or for members (Part IX, column		_			
8	15	Salarie 10)	es, other co	ompensation, employee benefits	(Part IX, column (A), lines	>-	14,502,625		15,193,566
Expenses	16a	,	sional fund	raising fees (Part IX, column (A	), line 11e)				0
<b>⊕</b>	ь			enses (Part IX, column (D), line 25)					
Ш	17			(Part IX, column (A), lines 11a-			6,337,770		6,269,233
	18			Add lines 13–17 (must equal Pa			22,360,228	<del>                                     </del>	23,203,522
	19			penses Subtract line 18 from lin			-2,443,291		1,444,909
27 30 (*)	+		ext			Beginnin	g of Current		
net Assets of Fund Balances						_	ear		End of Year
3 4g	20	Total	assets (Par	rt X, line 16)			50,457,945		53,763,996
Z Z	21	Totall	ıabılıtıes (F	Part X, line 26)			9,078,214		8,829,159
žZ	22	Netas	sets or fun	d balances Subtract line 21 fro	m line 20		41,379,731		44,934,837
Pai	rt II	Sign	ature Blo	ock					
				erjury, I declare that I have examined t					
		and bell	er, it is true, i	correct, and complete Declaration of pi	reparer (other than officer) is base	on all informat	ion of which prep	oarer na	s any knowledge
Sign	1	****	*****						
ler		Signa	******    2010-11-05  Signature of officer  Date						
		Marg	Margaret A Koerner Chief Financial Officer						
			or print nam						
		Preparer	's L			Check If	Preparer's ide	, ,	number
Paid		signature		NGER	l l	self- empolyed 🕨 🦵	(see instruction	ons)	
	arer's	Firm's na	me (or your	s 👠 John Gerlach & Company LLP		opoiyeu r			
•	Only	ıf self-er	nployed),				EIN 🕨		
	1	address,	and ZIP + 4	37 W Broad St Ste 530			Phone no 🕨	(614) 3	224-2164
				Columbus, OH 43215			Thome no F		
124	the ID	S dicens	c thic rotu	rn with the preparer shown above	o? (coo instructions)			1.7	Vas E No

### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

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
A cademy strives to develop and sustain a community of thoughtful, responsible, capable and confident citizens eager to engage in a
pluralistic and ever-changing world

2			ant program services durir	ng the year which were not listed	on
	If "Yes," describe	these new services on S	chedule O		
3			nake significant changes i	n how it conducts, any program	
	If "Yes," describe	these changes on Sched	ule O		
4	Section 501(c)(3)	and 501(c)(4) organizat	ions and section 4947(a)(	ion's three largest program servion's three largest program servion 1) trusts are required to report the program service reported	• •
4a	(Code	) (Expenses \$	18,886,305 including gra	ints of \$ 1,740,723 ) (Rever	nue \$ 18,619,094 )
	College preparatory financial aid based or		ındergarten through 12th grade	Total enrollment is 1,075, of which 245	are minorities 171 students receive
4b	(Code	) (Expenses \$	406,157 including gra	ints of \$ ) (Reven	ue \$ 518,313 )
	Summer school and	day camp program (June, July	& August) 1,171 attended cour	rses, including Computer Skills, Spanish,	Study Skills, and Creative Writing
4c	(Code	) (Expenses \$	ıncludıng graı	nts of \$ ) (Revenu	ie \$ )
	_				
	-				
4d		ervices (Describe in Sch	edule O )		
	(Expenses \$	ınc	uding grants of \$	) (Revenue \$	)
40	Total program co	ruice expenses to	10 202 462		

Dart TV	Checklist	of Required	Schedules
4 ILT 1/4	CHECKHSL	ui keuulleu	<b>Scheuules</b>

			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? 🕏	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		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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 term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Į		
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		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? 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	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	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		Νο
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		Νο
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

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		Νo
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		Νο
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		Νo
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		Νo
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		Νo
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			
		28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Νo
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		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νο
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		Νo
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		Νo
	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νo
36	<b>Section 501(c)(3) organizations.</b> 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		Νο
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		Νο
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	

	Part V	Statements	Regarding	Other IRS	Filings and	l Tax	Compliance
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			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		Tes	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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			
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 this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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
Ь	If "Yes," enter the name of the foreign country   See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	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		Νο
	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		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, 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		Νο
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the 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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	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 )			
12a	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 year			

Margaret A Koerner 4300 Cherry Bottom Road Gahanna, OH 432300745

(614) 509-2227

**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			
b	Enter the number of voting members that are independent 1b 24			
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 organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	103	No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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
	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No 
	Does the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does 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	
Ь	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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▶OH		·	
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 make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes 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 th	ıe orga	nızatıor	n 🕨

### Part VIII 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. Use Schedule J-2 if additional space is needed

- 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. 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 the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee 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
See add'l data										

For	m 990 (2009)			Page
1b	Total	0		126,64
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶6			
_			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νο
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 for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No
	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address  (B) Description of services		(C Compe	
605	Equities Management South Front Street Imbus, OH 43215  South Front Street Imbus, OH 43215		Соптре	268,067
255	ed Security LLC 2 W 135th st Security Services 2 Island, IL 60406			171,371
_				
		$\longrightarrow$		
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►2			

Form **990** (2009)

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
维維	1a	Federated cam	paigns 1a					
Contributions, gifts, grants and other similar amounts	ь	Membership du	es <b>1b</b>					
	c	Fundraising eve	ents 1c					
	d	Related organiz	ations 1d					
<u>⊌</u> E	e	Government grants	s (contributions) <b>1e</b>	289,621				
는 도	f		ons, gifts, grants, and <b>1f</b>	4,607,036	İ	į		į
ntribut nd othe	g	sımılar amounts no Noncash contri	butions included in					
		lines 1a-1f \$	34,352					
လ မ	h	Total. Add lines	s 1a-1f	🔸	4,896,657			
<u>a</u>				Business Code				
e E	2a	Tuition & Fees		611,600	18,414,951	18,414,951		
æ	Ь	Summer School &	Day Ca	611,600	518,313	518,313		
<u>8</u>	c	Care After School,	Tut	611,600	151,203	151,203		
<u>5</u>	d	Athletic Events		611,600	38,897	38,897		
£	e							
Program Serwce Revenue	f	All other progra	am service revenue					
Ě	g	Total. Add lines	s 2a-2f		19,123,364			
	3		ome (including dividen		,,			
		and other simila	ar amounts)	▶	603,292			603,292
	4	Income from inves	tment of tax-exempt bond	proceeds 🕨				
	5	Royalties						
			(ı) Real	(11) Personal				
	6a	Gross Rents	39,427					
	Ь	Less rental expenses						
	C	Rental income or (loss)	39,427					
	d	Net rental inco	me or (loss)		39,427			39,427
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of	6,699,535	1,104				
		assets other than inventory						
	ь	Less cost or other basis and	6,724,995	2,261				
		sales expenses						
	c	Gain or (loss)	-25,460	-1,157	26 647			26.647
	d		s)		-26,617			-26,617
Φ	8a	Gross income f events (not inc	_					
둤		\$	<u> </u>					
ě		of contributions See Part IV, lin	reported on line 1c)					
Ϋ́		· · · · · · · · · · · · · · · · ·	a	9,315				
Other Revenue	ь	Less direct ex	penses b	10,690				
δ	С		loss) from fundraising	events 📂	-1,375			-1,375
	9a		rom gaming activities					
		See Part IV, lin	e 19 a					
	ь	less directex	penses <b>b</b>					
	c		(loss) from gaming activ	vities				
	10a	Gross sales of						
		returns and allo						
	 	lees soot 6	a b	57,010				
	р С	_	oods sold <b>b</b> (loss) from sales of inve	54,987	2,023	2,023		
	<u> </u>	Miscellaneous	· · ·	Business Code	2,023	2,023		
	11a	Forfeited Enroll		611,600	12,000	12,000		
	ь	Other Income	mene b	900,099	10,450	20		10,430
	c		Income	900,099	-3,024	-	-3,024	,
	d	Pass-Through I	ue		-7,766		-7,766	
	a   e	Total. Add lines			7,730		7,730	
		iotai. A du IIIIes	,		11,660			
	12	Total revenue.	See Instructions	▶	24,648,431	19,137,407	-10,790	625,157
	i			l l	,0 10, 131	12,137,107	10,,,00	525,157

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

	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).								
			(B), (C), and	(D).	(D)				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV, line 21 $$								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,740,723	1,740,723						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees	497,303		497,303					
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	10,871,244	8,783,860	1,861,296	226,088				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	640,985	519,794	110,639	10,552				
9	Other employee benefits	2,335,328	2,140,830	163,804	30,694				
10	Payroll taxes	848,706	663,156	170,198	15,352				
11	Fees for services (non-employees)								
а	Management	45,397	45,397						
b	Legal	34,428		34,428					
c	Accounting								
d	Lobbying								
e	Professional fundraising See Part IV, line 17								
f	Investment management fees	48,036		48,036					
g	Other	153,114	114,030	34,934	4,150				
12	Advertising and promotion	74,075	11,738	62,337					
13	Office expenses	1,289,680	1,096,841	149,369	43,470				
14	Information technology	121,239	93,585	27,654					
15	Royalties								
16	Occupancy	1,481,879	1,481,879						
17	Travel	164,631	148,878	9,930	5,823				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings	151,370	145,503	5,867					
20	Interest	107,629	107,629						
21	Payments to affiliates								
22	Depreciation, depletion, and amortization	1,362,255	1,097,978	· · ·	50,403				
23 24	Insurance	39,335	39,335						
	total expenses shown on line 25 below )								
а	Contracted Services	802,440	802,440						
b	School Equipment R&M	200,568	200,568						
С	Miscellaneous Expenses	105,172	3,859	97,382	3,931				
d	Membership Dues & Subsc	49,168	15,622	31,833	1,713				
e	School Field Trips	38,817	38,817						
f	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	23,203,522	19,292,462	3,518,884	392,176				
26	Joint costs. Check here ► T if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation								

Pa	rt X	Balance Sheet					
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			188,660	1	572,663
	2	Savings and temporary cash investments	•		8,285,119	2	8,784,443
	3	Pledges and grants receivable, net			415,605	3	807,935
	4	Accounts receivable, net			109,494	4	136,164
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	es from current and former officers, directors, trustees, key employees, and ompensated employees Complete Part II of				
		Schedule L				5	
Assets	6	Receivables from other disqualified persons (as defined under s persons described in section $4958(c)(3)(B)$ Complete Part II of	n 4958(f)(1)) and				
		Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			18,135	8	7,110
	9	Prepaid expenses and deferred charges			423,919	9	394,784
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	39,971,274			
	ь	Less accumulated depreciation	10b	17,946,601	22,913,300	10c	22,024,673
	11	Investments—publicly traded securities			15,489,791	11	18,035,919
	12	Investments—other securities See Part IV, line 11	2,613,922	12	3,000,305		
	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)			50,457,945	16	53,763,996
	17	Accounts payable and accrued expenses .			2,779,772	17	2,833,434
	18	Grants payable		18			
	19	Deferred revenue					
	20	Tax-exempt bond liabilities				20	
<u>ē</u> ,	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			124,322	23	99,069
	24	Unsecured notes and loans payable to unrelated third parties			3,308,302	24	3,298,702
	25	Other liabilities Complete Part X of Schedule D			211,013	25	174,660
	26	Total liabilities. Add lines 17 through 25			9,078,214	26	8,829,159
ري ط		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	let e l	ines 27			
ĕ		through 29, and lines 33 and 34.			26 214 724		26 224 447
Fund Balance	27	Unrestricted net assets			26,314,724		26,234,447
<u> </u>	28	Temporarily restricted net assets		2,273,364		3,181,067	
ĭĽ	29	Permanently restricted net assets	ا اس		12,791,643	29	15,519,323
FI		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	ia con	ipiete			
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	
355	32	Retained earnings, endowment, accumulated income, or other fu		·		32	
Net #	33	Total net assets or fund balances			41,379,731	33	44,934,837
Ž	34	Total liabilities and net assets/fund balances			50,457,945		53,763,996
ı ——		Total habilities and het assets/fulla balances			1 50,757,945	J#	

### Part XI Financial Statements and Reporting

			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		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 issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	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 required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

**Employer identification number** 

### OMB No 1545-0047

2000

Open to Public Inspection

### **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.

Name of the organization The Columbus Academy

31-4379445

Pai	rt I	Reas	on for Pul	olic Charity Stat	us (All orga	anızatıons r	nust comple		t.) See inst			
The c	rganı			foundation because								
1	Γ	A churc	h, conventio	on of churches, or as:	sociation of d	hurches <b>se</b>	ction 170(b)(	1)(A)(i).				
2	~	A schoo	ol described	ın <b>section 170(b)(1)</b>	( <b>A</b> )(ii). (Atta	ach Schedule	₽ E )					
3	$\Gamma$	A hospi	tal or a coop	erative hospital serv	vice organiza	tion describe	ed in <b>section</b>	170(b)(1)(A	)(iii).			
4	Γ		A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state									
5	Γ	_	-	rated for the benefit A)(iv). (Complete Pa	_	or university	owned or ope	erated by a g	overnmental	unit describe	_ ed in	
6	Γ	A feder	al, state, or l	local government or	governmenta	l unit descril	oed in <b>sectio</b> i	n 170(b)(1)(	A)(v).			
7	Γ	describ	ed ın	t normally receives a <b>A)(vi)</b> (Complete Pa		part of its su	upport from a	government	al unit or fron	n the general	public	
8	$\Gamma$	A comm	nunity trust	described in <b>section</b>	170(b)(1)(A	)(vi) (Comp	lete Part II )					
9 10 11 e f g	L	receipts its supple acquire An orgation one or rethe box a	s from activity ort from group of by the organization organization organization organization from data from the foundation of the foundation organization organiz	t normally receives ties related to its exists investment income anization after June 3 anized and operated organized organized by Type II x, I certify that the organized and other ceceived a written defectly or indirectly concept of a person describer of a person describer.	empt function ne and unrela 30, 1975 Se exclusively t exclusively f tions describ orting organiz c	ns—subject to ted business e section 50 to test for pure for the benefit ed in section and control ed to test for the benefit ed in section and control ed to the test for more publication and gift or alone or toged organizations.	to certain except the standle incomplete safety Stoff, to perform 509 (a)(1) of the stoff that it is a Type that it is a Type there with perform the stoff that it is a Type that it	eptions, and ome (less semplete Part I leesection 50 m the function section 50 le through integrated or indirectly be a organization of the form any of	(2) no more ction 511 tax II )  (9(a)(4).  (9(a)(2) See 11h  (a)  (b) one or more described  I or Type III  (the	than 331/3%  x) from busin  carry out the section 509(  Type II re disqualified in section 50  supporting of 11g(i) 11g(ii)	purposes of a)(3). Check  I - Other d persons 19(a)(1) or organization,	
		(iii) a 3	5% controll	ed entity of a person	described in	ı (ı) or (ıı) abo	ove?			11g(iii)		
h		Provide	the followin	g information about t	he supported	d organizatio	n(s)					
(i) Name suppor		e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your govei docume	on in ed in rning	(v) Did you notify the organization in col (i) of your support?		(vi)  Is the organization in col (i) organize in the US?		(vii) A mount of support?	
				ınstructions))	Yes	No	Yes	No	Yes	No		
								ļ		ļ		

Total

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b)</b> 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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) <b>Dublic Support</b> Subtract line F from						
6	<b>Public Support.</b> Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	( <b>b</b> ) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	business activities, whether or						
	not the business is regularly						
	carried on						
10	Other income (Explain in Part						
	IV ) Do not include gain or loss						
	from the sale of capital assets						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and <b>stop here</b>						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
<b></b>	and <b>stop here.</b> The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	<b>▶</b> □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and <b>stop here.</b> The organization				,		▶
17a	10%-facts-and-circumstances test-	<b>-2009.</b> If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						<b>▶</b> ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

**▶**□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> 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						
3	purpose Gross receipts from activities that				+		
3	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						
_	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				1		
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						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
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						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
	business activities not included						
	ın lıne 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,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chastes here	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

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.** 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. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

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

DLN: 93493309020010

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, 11, or 12.

Open to Public

emai R	evenue Service F Attach to Fo	orm 990. F See separate instructions.			Tillsheri	
	e of the organization olumbus Academy		Emp	loyer identificat	ion numbe	er
	on moust reductify		31-	4379445		
Par			unds	or Accounts.	Complet	te if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	1 ,	( <b>b)</b> Funds and ot	har accou	ntc
-	otal number at end of year	(a) Donor advised funds	,	( <b>b)</b> Fullus allu ot	ner accou	111.5
	·					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		ior adv	ısed	☐ Yes	☐ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				┌ Yes	┌ No
art	<b>Conservation Easements.</b> Complete	ıf the organızatıon answered "Yes" t	o Forr	n 990, Part IV	, lıne 7.	
	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space  Complete lines 2a-2d if the organization held a qualicatement on the last day of the tax year	on or pleasure) Preservation of an Preservation of a G	certifie	d historic struct	•	a
				Held at the I	End of the	Year
	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified his	toric structure included in (a)	2c			
	Number of conservation easements included in (c) a	equired after 8/17/06	2d			
1	Number of conservation easements modified, transfe		ed by th	ne organization d	uring	
	Number of states where property subject to conserva Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	—— dling of	violations, and	☐ Yes	┌ No
:	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easem	nents d	uring the year ►		
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easements	s durin	g the year ► \$ _		
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	tion		☐ Yes	┌ No
	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	he footnote to the organization's financia		•		
rt	Organizations Maintaining Collection Complete if the organization answered '		or Ot	her Similar A	ssets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue stateme for public exhibition, education or researc	ch ın fu			 e,
	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p provide the following amounts relating to these items	oublic exhibition, education, or research i				
1	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>►</b> \$		
	If the organization received or held works of art, histo	orical treasures or other similar assets fo	or finan	· ·		
1	following amounts required to be reported under SFA					
a	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		

**b** Assets included in Form 990, Part X

5ch	edule D (Form 990) 2009										Page 2
Par	t IIII Organizations Maintaining Co	llections of Art,	His	torical Tr	eası	ures, or C	the	r Simila	r Ass	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	e following t	hat a	re a sıgnıfıc	ant u	use of its c	ollectio	on	
а	Public exhibition		d	Loan	orexc	:hange prog	rams	3			
b	Scholarly research		e	C Other							
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how	they furthe	r the	organızatıoı	ı's ex	xempt purp	ose in		
	Part XIV					_					
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							nılar	Γ	Yes	┌ No
Pa	rt IV Escrow and Custodial Arrang					n answere	d "Y	es" to Fo	rm 99	0,	
	Part IV, line 9, or reported an an	nount on Form 99	0, Pa	rt X, line 2	21.						
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interme	dıary	for contribu	tions	or other ass	ets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the f	ollowi	ng table		-					
						-			A mo	unt	
С	Beginning balance					-	1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance					Ĺ	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV										
Pa	rt V Endowment Funds. Complete										
		(a)Current Year	(b	)Prior Year	+ • •	Two Years Bac	k (d	I)Three Years	Back	<b>(e)</b> Four Y	ears Back
La	Beginning of year balance	20,088,154		25,132,89	+		+				
b	Contributions	2,773,103		182,89	+		+				
С	Investment earnings or losses	2,627,631		-3,821,76	+		+				
d	Grants or scholarships	709,041		696,30	+		_				
е	Other expenditures for facilities and programs	634,450		658,45							
f	Administrative expenses	48,036		51,10	+						
g	End of year balance	24,097,361		20,088,15	1						
2	Provide the estimated percentage of the yea	r end balance held a	s								
а	Board designated or quasi-endowment 🕨	24 000 % %									
Ь	Permanent endowment ► 76 000 % %										
c	Term endowment ► %										
За	Are there endowment funds not in the posses	ssion of the organiza	tion t	hat are held	and	admınıstere	d for	the			
	organization by									Yes	No
	(i) unrelated organizations				•		•		3a(i)		No No
h	(ii) related organizations		Ion Si	chadula P2			•		3a(ii 3b	<del>' </del>	I
	Describe in Part XIV the intended uses of th	•			•		•				
a	rt VI Investments—Land, Buildings	<u> </u>			90. P	art X. line	10.				
	Description of investment	, ,		(a) Cost or obasis (investr	other	(b)Cost or o	ther	(c) Accumi		( <b>d)</b> Bo	ok value
la	Land					2 15	5,551				2,155,55
	Buildings		_			33,622	-		60,529		9,262,37
	Leasehold improvements		•			33,022	_,502	14,3	00,329	<u> </u>	J,ZUZ,37.
	Equipment		•			4,15:	502	3 5	86,072		565,43
	0.11		•			· ·	L,303	,	.00,072		41,318
	II. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990. Part X. colum		l		I	.,318			7	2,024,673
		JJJ, raic A, coluit	(2),	20(0).)	- '		•			<u> </u>	90) 200

Part VII Investments—Other Securities. See  (a) Description of security or category		(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests Other		
Alternative Investments	2,246,625	F
Limited Partnership Investments	753,680	F
Emited Furthership Threstments	733,000	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	3,000,305	
Part VIII Investments—Program Related. See		
(a) Description of investment type	( <b>b)</b> Book value	(c) Method of valuation
		Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, In	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, In	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, In	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, In	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, In	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Iir	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, In	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, In	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, In	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, In	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, In	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, In	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15. tion	
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15. tion  5.)	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Descrip	ne 15. tion  5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X	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	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.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Custodian Deposits	5.)  in i	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Custodian Deposits	5.)  in i	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Custodian Deposits	5.)  in i	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Custodian Deposits	5.)  in i	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Custodian Deposits	5.)  in i	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Custodian Deposits	5.)  in i	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Custodian Deposits	5.)  in i	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Custodian Deposits	5.)  in i	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Custodian Deposits	5.)  in i	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Custodian Deposits	5.)  in i	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes  Custodian Deposits	5.)  in i	

Total revenue (Form 990, Part VIII, column (A), line 12)	1	24,648,431
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	23,203,522
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	1,444,909
4 Net unrealized gains (losses) on investments	4	2,107,123
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	3,074
9 Total adjustments (net) Add lines 4 - 8	9	2,110,197
10 Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,555,106
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Retu	irn
1 Total revenue, gains, and other support per audited financial statements	1	23,902,871
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a 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	2,183,590
3 Subtract line 2e from line 1	3	21,719,281
4 A mounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
<b>b</b> Other (Describe in Part XIV)		
<del> </del>	4c	2,929,150
	5	24,648,431
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1 Total expenses and losses per audited financial statements	1	20,340,049
A mounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities		
b Prior year adjustments 2b		
c Other losses		
<b>d</b> Other (Describe in Part XIV)		
e Add lines 2a through 2d	2e	65,677
3 Subtract line 2e from line 1	3	20,274,372
4 A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
<b>b</b> Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	2,929,150
5 Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	23,203,522

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 X, 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

Ident if ier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	The organization's endowment funds are used for faculty and staff salaries, financial aid, professional development, athletics, student newspaper, and commencement awards
Part XI, Line 8 - Other Adjustments		FMV Adjustment on Interest Rate Swap 39892 Pass-Through Income Adjustment for Tax Return 10790 FASB 158 Adjustment -47608
Part XII, Line 2d - Other Adjustments		student store activity expenses, reported on Part VIII, Line 10b 54987 Pass-Through Income Adjustment for Tax Return 10790 Fundraising Event Expenses, Reported on Part VIII, Line 8B 10690
Part XII, Line 4b - Other Adjustments		Student Financial Aid, reported on Part IX, Line 2 1740723 Student Tuition Remissions, reported on Part IX, Line 9 1188427
Part XIII, Line 2d - Other Adjustments		student store activity expenses, reported on Part VIII, Line 10b 54987 Fundraising Event Expenses, Reported on Part VIII, Line 8B 10690
Part XIII, Line 4b - Other Adjustments		Student Financial Aid, reported on Part IX, Line 2 1740723 Student Tuition Remissions, reported on Part IX, Line 9 1188427
		Part VI, Line 1e, Column (b) - amount listed represents assets held as construction in process at the end of the year

**Employer identification number** 

#### **SCHEDULE E**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

OMB No 1545-0047

2009

Open to Public Inspection

The 0	Columbus Academy	,		
		79445	YES	NO
			1.23	110
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its character governing instrument, or in a resolution of its governing body?	rter, bylaws,	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all		165	1
2	brochures, catalogues, and other written communications with the public dealing with student admission			
	programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast m 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 describe	n a way If "No,"		
	please explain  A statement affirming its nondiscriminatory policy was placed in all advertisements, brochures, newspa	por articles	Yes	-
	and other types of media mentioning the school	per articles,		
4	Does the organization maintain the following?			
;	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
1	<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondis	criminatory		
	basis?	4b	Yes	
•	Copies of all catalogues, brochures, announcements, and other written communications to the public de	alıng		
	with student admissions, programs, and scholarships?	40	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 Schedule O (For	m 990)		
5	Does the organization discriminate by race in any way with respect to			,,
(	a Students' rights or privileges?	_ <u>5a</u>	1	No
ı	b Admissions policies?	5b		No
•	Employment of faculty or administrative staff?	50		No
	d Scholarships or other financial assistance?			,
`	2 Scholarships of other infancial assistance.	_ <u>5d</u>		No
•	e Educational policies?	5е		No
1	f Use of facilities?	5f		No
(	g Athletic programs?	   5g		No
				1
- 1	h Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Fo	rm 990)		
6.	a Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
	<b>b</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 Schedule O (Form 990)			1
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 thr	ough 4 05		
	of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule	O (Form <b>7</b>	Yes	

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DLN: 93493309020010 OMB No 1545-0047

Department of the Treasury

Schedule I

(Form 990)

**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

Titlettiai Kevetine Service							znopostion
Name of the organization						Employer identific	ation number
The Columbus Academy						31-4379445	
Part I General Infor	mation on Grants	and Assistance					
<ul> <li>Does the organization m</li> <li>the selection criteria use</li> <li>Describe in Part IV the organization</li> </ul>	ed to award the grants	or assistance?				· ·	ר Yes רו
Form 990, Part	IV, line 21 for any	o Governments and recipient that receive (0) if additional space	d more than \$5,000	. Check this box if no	o one recipient receiv	ed more than \$5,00	00. Use
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(3)	(h) Purpose of grant or assistance

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

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. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</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
Financial Aid	171	1,740,723			
See Additional Data Table					
· · · · · · · · · · · · · · · · · · ·					

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DLN: 93493309020010

OMB No 1545-0047

Employer identification number

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**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

The	Columbus Academy 31-4379445			
Pa	rt I Questions Regarding Compensation			
	the new test and test are test as the second		Yes	Νo
1a	Check the appropiate 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			
	Travel for companions Payments for business use of personal residence			
	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 orprovision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply  Compensation committee  Independent compensation consultant  Form 990 of other organizations  Approval 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	1		
а	Receive a severance payment or change-of-control payment?	4a		Νο
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νο
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
5	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.  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		Νο
ь	Any related organization?	5b		Νo
	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		Νo
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 Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations			

section 53 4958-6(c)?

### 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)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MI		(C) Retirement and other deferred	( <b>D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation reported in prior		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Dellellus	(0)(1)-(0)	Form 990 or Form 990-EZ		
John Mackenzie	(I) (II)	285,963 0	0 0	39,102 0	29,150 0	1,024 0	355,239 0	0 0		
Erich Hunker	(I) (II)	139,621 0	0 0	_	9,940 0	12,465 0	162,026 0	0 0		

### 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

if ie	er Return Reference	Explanation
if ie	Reference	Explanat ion

Schedule J (Form 990) 2009

### **NonCash Contributions**

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

**SCHEDULE M** 

(Form 990)

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

**Employer identification number** Name of the organization The Columbus Academy 31-4379445 Types of Property (a) (b) (c) (d) Check Number of Contributions Revenues reported on Method of determining Form 990, Part VIII, line revenues ıf applicable 1 g 1 Art-Works of art . . 2 Art—Historical treasures 3 Art—Fractional interests 4 Books and publications 5 Clothing and household goods . . . . . Cars and other vehicles Boats and planes . . . Intellectual property Securities—Publicly traded . 19 134,352 Stock Exchange Х 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 . . Real estate—Residential . Real estate—Commercial . 17 Real estate—Other . . . 18 Collectibles . . . . 19 Food inventory . . . 20 Drugs and medical supplies . **21** Taxidermy . . . . . 22 Historical artifacts . . . Scientific specimens . . 23 Archeological artifacts . 24 25 Other ► ( \_\_\_ Other ►( \_\_\_ 26 27 Other ►( \_\_ **28** 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 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . . . . . . No 30a **b** If "Yes," describe the arrangement in Part II 31 Νo Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . . . . . . 32a Νo b If "Yes," describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

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#### 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) 2009

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As Filed Data -

DLN: 93493309020010

31-4379445

OMB No 1545-0047

2009

Open to Public Inspection

## SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

### Supplemental Information to Form 990

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

Name of the organization
The Columbus Academy

Inspect

Employer identification number

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		The organization's Code of Regulations was amended during the year. The changes to the code now allow certain individuals, in addition to those elected as trustees, to serve as "ex officio" trustees, with vote, by virtue of their services in other capacities. For example, the president of the Columbus Academy Alumni Association and the chairperson of any Capital Campaign drive will be eligible to also serve in this capacity.
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 submitted to the full Board of Trustees for their review and approval
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 wiebsite, 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
Form 990, Part XI, Line 2c The organization has a finance committee that		oversees the audit Further, this committee interview's 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.

## 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

Compensated Employees, and Independent Contractors											
<b>(A)</b> Name and Title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation	
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
Mr Thomas e Szykowny	10 00	×		X				0	0	0	
President/Trustee Mr Michael D Ryan											
Vice President/Trustee	6 00	Х		Χ				0	0	0	
Mr George A Skestos Treasurer/Trustee	6 00	X		X				0	0	0	
Mrs Laura Williams Secretary/Trustee	6 00	X		Х				0	0	0	
Mr David Aronowitz Trustee	6 00	Х						0	0	0	
Ms Yvette McGee Brown trustee	6 00	Х						0	0	0	
Mr Stephen Browning Trustee	6 00	Х						0	0	0	
Mr Phil Carlin Trustee	6 00	Х						0	0	0	
Mr Michael Crane Trustee	6 00	X						0	0	0	
Mr John Cullen	6 00	X						0	0	0	
Trustee Mrs Shireen Firouzian	6 00	X						0	0	0	
Trustee Mr James Klingbeil	6 00	X						0	0	0	
Trustee Mrs Katharine Mallory	6 00	X						0	0	0	
Trustee Mr Joe Marotta	6 00	Х						0	0	0	
Trustee Ms Lauren Rackoff	6 00	X						0	0	0	
Trustee Mr Jon Ricker	6 00	X						0	0	0	
Trustee Mr Robert Solomon	6 00	X						0	0		
trustee Mrs Kathleen Starkoff	6 00	X						0	0		
trustee Ms Poe Timmons	6 00	X						0	0		
trustee Mr Mark Turner	6 00	X						0	0		
Trustee Ms Sharen Turney	6 00	X						0	0		
trustee Mr Charles Walker	6 00	X						0	0		
Trustee Mrs Seanna Walter	6 00	X						0	0		
Trustee Mr Stephen Wittman	6 00	X						0	0	0	
Trustee Margaret Koerner Chief Financial Officer	40 00			Х		X		123,975	0	18,089	
emer Financial Officer											

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

compensated Employees, and Independent confidences											
<b>(A)</b> Name and Title	( <b>B</b> ) A verage hours	Average Position (check				all		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other	
	per week	Individual trustee 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	
John Mackenzie Headmaster	40 00	•			Х			325,065	C	30,174	
Mr Doug Bennett Director Facilities & Gr	40 00					x		108,382	C	14,362	
Erich Hunker Assistant Head & Dir De	40 00					X		139,621	C	22,405	
Mr Magnus Maccow Mıddle School Head	40 00					X		113,221	C	20,506	
Mr Dan Vorenberg Lower School Head	40 00					X		124,021	C	21,109	

### Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Contracted Services	802,440	802,440		
School Equipment R&M	200,568	200,568		
Miscellaneous Expenses	105,172	3,859	97,382	3,931
Membership Dues & Subsc	49,168	15,622	31,833	1,713
School Field Trips	38,817	38,817		