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DLN: 93493136026631

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

Open to Public Inspection

A F	or the	2009 ca	lendar yea		1-2009 and ending 06-30-2010)			
B Ch	eck ıf a	pplicable	Please	C Name of organization WESTERN RESERVE ACADEMY			D Employer	identii	ication number
☐ Ad	dress ch	hange	use IRS label or				34-0714		
Г Nа	me cha	inge	print or	Doing Business As			E Telephone	numb	er
┌ Ini	tıal retu	ırn	type. See Specific	Number and street (or P.O. hov	r if mail is not delivered to street addres	ss) Room/suite	(330) 650	0-971	. 1
Гте	mınate	ed	Instruc- tions.	115 COLLEGE STREET	in mail is not delivered to street address	33) ROOM, suite	G Gross receip	ots \$ 84	,246,348
	nended		(101151	City or town, state or country,	and 7ID ± 4		-		
		n pending		HUDSON, OH 442362926	and ZII 1 4				
j Ap	plication	n penaing					J		
				ne and address of principal o TOPHER D BURNER	fficer		is a group reti	urn fo	
				DLLEGE STREET		атіна	ates?		⊤Yes ▼ No
			HUDSO	N,OH 442362926		H(b) Are a	ll affiliates incl	uded?	┌ Yes ┌ No
						If"N	o," attach a li	st (se	ee instructions)
I Ta	ix-exen	npt status	✓ 501(c)	(3) ◀ (Insert no))(1) or 527	H(c) Gro	up exemption	numb	er 🟲
J W	ebsit e	e: 🕨 WW	/W WRA NE	Т					
K For	m of or	ganization	✓ Corporat	ion Trust Association Oth	ner 🌬	L Year of fo	ormation 1826	M Sta	ate of legal domicile OH
	rt I	Sumi		ion i mase i masei anomi on		= rear or re	Amadon 1020	11.50	ne or regar dormene on
				e organization's mission or r	nost significant activities				
					LOWS A WESTERN RESERVE				
e e			FORMATIO ASSION	DNAL EXPERIENCE WHERE	STUDENTS STRIVE FOR EXC	ELLENCE, LI	VE WITH INT	EGRI	TY, AND ACT WITH
≘ _		COMPA	13310 N						
Ĕ									
Governance									
	2	Checkt	his box 🛏	if the organization discont	nued its operations or disposed	of more than	25% of its ne	tass	ets
න්ර රෝ	3	Number	of voting r	nembers of the governing bo	dy (Part VI, line 1a)			3 _	25
Ě	4	Number	ofındepen	dent voting members of the	governing body (Part VI, line 1b)	•	4 _	25
Activities &	5	Total nu	umber of en	nployees (Part V , line 2a)				5 _	237
ď.	6	Total nu	umber of vo	lunteers (estimate if necess			6 _	0	
	7a	Total gr	oss unrela	ted business revenue from P	art VIII, column (C), line 12 .	•		7a _	-30,159
	b	Net unr	elated busi	ness taxable income from Fo	orm 990-T, line 34			7b	-30,159
					Prio	or Year		Current Year	
	8	Contri	butions and	d grants (Part VIII, line 1h)			3,955,453		3,035,589
Rayenue	9	Progra	ım service	revenue (Part VIII, line 2g)			13,945,474		14,294,737
ē Se	10	Invest	ment incor	ne (Part VIII, column (A), lı	nes 3, 4, and 7d)		-6,996,173		8,735,532
ď	11	Other	revenue (P	art VIII, column (A), lines 5	, 6d, 8c, 9c, 10c, and 11e)		77,399	82,743	
	12				equal Part VIII, column (A), line	•	10 000 150		26 140 601
	42						10,982,153	+	26,148,601
	13				umn (A), lines 1-3)		4,075,613		4,318,011
	14		•		mn (A), line 4)		0	0	
8	15	Salarie 10)	es, other co	ompensation, employee bene	fits (Part IX, column (A), lines 5	,-	11,100,037		10,494,386
Ž	16a	•	sional fund	raising fees (Part IX, columi	n (A), line 11e)		0		0
Expenses	ь			enses (Part IX, column (D), line 2!					
Ш	17				1a-11d, 11f-24f)		8,092,132		8,735,824
	18		•		Il Part IX, column (A), line 25)		23,267,782	 	23,548,221
	19		•		n line 12		-12,285,629	+	2,600,380
		ite v e i i	40 1000 CX	Jenses Subtract mile 15 mor		-	g of Current		
8 €						_	Year		End of Year
38	20	Totala	assets (Par	t X, line 16)			153,497,690		157,648,257
Not Assets or Fund Balances	21	Totall	ıabılıtıes (F	Part X, line 26)			27,489,047		27,825,897
žΞ	22	Netas	sets or fun	d balances Subtract line 21	from line 20		126,008,643		129,822,360
Pa	rt II	Sign	ature Blo	ock		•			
					ned this return, including accompanying				
		and beli	ef, it is true,	correct, and complete Declaration	of preparer (other than officer) is based	d on all informat	tion of which prep	parer h	as any knowledge
Sigi	1	****	cakok			2011	0E 12		
Her			ature of office	er		Date	-05-13		
		104	N 1 TODTELLI	CHIEF EINANCIAL OFFICED					
			or print nam	CHIEF FINANCIAL OFFICER e and title					
					Date	Check If	Preparer's ide	ntifus	ı number
D-! '		Preparer signature		TOPHER B ANDERSON	s	elf-	(see instruction	, ,	i nambel
Paid		1	<u>, </u>	1	e	empolyed 🕨 🦵			
Prep Use	arer's Only		ame (or yours nployed),	MALONEY NOVOTNY LLC			EIN Þ		
USE	Only		and ZIP + 4	1111 SUPERIOR AVENUE SUI	ΓΕ 700			4.5	
				CLEVELAND, OH 44114			Phone no 🕨	(216)	363-0100
Мау	the IR	S discus	s this retu	rn with the preparer shown a	bove? (see instructions)			Г	Yes No

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

THE MISSION OF THE ACADEMY IS AS FOLLOWS A WESTERN RESERVE ACADEMY EDUCATION OFFERS A TRANSFORMATIONAL EXPERIENCE WHERE STUDENTS STRIVE FOR EXCELLENCE, LIVE WITH INTEGRITY, AND ACT WITH COMPASSION

2		on undertake any significa O or 990-EZ?	ant program services during the	e year which were not listed on						
	If "Yes," describe these new services on Schedule O									
3	_	on cease conducting, or r	nake significant changes in hov	vit conducts, any program	┌ Yes ┌ No					
	If "Yes," describe	these changes on Schedu	ıle O							
4	Section 501(c)(3)	and 501(c)(4) organizat		three largest program services usts are required to report the a gram service reported						
4a	(Code) (Expenses \$	20,090,871 including grants of	\$ 4,318,011) (Revenue	\$ 14,294,737)					
	preparatory program	, our students pursue a rigorou y, and spirit The Academy's ck	s liberal arts curriculum and engage in	faculty cultivates intellectual curiosity n opportunities beyond the classroom i and social responsibility, while preparin	n arts, athletics, and service, ensuring					
4b	(Code) (Expenses \$	ıncludıng grants of	\$) (Revenue \$)					
4c	(Code) (Expenses \$	ıncludıng grants of	\$) (Revenue \$)					
4d	Other program so	ervices (Describe in Sch incl	edule O) uding grants of \$) (Revenue \$)					
		rvice expenses►\$	20,090,871	, (sinds 4	,					
46	i otai piogiaiii se	I A ICE EXPENSES F.	20,090,071							

Part TV	Checklist	of De	auired	Schadu	عمار
2 III T W	CHECKHS	. UI KE	uuneu	Scheut	He:

			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		No
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		No
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? <i>If</i> " <i>Yes,"</i> 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? <i>If</i> " <i>Yes,"</i> 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	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		Νo
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	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		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 IR	S Filings and	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			
	or U.S. Information Returns. Enter -U- II not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 1			
С	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			
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 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	Yes	
ь	If "Yes," has it filed a Form 990-T for this year? If "No," 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		Νο
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		Νο
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?	5с		
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		Νο
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).			
	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?	7с		Νo
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	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			
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			
	Gross Income from members or shareholders			
Ь	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			

115 COLLEGE STREET HUDSON,OH 442362926

(330) 650-9713

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			
	calon 741 ooverming boay and riamagement		Yes	No
			+	
1a	Enter the number of voting members of the governing body 1a	25		
b	Enter the number of voting members that are independent 1b	25		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with an other officer, director, trustee, or key employee?	ıy 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 w	ras 4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		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 t	· -		No
ь	governing body?	. 7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			110
а	year by 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		165	
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the International Code)	al		
ке	evenue Code.)		Yes	No
10-	December and the second	10a	+	No No
	Does the organization have local chapters, branches, or affiliates?			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 fo	rm′ 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 reconflicts?	ıse 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	. 120	Yes	
13	Does the organization have a written whistleblower policy?	. 13	-	No
14	Does the organization have a written document retention and destruction policy?	. 14		No
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			110
-	The organization's CEO, Executive Director, or top management official	''' . 15a	Yes	
	Other officers or key employees of the organization	15b	+	
•	If "Yes" to line a or b, describe the process in Schedule O (See instructions)	130	163	
	,			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement wit taxable entity during the year?			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	<u></u>	
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.	:)		
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 JOHN J TORTELLI	of the or	janizatio	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	r, dırector, trustee	or key employee								
(A) Name and Title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

For	n 990 (2009)				Page
1b	Total)2	0		262,27
2	Total number of individuals (including but not limited to those listed above) who received more ₹\$100,000 in reportable compensation from the organization▶8	than			
				Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compe on line 1a? <i>If</i> " <i>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 organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for individual		4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization rendered to the organization? If "Yes," complete Schedule J for such person		5		No
s	ection B. Independent Contractors				
1	Complete this table for your five highest compensated independent contractors that received m \$100,000 of compensation from the organization	ore than			
	(A) Name and business address De	(B) escription of services		(C Comper	
POS	BRIDGE ASSOCIATES LLC F OFFICE BOX 10317 INVESTME DNDALE, NY 11555	ENT CONSULT			272,027
2	Total number of independent contractors (including but not limited to those listed above) who rec \$100,000 in compensation from the organization ►1	eived more than			

Form **990** (2009)

Form 99	•	<u> </u>						Page 9
Part V	<u>/1111</u>	Statement o	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
nts ots	1a	Federated camp	paigns 1a					
g Za	ь	Membership du	es					
ું.≝	c	Fundraising eve	ents 1c					
<u>≅,≅</u>	d		ations 1d					
ωŒ.	e	Government grants			ļ			ļ
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no	butions included in	3,035,589				
Ç ≅ Ç	h	Total. Add lines	1a-1f	▶	3,035,589			
				Business Code				
ina	2a	BOARDING STUDEN	NTS	900,099	9,659,549	9,659,549		
Rev	ь	DAY STUDENTS		900,099	3,966,300	3,966,300		
93	c	RELATED ENTERPR	ISES	900,099	668,888	668,888		
Program Service Revenue	d							
<u> </u>	e							
<u>S</u>	f	All other progra	m service revenue					
Ě	g	Total. Add lines	32a-2f		14,294,737			
	3	Investment inc	ome (including dividend	ds, interest				
			aramounts)	-	5,077,296		-30,159	5,107,455
	4		tment of tax-exempt bond p	proceeds 🕨	0			
	5	Royalties	(A) Door I	(v) P	U			
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
	 	expenses Rental income						
		or (loss)						
	d	Net rental incor	me or (loss)					
	7a	Gross amount	(ı) Securities 61,669,958	(II) O ther				
		from sales of assets other						
	Ь	than inventory Less cost or	58,011,722					
	"	other basis and sales expenses	30,011,722					
	c	Gain or (loss)	3,658,236					
	d	Net gaın or (los	s)	▶	3,658,236			3,658,236
۵s	8a	Gross income fi	_					
Other Revenue		\$	reported on line 1c)	168,768				
ţ.	ь	Less direct exp	penses b	86,025				
Õ	С		loss) from fundraising (events 🕦	82,743			82,743
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 a					
	Ь		penses b					
	10a	Gross sales of returns and allo		vities	Ü			
	b c		a pods sold b loss) from sales of inve	entory	0			
	۲	Miscellaneous		Business Code	9			
	11a		· · · · · · · · · · · · · · ·					
	ь							
	d	All other revenu						
			: 11a-11d					
				▶	0			
	12	Total revenue.	See Instructions	▶	26,148,601	14,294,737	-30,159	8,848,434
	_				·			orm 990 (2009)

	990 (2009)				Page 10
Par	IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	other organizations must complete column (A) but are not required to bot 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 U S See Part IV, line 21	0		3	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	4,318,011	4,318,011		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	, ,		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	534,576	133,644	267,288	133,644
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	7,112,922	5,661,718	615,389	835,815
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	649,010	551,658		45,431
9	Other employee benefits	1,639,798	1,393,828	131,184	114,786
10	Payroll taxes	558,080	474,368	 	39,066
11	Fees for services (non-employees)	·	,	·	·
а	Management	0			
ь	Legal	70,660	35,330	35,330	
с	Accounting	44,100	,	44,100	
d	Lobbying	0		,===	
- e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	425,485		425,485	
g	Other	655,046	655,046	 	
12	Advertising and promotion	261,868		 	
13	Office expenses	449,547	382,115	 	31,468
14	Information technology	161,083	136,920	· +	11,276
15	Royalties	0	130,320	12,007	11,270
16	Occupancy	2,481,035	2,356,983	74,431	49,621
17	Travel	216,186	64,856	 	151,330
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	04,030		131,330
19	Conferences, conventions, and meetings	36,174	34,366	1,085	723
20	Interest	177,659	,	177,659	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,441,435	1,369,363	43,243	28,829
23	Insurance	204,357	194,139	<u> </u>	4,087
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)		20.1,222	3,222	
а	INSTRUCTION	126,700	126,700		
b	RESTRICTED STUDENT ACTIVITIES	311,583	311,583	 	
c	FOOD SERVICE	501,836	501,836	 	
d		289,315	,	 	
e	OTHER	881,755		 	17,812
f	All other expenses	,	, =1	<u> </u>	, –
25	Total functional expenses. Add lines 1 through 24f	23,548,221	20,090,871	1,993,462	1,463,888
26	Joint costs. Check here ► ☐ 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	25/3/0/221	20,030,011	2,723,102	2, .00,000
	The state of the s	L			

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			1,776,280	2	2,179,600
	3	Pledges and grants receivable, net			4,650,258	3	3,675,922
	4	Accounts receivable, net			2,333,943	4	2,362,879
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key	employees, and			
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		14958(f)(1)) and			
		Schedule L				6	
Assets	7	Notes and loans receivable, net			65,196	7	52,967
8	8	Inventories for sale or use			160,534	8	163,043
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	68,535,275			
	ь	Less accumulated depreciation	10b	20,030,996	49,351,521	10c	48,504,279
	11	Investments—publicly traded securities			94,331,202	11	100,075,919
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11			170,943	13	131,338
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			657,813	15	502,310
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			153,497,690	16	157,648,257
	17	Accounts payable and accrued expenses .			584,893	17	516,313
	18	Grants payable				18	
	19	Deferred revenue			4,150,252	19	4,446,865
	20	Tax-exempt bond liabilities			20,410,000	20	19,900,000
<u> </u>	21	Escrow or custodial account liability Complete Part IV of Schedul	le D.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lia		persons Complete Part II of Schedule L		•		22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			2,343,902	25	2,962,719
	26	Total liabilities. Add lines 17 through 25			27,489,047	26	27,825,897
Fund Balances		Organizations that follow SFAS 117, check here ▶	olete I	ines 27			
ank	27	Unrestricted net assets			43,510,287	27	42,487,558
89	28	Temporarily restricted net assets			16,793,845	28	19,398,704
Z	29	Permanently restricted net assets			65,704,511	29	67,936,098
표		Organizations that do not follow SFAS 117, check here ▶ ┌ ar	nd con	ıplete			
0r		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
Net	33	Total net assets or fund balances			126,008,643	33	129,822,360
_	34	Total liabilities and net assets/fund balances			153,497,690	34	157,648,257

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

SCHEDULE A Public

(Form 990 or 990EZ)

Name of the organization

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.

OMB No 1545-0047

2009

Open to Public Inspection

		SERVE ACADEMY					
			34-0714390				
Pa	rt I	Reason for Public Charity Status (All organizations must complete this pa	rt.) See instruc	tıons			
The	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one box)				
1	Г	A church, convention of churches, or association of churches section 170(b)(1)(A)(i).					
2	굣	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)					
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A	A)(iii).				
4	Γ	A medical research organization operated in conjunction with a hospital described in secti hospital's name, city, and state	on 170(b)(1)(A)	(iii). Ente	r the		
5	Γ	An organization operated for the benefit of a college or university owned or operated by a question 170(b)(1)(A)(iv). (Complete Part II)	governmental uni	t describe	_ ed in		
6	Γ	A federal, state, or local government or governmental unit described in section 170(b)(1)((A)(v).				
7	Γ	An organization that normally receives a substantial part of its support from a government described in section 170(b)(1)(A)(vi) (Complete Part II)	al unit or from th	e general	public		
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)					
9		An organization that normally receives (1) more than 331/3% of its support from contribu	tions, membersh	ıp fees, aı	nd gros	ss	
	·	receipts from activities related to its exempt functions—subject to certain exceptions, and	d (2) no more tha	n 331/3%	of		
		its support from gross investment income and unrelated business taxable income (less se	• •				
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part	III)				
10	Г	An organization organized and operated exclusively to test for public safety. See section 5	09(a)(4).				
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functione or more publicly supported organizations described in section 509(a)(1) or section 500 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally integrated)9(a)(2) See sec ı 11h	•	a)(3).	Check	
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organization section 509(a)(2)	•	•	•		
f		If the organization received a written determination from the IRS that it is a Type I, Type I check this box	II or Type III sup	porting o	rganız	ation,	
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?			Г <u></u>		
		(i) a person who directly or indirectly controls, either alone or together with persons described (ii) a person who directly or indirectly controls, either alone or together with persons described (iii) a person who directly or indirectly controls, either alone or together with persons described (iii) a person who directly or indirectly controls, either alone or together with persons described (iii) a person who directly or indirectly controls, either alone or together with persons described (iii) a person who directly or indirectly controls, either alone or together with persons described (iii) a person who directly or indirectly controls.	rided in (II)	44 (1)	Yes	No	
		and (III) below, the governing body of the the supported organization?		11g(i)		<u> </u>	
		(ii) a family member of a person described in (i) above?		11g(ii)		<u> </u>	
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		11g(iii)		<u> </u>	
h		Provide the following information about the supported organization(s)					

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organization in col (i) listed in your governing document?		organızatı col (ı) of	ord you notify the Is the organization in col (i) of your support? In the U		on in anized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
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.	֥ <i>)</i>		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(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) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(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 stop here						-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
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. 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						▶ ┌
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	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
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 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts 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						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 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						
	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 (Explain in Part						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo m, n	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 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. 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

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DLN: 93493136026631

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

erna	l Revenue Service	► Attach to F	orm 990. ► See separate instructions.			Inspect	ion
	me of the organi			Emp	loyer identificat	ion numbe	r
vv E	STERN RESERVE AC	ADLIT		34-0	0714390		
Pa			dvised Funds or Other Similar F	unds	or Accounts.	Complet	e if the
	organiz	zation answered "Yes" to Form 99	90, Part IV, line 6. (a) Donor advised funds		(h) Funda and at	.h	
	Total number a	t and of year	(a) Donor advised funds	((b) Funds and ot	neraccou	nts
		tributions to (during year)					
		nts from (during year)					
	33 3 3	e at end of year					
	Did the organiz	zation inform all donors and donor adv	usors in writing that the assets held in dor organization's exclusive legal control?	nor advi	sed	┌ Yes	┌ No
ı	used only for c	- · · · · · · · · · · · · · · · · · · ·	donor advisors in writing that grant funds lefit of the donor or donor advisor, or for a	•		☐ Yes	┌ No
a	rt III Conse	rvation Easements. Complete	ıf the organızatıon answered "Yes" t	o Forn	n 990, Part IV	, lıne 7.	
	Protection Preservati Complete lines	on of land for public use (e g , recreat of natural habitat on of open space 2a-2d if the organization held a qual he last day of the tax year	ion or pleasure) Preservation of ar Preservation of a filed conservation contribution in the form	certifie	d historic struct	•	а
		,			Held at the I	End of the	Year
а	Total number o	of conservation easements		2a			
b	Total acreage i	restricted by conservation easements		2b			
c	Number of cons	servation easements on a certified his	toric structure included in (a)	2c			
d	Number of cons	servation easements included in (c) a	cquired after 8/17/06	2d			
	the taxable yea	ar -	erred, released, extinguished, or terminate	ed by th	ne organization d	luring	
		es where property subject to conserv					
		nization have a written policy regarding the conservation easements it holds:	g the periodic monitoring, inspection, han ?	dling of	violations, and	☐ Yes	┌ No
			pecting and enforcing conservation easen			<u> </u>	
	•	2, 1	ng, and enforcing conservation easement		g the year ► \$ _		
		servation easement reported on line 2) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	tion		☐ Yes	☐ No
1	balance sheet,	- · · · · · · · · · · · · · · · · · · ·	onservation easements in its revenue and the footnote to the organization's financia nents		•		
ar			ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.	or Otl	her Similar A	Assets.	
.a	art, historical t	reasures, or other similar assets held	116, not to report in its revenue stateme for public exhibition, education or resear nancial statements that describes these i	ch ın fu			<u>,</u>
b	historical treas	·	116, to report in its revenue statement a public exhibition, education, or research i s			•	
	(i) Revenues II	ncluded in Form 990, Part VIII, line 1			► \$		
	(ii) Assets incl	luded in Form 990, Part X					
	If the organizat	•	orical treasures, or other similar assets f S 116 relating to these items	or finan	· -		
а	Revenues inclu	uded in Form 990. Part VIII. line 1			▶ \$		

b Assets included in Form 990, Part X

ar	Titl Organizations Maintaining Co	<u>llections of Art</u>	, Hist	toric	<u>al Tre</u>	asu	ires, or (<u> 2the</u>	er Simila	r Ass	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e follo	wing tha	at ar	e a sıgnıfıc	ant ı	use of its co	ollectio	n	
а	Public exhibition		d	Γ	Loan or	exc	hange prog	rams	5			
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
ŀ	Provide a description of the organization's co	ollections and expla	ın how	v they	further t	the o	organizatio	n's e	xempt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								nılar	Г	Yes	┌ No
Pa ا	t IV Escrow and Custodial Arrang						n answere	ed "\	es" to Fo	rm 99	0,	
	Part IV, line 9, or reported an ar											
.a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	ian or other interme	diary	for co	ntributio	ons	or other as	sets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	followi	ıng tab	ole							
										A mo	unt	
С	Beginning balance							1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
а	Did the organization include an amount on Fe	orm 990, Part X, line	21?							Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XI\	<i>l</i>										
Pa	rt V Endowment Funds. Complete											
		(a)Current Year	(b	Prior Y		(c)⊺	wo Years Ba	:k (c	1) Three Years	Back (e) Four Ye	ears Back
а	Beginning of year balance	47,062,845		-	548,124							
b	Contributions	2,551,123			103,257			+				
C	Investment earnings or losses	5,615,580			620,408			_				
d	Grants or scholarships	1,510,601			725,025			\perp				
е	Other expenditures for facilities and programs	2,295,702			243,103							
f	Administrative expenses							\top				
g	End of year balance	51,423,245		47,	062,845			\top				
:	Provide the estimated percentage of the yea	r end balance held a	ns									
а	Board designated or quasi-endowment	30.070 %										
b	Permanent endowment > 37.650 %											
	22.200 c/											
c la	Term endowment ► 32.280 % Are there endowment funds not in the posse	ssion of the organiz:	ation t	hat ar	e held a	nd s	dministera	d for	the			
_	organization by	John of the organize	201011 0	ac ar	e nera a			. u . o .			Yes	No
	(i) unrelated organizations									3a(i)		Νο
	(ii) related organizations									3a(ii)		No
Ь	If "Yes" to 3a(II), are the related organization	•						•		3b		
	Describe in Part XIV the intended uses of th											
'a	t VI Investments—Land, Building	s, and Equipme	nt. Se							Т		
	Description of investment				ost or oth (investme		(b) Cost or o		(c) Accumu depreciat		(d) Boo	ok value
а	Land						1,63	6,412			:	1,636,412
b	Buildings						62,77	0,375	17,1	17,309	4!	5,653,066
c	Leasehold improvements											
d	Equipment						3,97	1,897	2,9	13,687	:	1,058,210
e	Other						15	6,591		I		156,591

48,504,279

Part VII Investments—Other Securities. Se	e Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
		Cost of end-of-year market value
Financial derivatives	+	
Closely-held equity interests	-	
Other		
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. S	ee Form 990, Part X, line 1	3.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(B) Book value	Cost or 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,	line 15.	
	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
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Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	line 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description	line 15.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) lines	Ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. ription 2.15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) lines	Ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. ription 2.15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes	15.) X, line 25. (b) A mount	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes ANNUITIES PAYABLE	# 15.) X, line 25. (b) A mount 0	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes ANNUITIES PAYABLE	# 15.) X, line 25. (b) A mount 0 1,671,600	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes ANNUITIES PAYABLE	# 15.) X, line 25. (b) A mount 0 1,671,600	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes ANNUITIES PAYABLE	# 15.) X, line 25. (b) A mount 0 1,671,600	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes ANNUITIES PAYABLE	# 15.) X, line 25. (b) A mount 0 1,671,600	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes ANNUITIES PAYABLE	# 15.) X, line 25. (b) A mount 0 1,671,600	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes ANNUITIES PAYABLE	# 15.) X, line 25. (b) A mount 0 1,671,600	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes ANNUITIES PAYABLE	# 15.) X, line 25. (b) A mount 0 1,671,600	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes ANNUITIES PAYABLE	# 15.) X, line 25. (b) A mount 0 1,671,600	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes ANNUITIES PAYABLE	# 15.) X, line 25. (b) A mount 0 1,671,600	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes ANNUITIES PAYABLE	# 15.) X, line 25. (b) A mount 0 1,671,600	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes ANNUITIES PAYABLE	# 15.) X, line 25. (b) A mount 0 1,671,600	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes ANNUITIES PAYABLE	# 15.) X, line 25. (b) A mount 0 1,671,600	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes ANNUITIES PAYABLE	# 15.) X, line 25. (b) A mount 0 1,671,600	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability Federal Income Taxes ANNUITIES PAYABLE	# 15.) X, line 25. (b) A mount 0 1,671,600	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part 1 (a) Description of Liability	15.	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	26,148,60
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	23,548,22
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,600,38
4	Net unrealized gains (losses) on investments	4	1,849,42
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-636,08
9	Total adjustments (net) Add lines 4 - 8	9	1,213,33
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	3,813,71
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	22,618,44
2	A mounts 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 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	1,213,33
3	Subtract line 2e from line 1	3	21,405,10
4	A mounts 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 425,485		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	4,743,49
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	26,148,60
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	turn
1	Total expenses and losses per audited financial statements	₁	18,804,72
2	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		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	18,804,72
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 425,485		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	4,743,49
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	23,548,22

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,

Ident if ier	Return Reference	Explanation
INTENDED USES OF ENDOWMENT FUNDS,	PART V, LINE 4	THE ACADEMY INVESTS ENDOWMENT FUNDS ACCORDING TO BOARD-APPROVED INVESTMENT POLICIES WHICH GOVERN ASSET ALLOCATION IN AN EFFORT TO REDUCE RISK OF LOSS AND TO GENERATE A REAL ANNUAL COMPOUND RATE OF RETURN AT LEAST EQUAL TO THE ANNUAL PAYOUT PERCENTAGE THE ANNUAL PAYOUT FROM ENDOWMENT FUNDS IS LIMITED TO 5% OF THE THREE YEAR AVERAGE WEIGHTED MARKET VALUE OF INVESTABLE ASSETS IN THE PERMANENTLY RESTRICTED FUND AND ARE SUBJECT TO BOARD APPROVAL THE PAYOUT IS SPENT ON ACTIVITIES WHICH FURTHER THE EXEMPT EDUCATIONAL PURPOSES OF THE ACADEMY
OTHER CHANGES IN NET ASSETS,	PART XI, LINE 8	CHANGE IN VALUE OF INTEREST RATE SWAP (\$515,017) AND CHANGE IN SPLIT INTEREST AGREEMENTS (\$121,066), TOTAL ADJUSTMENT = (\$636,083)
OTHER CHANGES IN REVENUE,	PART XII, LINE 2D	CHANGE IN VALUE OF INTEREST RATE SWAP (\$515,017) AND CHANGE IN SPLIT INTEREST AGREEMENTS (\$121,066), TOTAL ADJUSTMENT = (\$636,083)
OTHER CHANGES IN REVENUE,	PART XII, LINE 4B	STUDENT FINANCIAL AID, WHICH WAS NETTED WITH TUITION REVENUE ON THE FINANCIAL STATEMENTS BUT SHOWN AS AN EXPENSE IN PART IX OF FORM 990 \$4,318,011
OTHER CHANGES IN EXPENSES,	PART XIII, LINE 4B	STUDENT FINANCIAL AID, WHICH WAS NETTED WITH TUITION REVENUE ON THE FINANCIAL STATEMENTS BUT SHOWN AS AN EXPENSE IN PART IX OF FORM 990 \$4,318,011
FIN 48 FOOTNOTE,	PART X, LINE 2	FEDERAL INCOME TAXES - THE ACADEMY IS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501 (c)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM FEDERAL INCOME TAXES THE ACADEMY HAS IMPLEMENTED NEW PROVISIONS OF "ACCOUNTING FOR INCOME TAXES" WHICH CLARIFY THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN FINANCIAL STATEMENTS THE PROVISIONS PRESCRIBE CERTAIN CRITERIA FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN THE IMPLEMENTATION DID NOT HAVE A MATERIAL IMPACT ON THE SCHOOL'S FINANCIAL STATEMENTS THERE WERE NO UNRECOGNIZED TAX BENEFITS AS OF JUNE 30, 2010, THE ACADEMY'S INCOME TAX YEARS FROM 2006 AND THEREAFTER REAMIN SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE, AS WELL AS VARIOUS STATE AND LOCAL TAXING AUTHORITIES

Employer identification number

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization WESTERN RESERVE ACADEMY

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

34-0714390 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? 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 3 Yes WESTERN RESERVE ACADEMY PUBLICIZES IN LOCAL NEWSPAPERS DURING THE TIME WHICH IS THE PERIOD OF STUDENT SOLICITATION 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d d Copies of all material used by the organization or on its behalf to solicit contributions? Yes If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990) 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? 5с Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990) 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a Νo **b** Has the organization's right to such aid ever been revoked or suspended? 6b If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990) 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 Schedule O (Form 7 Yes 990)

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DLN: 93493136026631

OMB No. 1545-0047

(Form 990 or 990-EZ)

Department of the Treasury

SCHEDULE G

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.

Internal Revenue Service Name of the organization

Employer identification number

WESTERN RESERVE ACADEMY Part I Fundraising Activities. Complete if the organization answered "Yes" to 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 Internet and e-mail solicitations Solicitation of government grants Special fundraising events Phone solicitations 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 activities? 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 Form 990-EZ filers are not required to complete this table (iii) Dıd fundraiser have (v) A mount paid to (vi) A mount paid to (i) Name of individual (iv) Gross receipts (or retained by) custody or (ii) Activity (or retained by) or entity (fundraiser) fundraiser listed in control of from activity organization contributions? col (i) No Yes

licensing

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

 	Less Charitable contributions	85,517 85,517					8,768
3 4 5 6 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	Gross income (line 1 minus line 2) Cash prizes Non-cash prizes Rent/facility costs Food and beverages	85,517	83,251			168	
Second Expenses 7 8 8	Non-cash prizes Rent/facility costs Food and beverages						8,768
Nrect Expenses	Rent/facility costs Food and beverages						
ਤੂ ਵਿਚ	7 Food and beverages						
ნ <u>ტ</u> 8	_						
ਤੂ ਵਿਚ	s Entertainment						
, ו בֿ							
_ 9	9 Other direct expenses .	46,856	39,169			86	6,025
10	• Direct expense summary Add lin	es 4 through 9 ın column	(d)			86	6,025
1:		nes 3, column d, and line	10			82	2,743
Part :	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Par	t IV, line 19, or repo	orted more		
Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col col		
	1 Gross revenue				1		
မ္က ႏ	2 Cash prizes						
Sesuedxa "	3 Non-cash prizes						
	4 Rent/facility costs						
ਹ ਹਵਾਹ 1	5 Other direct expenses						
•	6 Volunteerlabor	Г Yes	Г Yes	Г Yes	- L		
	7 Direct expense summary Add line						
8	8 Net gaming income summary Com	bine lines 1, column d, ai	nd line /	· · · · · · •		Yes	No
a I	Enter the state(s) in which the organizate is the organization licensed to operate				. 9a		
ь I	[f"No," Explain						
	Were any of the organization's gaming If "Yes," Explain	licenses revoked, susper	ded or terminated during	the tax year?	10a		
- 1 C	Does the organization operate gaming :	activities with nonmembe	rs?				

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter 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?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided -		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
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 ▶ \$	1	

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DLN: 93493136026631

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

nternal Revenue Service Name of the organization						Employer identifica	Thispection
WESTERN RESERVE ACADE	MY					' '	tion number
Part I General Info	rmation on Gra	nts and Assistance				34-0714390	
Does the organization in the selection criteria usDescribe in Part IV the	naintain records to seed to award the grain organization's proc	substantiate the amount of the standard of the standard of the standard of the use of the standard of the use of the standard	e of grant funds in the	United States			√ Yes ┌
Form 990, Part	t IV, line 21 for ai	e to Governments and ny recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	no one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	(Þ) 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 se	action 501(c)(3) and	d government organizations					
3 Enter total number of et		<u> </u>	· ·				

	•																
Part III	Gra	ants and (Other Assi	stance	to Indi	viduals	in the U	Jnited Stat	es. 🤇	Complete	ıf the o	rganızatıon	answered	"Yes" t	to Form 990,	Part IV	, line 22.
	Use	e Schedule	I-1 (Form	990) if a	addıtıona	I space is	needed	1 .									

(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
SCHOLARSHIPS FOR STUDENTS	172	4,318,011			
See Additional Data Table					

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

Ident if ier	Return Reference	Explanation
MONITORING USE OF GRANT FUNDS,	PART I, LINE 2	THE ACADEMY ENSURES THAT IS FINANCIAL AID GRANTS ARE USED FOR EDUCATIONAL PURPOSES BY CREDITING THE AMOUNTS DIRECTLY TO THE STUDENTS' ACCOUNTS RATHER THAN ISSUING CHECKS
-		

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DLN: 93493136026631

Employer identification number

OMB No 1545-0047

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

WESTERN RESERVE ACADEMY 34-0714390 Questions Regarding Compensation Yes Νo 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 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) 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 Yes 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? Yes 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 ✓ Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee 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 Receive a severance payment or change-of-control payment? 4a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes 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) 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 The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III 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 The organization? Νo Any related organization? 6b Νo If "Yes," to line 6a or 6b, describe in Part III 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 Νo 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 ın Part III 8 Νo 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) Breakdown of	f W-2 and/or 1099-MIS	.SC compensation	(C) Retirement and		(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Christopher D Burner	(I) (II)	180,000	25,000	0 0	0 20,700 0 0	0 38,839 0 0	9 264,539 0 0)
John J Tortelli	(I) (II)	144,543 0	0 0	0	0 16,675 0 0	5 22,617 0 0	7 183,835 0 0)
William Bugg III	(I) (II)	125,296 0	0 0	٠,	0 14,375 0 0		7 174,478 0 0	
James Gundy	(ı) (ıı)	120,152 0	0 0	0 0	0 13,800 0 0	0 25,466 0 0	6 159,418 0 0	
Helen Gregory	(ı) (ıı)	102,253 0	0 0	0 0	0 0	/	3 131,826 0 0	
Henry E Falnagan Jr	(I) (II)	774,472 0	0 0	٠,	0 0		0 774,472 0 0)
	'		<u></u>					
	'		 					
					<u> </u>	<u></u>		
	'	 '	<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

Ident if ier	Ret urn Ref erence	Explanation
	1A	THE ACADEMY REQUIRES THE HEAD OF SCHOOL TO LIVE ON CAMPUS AND PROVIDES A HOUSE TO HIM THE HEAD OF SCHOOL CONDUCTS SUBSTANTIAL SCHOOL-RELATED BUSINESS AT HIS RESIDENCE INCLUDING MEETING WITH STUDENTS, FACULTY, AND DONORS ADDITIONALLY, THE ACADEMY PAYS MEMBERSHIP DUES FOR ONE SOCIAL CLUB FOR THE HEAD OF SCHOOL THE SOCIAL CLUB IS USED ONLY FOR ACADEMY BUSINESS NEITHER OF THESE ITEMS IS TREATED AS TAXABLE COMPENSATION
	,	HENRY E FLANAGAN, JR, THE FORMER HEADMASTER OF THE SCHOOL, RECEIVED A PAYMENT OF \$441,494 FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

Schedule J (Form 990) 2009

Inspection

OMB No 1545-0047

Open to Public

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 WESTERN RESERVE ACADEMY

Employer identification number

Pa	rt I Types of Property				34-0714390			
		(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d Method of do reven	etermi	nıng	
1	Art-Works of art	applicable		1 g				
	Art—Historical treasures .							
	Art—Fractional interests							
4	Books and publications							
	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	Х	41	1,669,772	FMV			
10	Securities—Closely held stock \cdot							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Q ualified 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 .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
	Other ►()							
	O ther ► ()							
28 29	Other ► () Number of Forms 8283 received	l by the ora	nization during the tay yes	r for contributions				
29	for which the organization compl				29		I	0
302	During the year, did the organiza	ation receiv	e hy contribution any prope	rty reported in Part I lines	1-28 that it		Yes	No
	must hold for at least three year							
	for exempt purposes for the enti					30a		No
h	If "Yes," describe the arrangement					30a		-110
31	Does the organization have a gif			eview of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us							
	contributions?		· · · · · · · ·			32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	revenues ı	n column (c) for a type of p	roperty for which column (a) is checked,			

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.

Ident if ier	Ret urn Reference	Explanation
USE OF THIRD PARTIES,		THE ACADEMY USES A SECURITIES BROKER TO SELL DONATED SECURITIES THE FEES CHARGED BY THE BROKER ARE AT OR BELOW FAIR MARKET VALUE

Schedule M (Form 990) 2009

Software ID: Software Version:

EIN: 34-0714390

Name: WESTERN RESERVE ACADEMY

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DLN: 93493136026631

2009

Open to Public Inspection

SCHEDULE 0

(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.

► Attach to Form 990.

Name of the organization WESTERN RESERVE ACADEMY Employer identification number

34-0714390

ldentifier	Return Reference	Explanation
FORM 990 REVIEW,	FORM 990, PART VI, LINE 11A	FORM 990 IS REVIEWED BY A COMMITTEE OF THE BOARD OF TRUSTEES WITH THE BOARD'S AUTHORITY TO OVERSEE THE FILING PROCESS

ldentifier	Return Reference	Explanation
MONITORING AND ENFORCEMENT OF CONFLICT POLICY,	FORM 990, PART I, LINE 12C	THE CONFLICT OF INTEREST QUESTIONNAIRES ARE REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES SIGNIFICANT ISSUES ARE DISCUSSED AND RESOLVED WHEN A CONFLICT ARISES, THE INDIVIDUAL IS NOT PERMITTED TO PARTICIPATE IN THE DISCUSSION OF THE TRANSACTION OR TO VOTE ON THE MATTER THE DECISION ABOUT THE TRANSACTION IS MADE BY PERSONS WHO ARE INDEPENDENT OF THE INDIVIDUAL WITH THE CONFLICT

ldentifier	Return Reference	Explanation
COMPENSATION REVIEW AND APPROVAL,	FORM 990, PART VI, LINE 15	DATA FOR COMPARABLE POSITIONS AT SIMILAR INSTITUTIONS IS REVIEWED BY THE BOARD OF TRUSTEES, WHERE APPROPRIATE, OR KEY ADMINISTRATORS AT THE ACADEMY COMPENSATION DECISIONS ARE MADE BY PERSONS WHO ARE INDEPENDENT OF THE EMPLOYEES FROM WHOM COMPENSATION IS BEING DETERMINED

ldentifier	Return Reference	Explanation
AVAILABILITY OF DOCUMENTS,	FORM 990, PART VI, LINE 19	THE ACADEMY'S FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST THE ACADEMY DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT POLICY AVAILABLE

Software ID: Software Version:

EIN: 34-0714390

Name: WESTERN RESERVE ACADEMY

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

Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per		tion (that a	(che	′)		ı	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
James D Chambers Trustee	1 0	x						0	0	0
Daniel W Christman Trustee	1 0	х						0	0	0
Stephan W Cole Vice President	1 0	Х		х				0	0	0
Fred A Cummings Asst Treasurer	1 0	Х		x				0	0	0
Dagmar F Fellowes Trustee	1 0	х						0	0	0
John M Fowler Trustee	1 0	х						0	0	0
Anne C Goodman Trustee	1 0	х						0	0	0
Ronald M Harrington Trustee	1 0	Х						0	0	0
Olin J Heestand Trustee	1 0	Х						0	0	0
Peter S Hellman President	1 0	Х		х				0	0	0
David M Hunter Vice President	1 0	Х		х				0	0	0
Nathaniel E Leonard Trustee	1 0	Х						0	0	0
Robert T Michael PhD Trustee	1 0	Х						0	0	0
Andrew R Midler Trustee	1 0	Х						0	0	0
Richard W Neu Treasurer	1 0	Х		х				0	0	0
Mary Katherine Ong-Landini Trustee	1 0	х						0	0	0
Gregory Pennington PhD Trustee	1 0	Х						0	0	0
Lawrence R Roth Trustee	1 0	х						0	0	0
Hewitt B Shaw Trustee	1 0	Х						0	0	0
Mark R Tercek Trustee	1 0	х						0	0	0
Shannah Tharp-Taylor PhD Trustee	1 0	Х						0	0	0
Timothy R Warner Secretary	1 0	Х		х				0	0	0
Jason M Wortendyke Trustee	1 0	Х						0	0	0
Lisa A Abraham Trustee	1 0	Х						0	0	0
Christopher D Burner Head of School	40 0			х				205,000	0	44,539

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

(A) Name and Title	(B) Average hours	1	((tion (hat a	che		II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other compensation from the organization and related organizations
	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)	
Leonard S Carlson Jr Business Manager	20 0			х				72,540	0	24,398
John J Tortellı CFO	40 0			х				144,543	0	24,398
William Bugg III Asst Head of School	40 0					×		125,296	0	37,182
James Gundy Asst Head of School for Alumn	40 0					×		120,152	0	39,266
Ruth DS Andrews Dır Major Gifts	40 0					×		103,382	0	29,841
Anne Sheppard Dır Admission & Fin'l Aid	40 0					Х		102,364	0	33,077
Henry E Falnagan Jr Former Headmaster	0 0						х	774,472	0	0
Helen Gregory Former Dır A cademy A dvancement							х	102,253	0	29,573

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
INSTRUCTION	126,700	126,700		
RESTRICTED STUDENT ACTIVITIES	311,583	311,583		
FOOD SERVICE	501,836	501,836		
AUXILIARY ENTERPRISES	289,315	289,315		
OTHER	881,755	837,224	26,719	17,812