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DLN: 93493095000233

Department of the Treasury

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

ntemal	Revenue :	Service	The organization may have to use a copy of	of this return to s	satisfy sta	ate reporting i	requirement	s Inspection
A Fo	rthe 2	2011 ca	lendar year, or tax year beginning 06-01-2011	and ending 05	-31-2012			
<b>3</b> Che	eck if ap	plicable	C Name of organization WOODWARD ACADEMY INC				D Employer	identification number
- Add	Iress cha	ange				-	58-0625	
— Nar	ne chan	nge	Doing Business As				E Telephone	
– <sub>Init</sub>	ıal retur	m	Number and street (or P O box if mail is not delivered	d to street address)	Room/suite	<u>-</u>	(404)76	
– Ter	mınated	i	1662 RUGBY AVENUE	<b>-</b> /		L	<b>G</b> Gross recei	pts \$ 98,949,066
– Am	ended r	eturn	City or town, state or country, and ZIP + 4		<u> </u>	- [		
_		pending	COLLEGE PARK, GA 303372199					
		,	<b>F</b> Name and address of principal officer			U(a) Tarthur		
			MS BARBARA EGAN			<b>H(a)</b> Is this affiliat		TYes ▼ No
			1662 RUGBY AVENUE COLLEGE PARK,GA 30337					
			COLLEGE PARK, GA 30337			H(b) Are all		
Ta	x-exem	pt status	▼ 501(c)(3)	947(a)(1) or	527		," attach a li exemption	st (see instructions)
		<u> </u>				H(c) Group	exemption	Hulliber <b>F</b>
			W WOODWARD EDU					
			✓ Corporation  Trust  Association  Other ►			<b>L</b> Year of for	nation 1900	<b>M</b> State of legal domicile GA
Pa	rt I	Sum	mary					
			escribe the organization's mission or most sign					
υ	⊻	<u>vo o dw</u>	ARD ACADEMY PROVIDES COLLEGE PREPA	ARATORY EDUC	CATION F	ORSTUDEN	TS IN PRE-	K THROUGH GRADE 12
3	-							
Ĭ								
ACUVILIES & GOVERIANICE	2 0	heck th	is box দ if the organization discontinued its	operations or di	sposed of	more than 25	5% of its ne	t assets
5	3 1	Number	of voting members of the governing body (Part	VI, line 1a) .			з	29
ő A			of independent voting members of the governin				4	29
ŭ =			mber of individuals employed in calendar year 2				5	
5			nber of volunteers (estimate if necessary) .		, .		6	
ŧ			elated business revenue from Part VIII, colun				78	-
			lated business taxable income from Form 990-				71	
				.,	•	Prior		Current Year
	8	Control	outions and grants (Part VIII, line 1h)			FIIO	4,635,661	
ā	9		m service revenue (Part VIII, line 2g)				53,091,687	
Revenue	10		ment income (Part VIII, column (A), lines 3, 4			2,875,834		
Æ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c				42,010	
	12		evenue—add lines 8 through 11 (must equal P		-		42,010	110,032
	12		· · · · · · · · · · · · · · · · · · ·			(	60,645,192	63,596,477
	13		and similar amounts paid (Part IX, column (A				0	0
	14	Benefit	s paid to or for members (Part IX, column (A),	line 4)			0	0
	15	Salarıe	es, other compensation, employee benefits (Pa	rt IX, column (A	), lines			
Expenses		5-10)					38,323,160	
ξ	16a	Profes	sional fundraising fees (Part IX, column (A), lir	ne 11e)			0	0
ਡੌ	ь	Total fur	ndraising expenses (Part IX, column (D), line 25) $\blacktriangleright 1,620$	,235				
_	17	Other	expenses (Part IX, column (A), lines 11a–11d	,11f-24e) .			22,296,718	33,463,249
	18	Totale	xpenses Add lines 13-17 (must equal Part I	X, column (A), lı	ne 25)		60,619,878	72,870,668
	19	Reven	ue less expenses Subtract line 18 from line 12	2			25,314	-9,274,191
5 %						Beginning		End of Year
net Assets of Fund Bafances							ear	
88. Ba	20		ssets (Part X, line 16)				56,469,968	
£ 55	21		abilities (Part X, line 26)				10,947,581	
	22		sets or fund balances Subtract line 21 from li	ne 20		14	45,522,387	130,677,165
	t II		ature Block					
now			erjury, I declare that I have examined this return, i i, it is true, correct, and complete. Declaration of p					
		****					3-02-19	
Sign		'	ture of officer			Dat	C	
lere	e		ARA EGAN VICE PRESIDENT					
		l iype	or print name and title				T	
Paid		Preparer' signature	FITTABETH MODERNOON	Date 2013-02-19	se	neck if If- nployed 🕨 🦵	Preparer's tax (see instruction P00231389	kpayer identification number ons)
<sup>)</sup> ren:	arer's		me (or yours CHERRY BEKAERT LLP		<u> </u>		EIN • 56-05	74444
Jse (	'							

AUGUSTA, GA 30901

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

**Use Only** 

Phone no 🕨 (706) 724-3557

Form	990 (2011)				Page <b>2</b>
Par			ce Accomplishments onse to any question in this	Part III	r
INN( COM	DWARD ACADEMY DVATIVE, CHALLEN IMUNITY, WOODWA	GING AND WELL-ROU RD EMBRACES THE UN	NDED EDUCATIONAL EXF	NTA'S OLDEST COLLEGE-PREPA PERIENCE IN A BROADLY DIVE IVIDUAL GUIDED BY OUR COR	RSE AND CARING
2		undertake any significa	ant program services during	the year which were not listed on	┌ Yes ┌ No
	If "Yes," describe th	iese new services on Sc	hedule O		
3	services?			how it conducts, any program	┌ Yes ┌ No
4	Describe the organi expenses Section 5	501(c)(3) and 501(c)(4	e accomplishments for each ) organizations and section	of its three largest program servi 4947(a)(1) trusts are required to y, for each program service report	report the amount of
4a	(Code PROVIDED COLLEGE PR	) (Expenses \$ REPARATORY EDUCATION FO	65,080,430 including grant	s of \$ ) (Revenue s	
4b	(Code	) (Expenses \$	ıncluding grants	s of \$ ) (Revenue \$	)
4c	(Code	) (Expenses \$	ıncluding grants	of\$ ) (Revenue \$	)
4d	Other program ser (Expenses \$	vices (Describe in Sch	edule O ) uding grants of \$	) (Revenue \$	)
4e	Total program serv	rice expenses►\$	65,080,430		

Dart TV	Checklist	of Peguire	ed Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? $^{f 2}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II"	7	Yes	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15	Yes	
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 ? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line $1^2$ If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section $512(b)(13)$ ?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V		. [	
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	<b>1a</b> 203			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
C	gaming (gambling) winnings to prize winners?	1c	Yes	
a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Tracteast one is reported on fine 2a, did the organization me an required lederal employment tax returns.	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	Did the organization have unrelated business gross income of \$1,000 or more during the			
	year <sup>?</sup>	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
а	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities			
	account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
а	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		Νo
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		Νo
L	services provided to the payor?	76		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
	required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	76		
	Form 1098-C?	7h		
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
	business holdings at any time during the year?	8		
	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		
0	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			
	Section 501(c)(12) organizations. Enter			
	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 )			
	Sources against amounts due of received noin 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			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
a	<b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue			
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
h	Enter the aggregate amount of reserves the organization is required to maintain by			
ט	the states in which the organization is licensed to issue qualified health plans			
c	Enter the aggregate amount of reserves on hand			
_	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		il .

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

Se	ection A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No				
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No				
6	Did the organization have members or stockholders?	6		No				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	The governing body?	8a	Yes					
b	Each committee with authority to act on behalf of the governing body?	8b	Yes					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O							
	ection B. Policies (This Section B requests information about policies not required by the Internal							
Ке	evenue Code.)		Yes	No				
102	Did the organization have local chapters, branches, or affiliates?	10a	165	No				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		140				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes					
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes					
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes					
13	Did the organization have a written whistleblower policy?	13	Yes					
14	Did the organization have a written document retention and destruction policy?	14	Yes					
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	Yes					
b	Other officers or key employees of the organization	15b	Yes					
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its							
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b						
Se	ection C. Disclosure							
	List the States with which a copy of this Form 990 is required to be filed▶GA							
10	Section 6104 requires an organization to make its Form 1022 (or 1024 if applicable), 900, and 900 T (501/c)							

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

Own website Another's website V Upon request

(404) 765-4023

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization SARAH CAVENDER
  1662 RUGBY AVENUE
  COLLEGE PARK, GA 303372119

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

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

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

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

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

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
<b>(A)</b> Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				$\vdash$			_			

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

	<b>(A)</b> Name and Title	(describe director/trustee)								(D) ortable ensation m the zation (W- 9-MISC)	(E) Reportable compensatior from related organizations (W- 2/1099-		(F) Estimated amount of other compensation from the organization and		
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			MISC)	organiza			
See Ac	Iditional Data Table						-					+			
												+			
												T			
												4			
												4			
												+			
												+			
												+			
												+			
												$^{+}$			
1b	Sub-Total					•		┢	1		l				
c	Total from continuation sheets to Total (add lines 1b and 1c).							<u>▶</u>		2,199,845		0		390,708	
2	Total number of individuals (incli	udıng but not lın	nited to	thos	e lıs	ted		) who	o receive		an			,	
	\$100,000 of reportable compens	sation from the	organız	atıonl	<b>►</b> 12										
3	Did the organization list any <b>forr</b> on line 1a? <i>If "Yes," complete Sch</i>					ey e	mploy •	ee, d	or highes	t compens	ated employee	3	Yes	No No	
4	For any individual listed on line 1 organization and related organization individual											4			
5	Did any person listed on line 1a services rendered to the organiz										or individual for	5		No	
Se	ction B. Independent Con	tractors													
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax y	the organizatio													
	Nan	(A) ne and business add	dress							Desc	(B) ription of services		Compe		
482 HA	AY LANDERS CO INC ANNAH ROAD AN, GA 30263									LANDSCAPIN	IG			289,909	
1555 F	TIC TRUST PEACHTREE ST NE TA, GA 30309									INVESTMEN <sup>-</sup>	Γ FEES			222,970	
831 CI ALPHA	E META MARKETING LTD HRISTOPHER ROBIN ROAD RETTA, GA 30005									MARKETING	i			194,930	
PO BO	C DESIGNS INC X 1546 BORO, GA 30237									ATHLETIC F	IELD MAINTENANCE			183,750	
800 M	SOUTHEASTDBA RJ GRIFFIN & CO OUNT VERNON HWY RETTA, GA 30328				_	_		_		GENERAL CO	ONTRACTOR			175,912	
ALPHARETTA, GA 30328  2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►10															

Form 99								Page <b>9</b>
Part \	<b>/1111</b>	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					
ğa our	b	Membership du	es <b>1b</b>					
ું.	С	Fundraising eve	ents <b>1</b> c					
<u>≅</u> ,	d		zations 1d					
ωŒ E	e	Government grants						
Contributions, gifts, grants and other similar amounts	f g	sımılar amounts no	butions included in	6,292,609				
ပ္ပံု	h	Total. Add lines	s 1a-1f	· · · •	6,292,609			
<u></u>				Business Code				
en e	2a	TUITION AND FEES	5	900099	51,901,569	51,901,569		
æ	Ь	AUXILIARY ACTIVIT	TES	900099	1,532,076	1,532,076		
92	С							
Ž.	d							
Program Service Revenue	e							
Š.	f	All other progra	am service revenue					
ď	g	Total. Add lines	s 2a – 2f		53,433,645			
	3		ome (including dividen		, ,			
			aramounts)		2,995,253		7,167	2,988,086
	4	Income from inves	tment of tax-exempt bond	proceeds 🕨				
	5	Royalties		• [				
			(ı) Real	(II) Personal				
	6a	Gross rents	113,112					
	b	Less rental expenses	94,727					
	С	Rental income or (loss)	18,385					
	d		me or (loss)	<del>' ►</del>	18,385			18,385
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	36,016,000					
	b	Less cost or other basis and sales expenses	35,257,862					
	C	Gain or (loss)	758,138		750 420			750 400
	d 8a	Net gain or (los		,▶	758,138			758,138
Other Revenue		Gross Income fi events (not incl \$of contributions See Part IV , lin	luding  s reported on line 1c)					
h e	b	Less direct ex	penses <b>b</b>					
ర	С	Net income or (	(loss) from fundraising	events ►				
	9a	Gross Income for See Part IV, lin	rom gaming activities le 19					
	b c		penses <b>b</b> (loss) from gaming acti					
	10a	Gross sales of returns and allo						
	b c		oods sold <b>b</b>	entory ►				
		Miscellaneous	s Revenue	Business Code				
	11a	MISC INCOME	(UBI)	531390	43,094		43,094	
	ь	MISC INCOME		900099	33,250	33,250		
	С	INCOME FROM	1 BREVAN HOW	523930	22,103	16,662	5,441	
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d		98,447			
	12	Total revenue.	See Instructions .	•	63,596,477	53,483,557	55,702	3,764,609

Form 990 (2011) Page **10** Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and 1,723,064 1,470,424 252,640 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages 29,977,146 27,268,389 1,980,019 728,738 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . 67,457 1,273,553 1,178,120 27,976 3,667,891 3,324,989 260,489 Other employee benefits . . . . . . 82,413 2,765,765 2,382,235 298,596 84,934 10 Fees for services (non-employees) 11 Management . . . . . 113,064 113,064 Legal . . . . . . . . . 67,933 Accounting . . . . . . . 67,933 Lobbying . . . . . . . . . . . . Professional fundraising See Part IV, line 17 . . Investment management fees . . . . . . g Advertising and promotion . . . 84,543 84,543 12 Office expenses . . . . 1,068,124 46,675 1,018,850 2,599 13 618,514 618,514 14 Information technology . . . . . 15 Royalties . . 1,572,042 1,572,042 16 36,026 17 36,026 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials . . . . . 19 Conferences, conventions, and meetings . . . . 15,188,251 15,188,251 Payments to affiliates . . . .

SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Part X **Balance Sheet** (A) (B) Beginning of year End of year 1 1 17.252.223 14.711.436 2 Savings and temporary cash investments . . . . . . . 3 3,599,680 5,096,628 188.905 445.149 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 181.667 5 161.667 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 104.612 8 115.469 59,550 9 382,828 Prepaid expenses and deferred charges . . . . . . 10a 160,753,730 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 48,545,523 b Less accumulated depreciation . . . . . 115,506,794 10c 112,208,207 87,017,294 11 83,574,044 11 31,290,161 32,492,767 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 1,269,082 15 15 1,623,990 256,469,968 250,812,185 16 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 6,711,490 17 7,128,156 17 Accounts payable and accrued expenses . 18 18 19 7,852,078 19 8,609,621 20 89.800.000 20 86.400.000 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 6,584,013 25 17,997,243 D . . . . 26 110,947,581 26 120, 135, 020 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 129,251,005 27 113,750,527 Unrestricted net assets . . . . 5,893,189 28 6,371,077 28 Temporarily restricted net assets . . . . . Fund 29 10,378,193 29 10,555,561 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 145.522.387 33 130,677,165 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 256,469,968 34 250.812.185

Pa	Check if Schedule O contains a response to any question in this Part XI			. <del> </del>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		63.5	596,47
2	Total expenses (must equal Part IX, column (A), line 25)	2	72,87		
3	Revenue less expenses Subtract line 2 from line 1	3		-9,2	274,19
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		145,5	522,38
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-5,5	571,03
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		130,6	577,16
Pai	TEXII Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII		•	৮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
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 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 in a separate basis, consolidated basis, or both	ssued			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis				l
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?	е	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the i audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493095000233

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

Inspection **Employer identification number** 

Name of the organization WOODWARD ACADEMY INC								on number			
		7107152771	1.10						58-0625	5584	
	rt I			ıblic Charity Sta						ınstructions	1
	organı			te foundation becaus			= -		ox)		
1	<u> </u>		-	ion of churches, or a			_	b)(1)(A)(i).			
2	고			d in <b>section 170(b)(</b> 1							
3	<u> </u>			perative hospital se							
4	I	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									enter the
5	Γ	_	·	perated for the benefi ( <b>A)(iv).</b> (Complete P	_	e or univers	ity owned or o	operated by a	a governme	ntal unit desc	cribed in
6	$\Gamma$	A feder	ral, state, oi	local government o	r governmen	tal unit desc	cribed in <b>sect</b>	ion 170(b)(1	.)(A)(v).		
7	Γ	describ	oed in	at normally receives ( <b>A)(vi)</b> (Complete P		al part of its	support from	n a governme	ntal unit or	from the gen	eral public
8	$\sqcap$			: described in <b>sectio</b> i		( <b>A)(vi)</b> (Co	mplete Part I	I)			
9	$\sqcap$	An org	anızatıon th	at normally receives	(1) more th	nan 331/3%	of its suppor	t from contri	outions, me	mbership fee	s, and gross
		receipt	s from activ	rities related to its e	xempt functi	ions—subjec	t to certain e	exceptions, a	nd (2) no m	nore than 331	./3% of
		ıts sup	port from gr	oss investment inco	me and unre	lated busine	ess taxable 11	ncome (less	section 51	1 tax) from bu	ısınesses
		acquired by the organization after June 30, 1975 See <b>section <math>509(a)(2)</math>.</b> (Complete Part III )									
10		An org	anızatıon or	ganızed and operate	d exclusively	y to test for	public safety	See <b>section</b>	509(a)(4).		
11	Γ	one or the box	more public	ganized and operated ly supported organiz ibes the type of supp <b>b</b> Type I	ations desci porting organ	ribed in sect ni <u>za</u> tion and	tion 509(a)(1	) or section es 11e throu	509(a)(2) gh 11h	See <b>section 5</b>	
е	Γ	other t	_	ox, I certify that the ion managers and ot	_			•	•	•	•
f		If the c	organization this box	received a written d 2006, has the organ						e III supporti	ng organization,
g			ng persons?		ization acce	pred any gin	c or contribut	ion nom any	or the		
				rectly or indirectly c	ontrols, eith	er alone or	together with	persons des	cribed in (ii	ı)	Yes No
		and (III	) below, the	governing body of th	ne the suppo	rted organiz	ation?			<b>11</b> g	J(i)
			•	er of a person descri						11g	
_				lled entity of a perso						<b>11</b> g	(iii)  <u> </u>
h		Provide	e the followi	ng information about	the support	ed organizat	tion(s)				
				(iii)							1
				Type of	(iv) Is th		(v)		(v		
	(i)			organization	organızat	ion in	Did you no organizat		Is t		(vii)
	Name suppo		(ii) EIN	(described on lines 1- 9 above	col (ı) lıs		col (I) of		col (I) or		A mount of
organiz				or IRC section	your gove docume		suppo		in the	-	support?
	_			(see				T			4
				instructions))	Yes	No	Yes	No	Yes	No	
						-					1
						1					1
						1					
								1	ļ		

Total

instructions

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

**▶**□

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

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

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

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

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

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

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

17

18

17

18

**▶**[

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

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493095000233

OMB No 1545-0047

Open to Public Inspection

# **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

**Supplemental Financial Statements** 

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

	DODWARD ACADEMY INC			cmployer iden	itirication numbe	er
				58-0625584		
Pa	organizations Maintaining Donor		er Similar Fu	nds or Acco	unts. Comple	te if the
	organization answered "Yes" to Form S	(a) Donor advise	d funds	(h) Funds	and other accou	ınts
1	Total number at end of year	(a) Bollot davises	a runus	(b) I alias	una other accou	11103
<u>.</u> 2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor ad funds are the organization's property, subject to the			radvised	☐ Yes	┌ No
6	Did the organization inform all grantees, donors, an used only for charitable purposes and not for the be conferring impermissible private benefit				┌ Yes	┌ No
Pa	rt II Conservation Easements. Complete	e if the organization ans	wered "Yes" to	Form 990, Pa	art IV, line 7.	
1 2	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quantum protection is the last day of the tax years.	ition or pleasure) Pre	eservation of an leservation of a ce	ertified historic	structure	a
	easement on the last day of the tax year		Г	Hold a	nt the End of the	Voor
а	Total number of conservation easements		-	2a	t the End of the	3
_	Total acreage restricted by conservation easemen	to	-	2b		1 16
Ь			· /2\			
С	Number of conservation easements on a certified h		- (a)	2c		3
d	Number of conservation easements included in (c)	acquired after 8/1//06	L	2d		0
3 4	Number of conservation easements modified, trans the taxable year - 0  Number of states where property subject to conser			by the organiza	acton during	
				—		
5	Does the organization have a written policy regarding enforcement of the conservation easements it hold		inspection, nandi	ing of violations	s, and <b>✓ Yes</b>	┌ No
6	Staff and volunteer hours devoted to monitoring, in	specting and enforcing cons	ervation easeme	nts during the y	year <b>►</b> 220	00
7	Amount of expenses incurred in monitoring, inspec  \$ \begin{align*} \ & \ & \ & \ & \ & \ & \ & \ & \ & \	ting, and enforcing conserva	ation easements	during the year		
8	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requ	irements of sect	ion	☐ Yes	┌ No
9	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text o the organization's accounting for conservation ease	f the footnote to the organız				
Pai	rt IIII Organizations Maintaining Collecti Complete if the organization answered			r Other Sim	ilar Assets.	
1a	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its f	ld for public exhibition, educ	ation or researcl	n in furtherance		e,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held fo provide the following amounts relating to these iter	r public exhibition, educatio				
	(i) Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$ _		
	(ii) Assets included in Form 990, Part X			<b>b</b> - ¢		
2	If the organization received or held works of art, his	storical treasures, or other s	sımılar assets for	- ↑ - financial dain		
	following amounts required to be reported under SF				F. 5 1. 40 tile	
а	Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$_		

Assets included in Form 990, Part X

Par	TIPE Organizations Maintaining Colle	ctions of Art, H	ISTO	ric	cai ireas	ures, or Oth	er Similar	ASS	ets (co	<u>ntınued)</u>
3	Using the organization's accession and other reitems (check all that apply)	cords, check any of	the f	foll	owing that a	re a significant	use of its coll	ectio	n	
а	Public exhibition	d	Γ	_	Loan or exc	change program	s			
b	Scholarly research	e	Γ	_	Other					
С	Preservation for future generations									
4	Provide a description of the organization's colle Part XIV	ctions and explain h	ow th	hey	further the	organization's e	xempt purpo	se in		
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to b						mılar	_	Yes	□ No
Par	t IV Escrow and Custodial Arrangen Part IV, line 9, or reported an amou	nents. Complete	ıf th	e c	organizatio		Yes" to Forr			1 140
1a	Is the organization an agent, trustee, custodian included on Form 990, Part X?	or other intermedia	ry fo	rco	ontributions	or other assets	not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV $$ a	nd complete the follo	owing	g ta	ble		1			
_						-		Amo	ınt	
c d	Beginning balance					1c	+			
u e	Additions during the year					1d 1e	1			
f	Distributions during the year					1f				
2-	Ending balance	000 Davit V Ivaa 31	,						Yes	
2a	Did the organization include an amount on Form	1990, Part X, line 21	. ′					,	res	∏ No
	If "Yes," explain the arrangement in Part XIV  rt V Endowment Funds. Complete if the state of th	he organization ai	25 14/6		d "Vas" to	Form 990 Da	rt IV line 1	n		
r a			( <b>b)</b> Pri				<b>d)</b> Three Years B		<b>e)</b> Four Y	'ears Back
1a	Beginning of year balance	13,585,809		10,	776,637	9,929,094	9,824	,783		
b	Contributions	168,102			610,890	732,205	382	,926		
C	Investment earnings or losses	-415,291		2,	895,180	115,338	-278	,615		
d	Grants or scholarships	629,538			618,215					
e	Other expenditures for facilities and programs	63,281			78,683					
f	Administrative expenses									
g	End of year balance	12,645,801		13,	585,809	10,776,637	9,929	,094		
2	Provide the estimated percentage of the year en	nd balance held as								
а	Board designated or quasi-endowment 🕨 9	000 %								
b	Permanent endowment ► 91 000 %									
c	Term endowment ▶									
3a	Are there endowment funds not in the possession	on of the organizatio	n tha	at a	re held and	admınıstered fo	r the			
	organization by (i) unrelated organizations						Г	3a(i)	Yes	No No
	(ii) related organizations		•	•			<u> </u>	3a(ii)		No
b	If "Yes" to 3a(II), are the related organizations						· · · · ·	3b		
4	Describe in Part XIV the intended uses of the o	rganızatıon's endow	ment	fu	nds		L			
Par	t VI Land, Buildings, and Equipment	. See Form 990, I	Part	Χ,	lıne 10.					
	Description of property				Cost or other (investment)	(b)Cost or other basis (other)	(c) Accumula depreciatio		( <b>d</b> ) Boo	ok value
1a	Land				870,000	11,717,345	5		1	2,587,345
b	Buildings					135,808,420	38,747	,976	9	7,060,444
c	Leasehold improvements									
d	Equipment					12,321,465	9,797	,547		2,523,918
	Other					36,500				36,500
Tota	I. Add lines 1a-1e (Column (d) should equal Form	990, Part X, column (	B), Ii	ne	10(c).) .		▶		11.	2,208,207

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value		l of valuation year market value
		Cost of elia-of-	year market value
1)Financial derivatives			
2 )Closely-held equity interests			
ther ee Additional Data Table			
ree Additional Data Fable			
otal. (Column (b) should equal Form 990, Part X, col (B) line 12 )	32,492,767		
art VIII Investments—Program Related. See	Form 990, Part X, line	13.	
			of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-	year market value
	1		
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	tion		(b) Book value
Intal (Column (b) chould equal Form 000 Part V and (D) I and	5)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.			
Other Liabilities. See Form 990, Part X	•		
(a) Description of Liability	(b) A mount		
ederal Income Taxes			
IABILITIES DUE TO BENEFICIARIES	19,199		
DUE TO OTHER FUNDS	765,112		
ASSET RETIREMENT OBLIGATION	191,477		
SWAP INTEREST AGREEMENTS	17,006,974		
PLAN 457(B) LIABILITY	14,481		
Fotal. (Column (b) should equal Form 990, Part X, col (B) line 25 )	17,997,243		
, , , , , , , , , , , , , , , , , , , ,	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Part XIV Supplemental Information

انکار	t XI Reconciliation of change in Net Assets from Form 990 to Financial Statemen	ILS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	63,596,477
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	72,870,668
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-9,274,191
4	Net unrealized gains (losses) on investments	4	-4,930,842
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV )	8	-640,189
9	Total adjustments (net) Add lines 4 - 8	9	-5,571,031
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-14,845,222
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	61,682,981
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	3,046,616
3	Subtract line <b>2e</b> from line <b>1</b>	3	58,636,365
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines <b>4a</b> and <b>4b</b>	4c	4,960,112
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	63,596,477
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	76,253,282
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	3,382,614
3	Subtract line <b>2e</b> from line <b>1</b>	3	72,870,668
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1	
b	Other (Describe in Part XIV)	1	
C	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	72,870,668

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

additional information		
Identifier	Return Reference	Explanation
EXPLANATION OF CHANGES TO CONSERVATION EASEMENTS	PART II, LINE 3	LINE 9 THERE IS NO SPECIAL ACCOUNTING FOR THE SCHOOL'S CONSERVATION EASEMENTS TWO HISTORICAL STRUCTURES ARE USED IN THE NORMAL OPERATIONS OF THE SCHOOL AS OFFICES THE THIRD STRUCTURE IS THE CEREMONIAL FRONT GATE OF THE SCHOOL THE MONITORING, INSPECTING AND ENFORCING OF EASEMENTS IS PART OF THE NORMAL HOUSEKEEPING AND MAINTENANCE ACTIVITIES OF THE SCHOOL'S FACILITIES DEPARTMENT THE HISTORICAL CHARACTER OF THE STRUCTURES IS MAINTAINED WHEN REPAIRS AND MAINTENANCE ARE MADE THERE IS AN ENDOWED FUND FOR THE MAINTENANCE OF ONE OF THE BUILDINGS AN AMOUNT EQUAL TO 5% OF THE MARKET VALUE OF THE FUND IS UTILIZED EACH YEAR TO PARTIALLY OFFSET THE COSTS OF MAINTAINING THIS BUILDING
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE SCHOOL'S ENDOWMENT FUNDS ARE INTENDED FOR USE IN PROVIDING FINANCIAL AID TO WOODWARD ACADEMY STUDENTS, AWARDS TO OUTSTANDING WOODWARD ACADEMY STUDENTS, FUNDS FOR CURRICULUM ENRICHMENT AND ENHANCEMENT IN FACULTY SALARIES AND MAINTENANCE OF THE ALUMNI CENTER
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE SCHOOL IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE IT IS MANAGEMENT'S OPINION THAT THEE ARE NO ACTIVITIES THAT WOULD SUBJECT THE SCHOOL TO UNRELATED BUSINESS INCOME TAX AND ACCORDINGLY, NO PROVISION FOR FEDERAL INCOME TAXES HAS BEEN MADE MANAGEMENT HAS EVALUATED THE EFFECT OF THE GUIDANCE PROVIDED BY U S GENERALLY ACCEPTED ACCOUNTING PRINCIPLES ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES THAT BECAME EFFECTIVE LAST YEAR MANAGEMENT BELIEVES THAT THE ORGANIZATION CONTINUES TO SATISFY THE REQUIREMENTS OF A TAX-EXEMPT ORGANIZATION AT MAY 31, 2012 MANAGEMENT HAS EVALUATED ALL OTHER TAX POSITIONS THAT COULD HAVE A SIGNIFICANT AFFECT ON THE FINANCIAL STATEMENTS AND DETERMINED THE ORGANIZATION HAD NO UNCERTAIN INCOME TAX POSITIONS AT MAY 31, 2012
PART XI, LINE 8 - OTHER ADJUSTMENTS		PARTNERSHIP INCOME - BREVAN HOWARD ASIA FUND LP (98-0508221) - 29,270 FUND TRANSFERRED TO STUDENT TRANSPORT -610,919 TOTAL TO SCHEDULE D, PART XI, LINE 8 -640,189
PART XII, LINE 2D - OTHER ADJUSTMENTS		REVENUE REPORTED ON STUDENT TRANSPORT INC 58- 1806042 3,046,616
PART XII, LINE 4B - OTHER ADJUSTMENTS		NET INVESTMENT INCOME FROM BREVAN HOWARD ASIA FUND LP 29,270 NET UNREALIZED LOSS ON INVESTMENT 4,930,842
PART XIII, LINE 2D - OTHER ADJUSTMENTS		EXPENSE REPORTED ON STUDENT TRANSPORT INC 58- 1806042 3,382,614

# Software ID: Software Version:

**EIN:** 58-0625584

Name: WOODWARD ACADEMY INC

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	(b)Book value	<b>(c)</b> Method of valuation Cost or end-of-year market value
CASH SURRENDER LIFE INSURANCE	274,252	F
ASSETS HELD IN TRUST	341,108	F
KING STREET CAPITAL - CLASS S SERIES 4	341,100	<u> </u>
(24 78 SHS)	65	F
KING STREET CAPITAL - CLASS S SERIES 5 (100 40 SHS)	6,708	F
KING STREET CAPITAL - CLASS S SERIES 7 (8 99 SHS)	207	F
KING STREET CAPITAL - CLASS A SERIES 3 (1213 70 SHS)	161,893	F
KING STREET CAPITAL - CLASS S SERIES 9 (6 19 SHS)	882	F
KING STREET CAPITAL - CLASS S SERIES 44 (13 83 SHS)	1,583	F
KING STREET CAPITAL - CLASS S SERIES 18 (44 33 SHS)	5,264	F
KING STREET CAPITAL - CLASS S SERIES 13 (88 38 SHS)	6,174	F
KING STREET CAPITAL - CLASS A SERIES 1 (7007 91 SHS)	3,513,228	F
LIGHTHOUSE DIVERSIFIED - CLASS A SHARES (2171 45 SHS)	3,667,135	F_
BAY RESOURCE - CLASS D SHARES (598 30 SHS)	4,672,442	F
MONEY MARKET FUNDS - CD	64,632	F
KING STREET CAPITAL - CLASS S SERIES 20 (83 31 SHS)	8,248	F
KING STREET CAPITAL - CLASS S SERIES 30 (5 90 SHS)	38	F
KING STREET CAPITAL - CLASS S SERIES 24 (8 93 SHS)	1,000	F
KING STREET CAPITAL - CLASS S SERIES 14 (96 14 SHS)	17,188	F
BREVON HOWARD ASIA FUND (1 SH)	1,111,621	F
KING STREET CAPITAL - CLASS S SERIES 32 (56 44 SHS)	6,066	F
KING STREET CAPITAL - CLASS S SERIES 34 (55 73 SHS)	5,612	F
KING STREET CAPITAL - CLASS S SERIES 46 (22 78 SHS)	2,241	F
KING STREET CAPITAL - CLASS S SERIES 48 (20 96 SHS)	2,201	F
KING STREET CAPITAL - CLASS S SERIES 40 (147 46 SHS)	20,959	F
KING STREET CAPITAL - CLASS S SERIES 28 (43 16 SHS)	6,207	F
COCA-COLA (248,840 SHS)	18,595,813	F

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493095000233

# OMB No 1545-0047

## **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.

**Employer identification number** 

WOODWARD ACADEMY INC 58-0625584 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? Νo 5e f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Νo 6a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Yes

## Part II Supplemental Information

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

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION	SCHEDULE E, PART I, LINE 3	THE APPLICATION FOR ADMISSION AND ALL THE SCHOOL'S ADVERTISING TO SOLICIT POTENTIAL STUDENTS STATES THAT THE SCHOOL HAS A NONDISCRIMINATORY POLICY OF ADMISSION THE SCHOOL'S ADMISSIONS WEBSITE STATES THAT SCHOOL HAS A NONDISCRIMINATORY POLICY

Schedule E (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493095000233

OMB No 1545-0047

SCHEDULE F (Form 990)

Statement of Activities Outside the United States ► Complete if the organization answered "Yes" to Form 990,

Department of the Treasury Internal Revenue Service

Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection** 

lame of the organization	
VOODWARD ACADEMY	IN

**Employer identification number** 

Programmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States  Activities per Region (Use Part V if additional space is needed.)  (a) Region (b) Number of offices in the region of procedures of the region of process or approximately a program services, despite the region of process or approximately a program services, despite the service(s) in region (b) Viye) (e.g., despite type of service(s) in region service, despite the service(s) in region (b) Viye) (e.g., despite type of service(s) in viye) (e.g., despite type of service(s) in viye) (e.g., despite type of service(	VUC	DOWARD ACADEMY INC				58-0625584	
assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States  Activities per Region (Use Part V if additional space is needed)  (a) Region  (b) Number of offices in the region of offices in t	Pa				he United States. Co	omplete if the organiz	ation answered
the grants or assistance?	1	For grantmakers. Does the	organization n	naıntaın record	s to substantiate the a	amount of the grants (	or
For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States  Activities per Region (Use Part V if additional space is needed.)  (a) Region  (b) Number of offices in the region of offices in the region of procedures for monitoring the use of grant funds outside the United States.  (c) Number of employees or open offices in the region of the region of procedures of employees or open offices in the region of		assistance, the grantees' elig	gibility for the	grants or assis	stance, and the selecti	on criteria used to awa	ard
United States  A ctivites per Region (Use Part V if additional space is needed )  (a) Region (b) Number of offices in the region in the region (b) Number of offices in the region in th		the grants or assistance?					┌ Yes ┌ No
(a) Region (b) Humber of offices in the region of person (contractors) (	2		rt V the organiz	atıon's proceduı	res for monitoring the use	of grant funds outside th	ne
offices in the region and person region (by type) (e.g., investments, grants to specific type of service(s) in region region or ontractors.  CENTRAL AMERICA & O O INVESTMENTS 12,105,2  CENTRAL AMERICA & O INVESTMENTS 12,105,2  CENTRAL AMERICA & O INVESTMENTS 12,105,2  ARIBBEAN 12,105,2  Sub-total 0 0 0 0 12,105,2	3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed	)		
CARIBBEAN  A Sub-total  D Total from continuation sheets  D 0 0 12,105,1		(a) Region	offices in the	employees or agents in region or independent	region (by type) (e g , fundraising, program services, investments, grants to recipients located in the	a program service, describe specific type of	expenditures for region/investments
3a Sub-total 0 0 1 12,105,1			0	0	INVESTMENTS		12,105,341
<b>b</b> Total from continuation sheets		CAKIBBEAN					
<b>b</b> Total from continuation sheets							
<b>b</b> Total from continuation sheets							
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<b>b</b> Total from continuation sheets							
<b>b</b> Total from continuation sheets	За	Sub-total	0	0			12,105,341
	Ŀ	Total from continuation sheets to Part I	0				

c Totals (add lines 3a and 3b)

0

12,105,341

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	( <b>f</b> ) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	CLASSROOMS, FACULTY HOUSING, DORMITORY FOR FAMILIES, LATRINES	14,560	WIRE TRANSFER		SALARIES OF SCHOOL EMPLOYEES PAID DURING TRIP TO TERRANOVA	SALARY RATES
2				sted above that are re					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	( <b>d)</b> A mount of cash grant	(e) Manner of cash disbursement	( <b>f</b> ) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
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			<u> </u>	<u> </u>		<del>                                     </del>	1
						1	dula E (Earre 000) 2011

# Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)	Γ	Yes	굣	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	굣	Yes	Г	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	ি	Yes	Г	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	Г	Yes	দ	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	<b>অ</b>	Νo

Schedule F (Form 990) 2011

#### **Additional Data**

Software ID:

**Software Version:** 

**EIN:** 58-0625584

Name: WOODWARD ACADEMY INC

Schedule F (Form 990) 2011

Page **5** 

### Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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DLN: 93493095000233

OMB No 1545-0047

Open to Public Inspection

## **Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

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

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization WOODWARD ACADEMY INC

**Employer identification number** 

58-0625584

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel  Housing allowance or residence for personal use			
	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	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	▼ Compensation committee     ▼ Written employment contract			
	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			
а	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		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.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line $1a$ , did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		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)?	9		

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

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

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

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	( <b>D)</b> Nontaxable	(E) Total of columns	<b>(F)</b> Compensation
		(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
(1) MS BARBARA EGAN	(I) (II)	275,197 0	0	0 0	37,761 0	8,287 0	321,245 0	
(2) DR F STUART GULLEY	(ı) (ıı)	366,157 0	0	114,171 0	46,500 0	8,982 0	535,810 0	
(3) MR DAVID R MCCOLLUM	(ı) (ıı)	310,076 0	0	0	65,834 0	27,411 0	403,321	
(4) MR ROBERT HAWKS	(ı) (ıı)	238,839 0	0	3,100 0	33,801 0	8,057 0	283,797 0	
(5) MR RUSSELL SLIDER	(ı) (ıı)	220,410 0	0 0	0	41,262 0	7,833 0	269,505 0	
(6) MR EDWIN NOTESTINE	(I) (II)	136,566 0	0 0	0 0	8,451 0	7,067 0	152,084 0	
(7) MR WILLIAM LINEBERRY	(1) (11)	137,814 0	0 0	0 0	8,460 0	18,988 0	165,262 0	
(8) MR WALLACE L VINCENT	(I) (II)	124,280 0	0 0	0 0	7,503 0	24,988 0	156,771 0	
(9) MR LEE CONNER	(I) (II)	138,965	0	0	7,594 0	6,996 0	153,555 0	

Schedule J (Form 990) 2011 Page **3** 

## Part III Supplemental Information

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

Identifier Return Reference Explanation

Schedule J (Form 990) 2011

Schedule K (Form 990)

**Supplemental Information on Tax Exempt Bonds** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493095000233

2011

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

WOODWARD ACADEMY INC

Employer identification number

58-0625584

									5	8-0625	5584			
Pa	art I Bond Issues								· · · · ·					
	(a) Issuer Name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date Issued	<b>(e)</b> Issue Pri	ice	<b>(f)</b> Description	of Purpose	<b>(g)</b> De	feased	Beh	On alf of suer		Pool
									Yes	No	Yes	No	Yes	No
A	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	359900ZG5	12-10-1997	17,000,		ONSTRUCT NEV CHOOL CAMPU			×		X		x
В	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	359900ZR1	10-24-2002	ا, 27,000	.000 MI	CONSTRUCT & RENOVATE MIDDLE SCHOOL CLASSROOMS & ARTS FACILITY-NORTH CAMPUS			Х		Х		х
С	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	359900ZK6	08-10-2006	11,000,	$\alpha \alpha $	ONSTRUCT NE			Х		х		Х
D	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	359900ZH3	06-10-2008	32,000,	TA 000.	CONSTRUCT & RENOVATE ATHLETIC FACILITIES & SUPPORT SPACES			Х		х		х
Pa	rt III Proceeds			•					•					•
					А		E	3		С			D	
1	A mount of bonds retired													
		A mount of bonds defeased												
3	<u> </u>	Total proceeds of issue				7,900,1	06	27,312,631		11,2	62,133		32	,414,132
4	Gross proceeds in reserve fund													
5	Capitalized interest from proce	∍eds 												
6	Proceeds in refunding escrow													
7	Issuance costs from proceeds					173,6	3,603 287,000		184,984			4 193,27		
8	Credit enhancement from proc													
9	Working capital expenditures f	<u> </u>												
10	Capital expenditures from proc	ceeds			177	177,726,503 27,025,631		27,025,631	11,077,149				32	,220,856
11	O ther spent proceeds													
12	O ther unspent proceeds	_												
13	Year of substantial completion	l .			1999	9	20	04		2007			2009	
					Yes	No	Yes	No	Yes		No	Yes	<u>;                                    </u>	No
14	Were the bonds issued as part					Χ		Х			Χ			X
15	Were the bonds issued as part of an advance refunding issue?					Χ		Х			Χ			Χ
16	Has the final allocation of proc	×		×		X			X					
17	Does the organization maintair allocation of proceeds?	•	nd records to supp	oort the final	х		Х		Х			Х		
Pa	rt IIII Private Business U	se			1									
					A Yes	B1 -		B No	W	C	NI-		<u>D</u>	No
					Yes	No	Yes	No	Yes		No	Yes	<u></u>	No

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

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

Χ

Χ

Χ

Χ

Χ

Χ

	,	1	A	A B			c !	į , , , , , , , , , , , , , , , , , , ,	D
	<b>,</b>	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	 [	х		х		x		Х
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?		х		х		х		х
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		0 %		0 %		0 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %		0 %		0 %		0 %
6	Total of lines 4 and 5	<u> </u>	0 %		0 %		0 %		0 (
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	х		х		×		×	

Part IV Arbitrage

		Α		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	×		х		x		×	
2	Is the bond issue a variable rate issue?	X		X		X		X	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		Х		Х		х		Х
b	Name of provider								
С	Term of hedge								
d	Was the hedge superintegrated?								
е	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		Х		Х		Х		Х
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		х		Х		Х	Х	
6	Did the bond issue qualify for an exception to rebate?	Х		Х		Х		Х	

#### Part V **Procedures To Undertake Corrective Action**

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary 

#### **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

**Identifier Return Reference Explanation**  Schedule K (Form 990)

# **Supplemental Information on Tax Exempt Bonds**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

DLN: 93493095000233

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

WO	ODWARD ACADEMY INC								5	8-062	5584		-	
Pa	art I Bond Issues								•					,
	(a) Issuer Name	(b) Issuer EIN	<b>(c)</b> CUSIP #	(d) Date Issued	<b>(e)</b> Issue Prio	ce	<b>(f)</b> Description	<b>f)</b> Description of Purpose		feased		On alf of uer	(i) Pool financing	
									Yes	No	Yes	No \	es/	No
Α	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	359900ZJ9	08-23-2007	13,000,0	000 UP	PER SCHOOL	STRUCT & RENOVATE R SCHOOL SROOM FACILITIES		Х		х		Х
Pa	rt III Proceeds											1		
	A				Α_		E	3		С			D	
1	A mount of bonds retired													
2	A mount of bonds defeased													
3	Total proceeds of issue		13	3,252,8	60									
4	Gross proceeds in reserve fun													
5	Capitalized interest from proce													
6	Proceeds in refunding escrow													
7	Issuance costs from proceeds	3				317,7	31							
8	Credit enhancement from proc	eeds												
9	Working capital expenditures f	from proceeds												
10	Capital expenditures from pro	ceeds			12	2,935,1	29							
11	Other spent proceeds					•								
12	Other unspent proceeds													
13	Year of substantial completion	า			2008	 8								
					Yes	No	Yes	No I	Yes		No	Yes	1	No
14	Were the bonds issued as part	t of a current refund	ing issue?			Х								
15	Were the bonds issued as part	t of an advance refu	nding issue?			Х								
16	Has the final allocation of proceeds been made?													
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?													
Pai	ttiiii Private Business U	lse												
					A		E			C			D	
	W th		Yes	No	Yes	No	Yes	_	No	Yes	+	No		

property financed by tax-exempt bonds?

financed property?

Was the organization a partner in a partnership, or a member of an LLC, which owned

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

Χ

Sche	edule K (Form 990) 2011								Page <b>2</b>
Pai	t III Private Business Use (Continued)								
			Α		В		С	· ·	)
		Yes	No	Yes	No	Yes	No	Yes	No
За	Are there any management or service contracts that may result in private business use?		х						
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?		х						
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %		•				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %						
6	Total of lines 4 and 5		0 %						
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	Х							
Pa	rt IV Arbitrage								_

Yes No Yes No Yes No Yes No Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and 1 Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? Х Is the bond issue a variable rate issue? Χ Has the organization or the governmental issuer entered За into a hedge with respect to the bond issue? Χ

Name of provider Term of hedge C Was the hedge superintegrated? Was a hedge terminated? Were gross proceeds invested in a GIC? 4a Χ Name of provider b Term of GIC C Was the regulatory safe harbor for establishing the fair market d

### Were any gross proceeds invested beyond an available temporary 5 Χ Did the bond issue qualify for an exception to rebate?

Χ

# Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations

#### Part VI Supplemental Information

value of the GIC satisfied?

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

**Identifier Return Reference Explanation**  efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493095000233

OMB No 1545-0047

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Transactions with Interested Persons**

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

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

**2011** 

Open to Public Inspection

	of the organization WARD ACADEMY INC										tion numbe	er
Part :								organı		nly).		
	Complete if the organizat	tion ans	wered "	Yes" on Forr	n 990, P	art IV, line 25a o	r 25b, o	r Form	990-EZ,	Part V , lı	ne 40b	
1	(a) Name of disq	jualified	person			<b>(b)</b> Desc	ription o	of trans	action		Cor	(c) rected?
											Yes	No
	nter the amount of tax impos		_		_				ear under	-	•	
_	nter the amount of tax, if any		• 2 abo			e organization .				\$ —		
							-			<u> </u>		
Part	Loans to and/or Complete if the organi					Part IV line 26	or Form	- 000-E	7 Dart \/	lina 29	3	
	Complete if the organi			l les onre	01111 990	, Fait IV, ille 20,	, 01 - 0111	1990-6	(f)	, iiile 30		
<b>(a)</b> Na	me of interested person and		oan to m the	(c)0 rig	ınal		(e) I		Approv		(g)Writt	
(-)	purpose	1	zation?	principal a		(d)Balance due	defau	it?	by boar commit		agreeme	int?
		То	From	1			Yes	No	Yes	No	Yes	No
(1) DR	F STUART GULLEY			_								
			X	2	00,000	161,667		No	Yes	+	Yes	
					_							
Total					<u>► \$</u>	161,667						
Part 1	Grants or Assistar Complete if the orga						, line 2	7.				
	(a) Name of interested pers	son	(1			en interested per ganization	son	<b>(c)</b> A m	nount of g	ant or ty	pe of assis	stance
			_									

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete if the organization	n answered Yes on	FORTH 990, Part IV, III	ie 28a, 28b, or 28c.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organiz	aring of ation's nues?
	organization			Yes	No
(1) MR BEN JOHNSON	CHAIRMAN OF BOARD	·	FORMER PARTNER AT ALSTON AND BIRD - ALSTON AND BIRD ADVISES WOODWARD ACADEMY REGARDING LEGAL AFFAIRS		No
(2) MR JAMES SUTHERLAND	BOARD MEMBER	, ,	OWNER OF SUTHERLAND FOODS - WOODWARD ACADEMY PURCHASES FOOD FOR DINING SERVICES FROM SUTHERLAND FOODS		No
(3) MR BEN JOHNSON	CHAIRMAN OF BOARD	, , , , , , , , , , , , , , , , , , ,	DIRECTOR OF INVESCO ATLANTIC TRUST, A SUBSIDIARY OF INVESCO, PROVIDES INVESTMENT MANAGEMENT SERVICES TO THE SCHOOL		No
(4) MR KENNETH HOPKINS	SON-IN-LAW OF MR SUTHERLAND (BOARD MEMBER)	,	OWNER OF TROPIC DESIGNS, INC - TROPIC DESIGNS PROVIDES TURF MANAGEMENT SERVICES FOR WOODWARD ACADEMY ATHLETIC FIELDS		No
		I		1	I

#### **Supplemental Information** Part V

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier Return Reference Explanation

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DLN: 93493095000233

OMB No 1545-0047

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.

**NonCash Contributions** 

Open to Public Inspection

Name of the organization WOODWARD ACADEMY INC

**Employer identification number** 

58-0625584

Pa	rt I Types of Property				30 0023304			
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line	<b>(d</b> Method of do contribution	etermı	_	
1	Art—Works of art			- 3				
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 .	X	26	263,208	MARKET SALES PR	ICE		
	Securities—Closely held stock .							
11	Securities—Partnership, LLC,							
12	or trust interests							
	Qualified conservation contribution—Historic							
1.1	structures							
1-7	contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ► ()							
26	O ther ▶()							
27	O ther ►()							
28	O ther ► ()							
29	Number of Forms 8283 received for which the organization compl				29			1
30~	During the year, did the organiza	ation recov	a hy contribution any prope	arty reported in Part I lines	1-28 that it		Yes	No
Jua								
	must hold for at least three year				a to be used			NI -
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangement	ent in Part 1	11					
31	Does the organization have a gif	t acceptan	ce policy that requires the	review of any non-standard	contributions?	31	Yes	
32a	Does the organization hire or us contributions?	e third part	es or related organizations	to solicit, process, or sell r	non-cash	32a		No
b	If "Yes," describe in Part II							
33	If the organization did not report	t revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			
	describe in Part II					1		

Page 2

### Part II

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

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

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SCHEDULE O

As Filed Data -

DLN: 93493095000233

OMB No 1545-0047

Open to Public Inspection

# Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

Name of the organization WOODWARD ACADEMY INC

(Form 990 or 990-EZ)

Employer identification number

58-0625584

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	AUDIT COMMITTEE AND THE FINANCE AND EXECUTIVE COMMITTEE REVIEW AND APPROVE THE FORM 990 AN ELECTRONIC COPY OF THE FORM 990 IS SENT TO ALL BOARD MEMBERS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR BOARD MEMBERS, OFFICERS AND KEY EMPLOYEES COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE AND CERTIFY THAT THEY HAVE READ AND ARE IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY BOARD MEMBERS WHO HAVE A POTENTIAL CONFLICT OF INTEREST ABSTAIN FROM VOTING ON ISSUES INVOLVING THE CONFLICT OF INTEREST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE VP FOR FINANCE AND ADMINISTRATION RESEARCHES COMPARABLE COMPENSATION DATA AND PROVIDES THE INFORMATION TO THE PRESIDENT AND THE COMPENSATION COMMITTEE. COMPARABLE DATA FROM THE FOLLOWING GROUPS ARE USED ALL MEMBER SCHOOLS OF THE NATIONAL ASSOCIATION OF INDEPENDENT SCHOOLS (NAIS), ALL NON-MEMBER SCHOOLS THAT REPORT TO NAIS, ALL GEORGIA INDEPENDENT SCHOOLS, AND THE 30 LARGEST INDEPENDENT SCHOOLS IN THE US IN DETERMINING COMPENSATION SOME OF THE FACTORS CONSIDERED INCLUDE THE EXPERIENCE OF THE EMPLOYEE AND THE SIZE AND COMPLEXITY OF THE SCHOOL IN RELATION TO THE SCHOOLS IN THE COMPARISON DATA THE COMPENSATION COMMITTEE APPROVES AND DOCUMENTS THE COMPENSATION OF OFFICERS AND KEY EMPLOYEES RECEIVE ANNUAL WRITTEN CONTRACTS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	THE SCHOOL'S FORM 1023, 990 AND 990T ARE AVAILABLE TO THE PUBLIC UPON REQUEST

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE SCHOOL'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -4,930,842 PARTNERSHIP INCOME - BREVAN HOWARD ASIA FUND LP (98-0508221) -29,270 FUND TRANSFERRED TO STUDENT TRANSPORT -610,919 TOTAL TO FORM 990, PART XI, LINE 5 -5,571,031

Identifier	Return Reference	Explanation
		THE AUDIT COMMITTEE OF THE BOARD OF GOVERNORS IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT PROCESS AND THE SELECTION OF INDEPENDENT AUDITORS

ldentifier	Return Reference	Explanation
ASSISTANCE TO ORGANIZATIONS OUTSIDE THE US - TERRANOVA SCHOOL	SCHEDULE F,	EACH YEAR THE STUDENTS OF WOODWARD ACADEMY RAISE MONEY TO SEND TO A SCHOOL IN ZAMBIA CALLED THE TERRANOVA SCHOOL THIS IS A PRIVATE SCHOOL LOCATED ON A COFFEE FARM AND OPERATED FOR THE BENEFIT OF THE FARM'S WORKERS AND OTHERS IN THE AREA STUDENTS PAY A NOMINAL FEE OF \$8 PER TERM TO ATTEND THE COFFEE FARM PAYS THE TEACHERS PAST FUND RAISING EFFORTS HAVE PAID FOR TEACHING MATERIALS, BUILDING A LIBRARY AND FURNISHING IT WITH BOOKS, PURCHASING AND INSTALLING COMPUTERS, COMPUTER SUPPLIES, BUILDING AN INFIRMARY, A SCIENCE LAB, CLASSROOMS, FACULTY HOUSING, A WATER SYSTEM, WORKER HOUSING, SHOWERS AND LATRINES THIS YEAR FUNDS WERE USED TO BUILD ADDITIONAL WORKER HOUSING, CLASSROOMS, LATRINES AND FACULTY HOUSING EACH YEAR SEVERAL EMPLOYEES OF WOODWARD ACADEMY TRAVEL TO TERRANOVA TO VISIT THE STUDENTS AND OBSERVE THE PROGRESS OF WOODWARD SPONSORED PROJECTS

ldentifier	Return Reference	Explanation
BACKUP WITHHOLDING, FORMS 8899 AND 1098-C	FORM 990, PART V, LINES 1C, 7G & 7H	THE ORGANIZATION DID NOT RECEIVE CONTRIBUTIONS OF QUALIFIED INTELLECTUAL PROPERTY AND WAS THEREFORE NOT REQUIRED TO FILE FORM 8899 LIKEWISE, THERE WERE NO CONTRIBUTIONS OF CARS, BOATS, AIRPLANES, OR OTHER VEHICLES, AND FORM 1098-C WAS NOT REQUIRED THE ORGANIZATION DID NOT HAVE ANY REPORTABLE PAYMENTS TO VENDORS OR REPORTABLE GAMING (GAMBLING) WINNINGS TO PRIZE WINNERS AND THEREFORE, THE BACKUP WITHHOLDING RULES DID NOT APPLY THE GOVERNING BOARD HAS DELEGATED AUTHORITY TO THE FINANCE & EXECUTIVE COMMITTEES (17 MEMBERS) TO ACT ON BEHALF OF THE BOARD

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DLN: 93493095000233

SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2011

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Attach to Form 990. See separa

Name of the organization WOODWARD ACADEMY INC				58-062558	dentification number		
Part I Identification of Disregarded Entities (Con	mplete if the organization	on answered "Yes"	on Form 990, Pa	•	2 1		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizations during	anizations (Completeng the tax year.)	ıf the organization	answered "Yes"	on Form 990, P	art IV, line 34 becaus	se it had	one
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity statu: (if section 501(c)(3)	s Direct controlling entity	organ	trolled nization
(1) STUDENT TRANSPORT INC						Yes	No
2836 RN MARTIN STREET  EAST POINT, GA 30344	BUS TRANSPORTATION OF WOODWARD ACADEMY STUDENTS	GA	501(C)(3)	509(A)(1), TYPE	E 1 WOODWARD ACADEMY		No
58-1806042							
For Privacy Act and Panerwork Reduction Act Notice, see the Instru	uctions for Form 990.	Cat No 50	)135Y	•	Schedule R (F	Form 990)	2011

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	, ·	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	(g) Share of end-of- year assets	(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	<b>(k)</b> Percentage ownership
							Yes	No		Yes	No	
												i

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	<b>(b)</b> Рптагу activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total Income	(g) Share of end-of-year assets	<b>(h)</b> Percentage ownership

he	dule R (Form 990) 2011		Рa	ge 🕽
Pa	Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)			
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	N
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N
b	Gift, grant, or capital contribution to related organization(s)	1b		N
С	Gift, grant, or capital contribution from related organization(s)	1c		Ŋ
d	Loans or loan guarantees to or for related organization(s)	1d	Yes	1
e	Loans or loan guarantees by related organization(s)	1e		Ŋ
_		4.5		<b>L</b> .
	Sale of assets to related organization(s)	1f		N
_	Purchase of assets from related organization(s)	1g		N <sub>1</sub>
	Exchange of assets with related organization(s)	1h		N
i	Lease of facilities, equipment, or other assets to related organization(s)	1i		N
i	Lease of facilities, equipment, or other assets from related organization(s)	1j		N
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k		N
ı	Performance of services or membership or fundraising solicitations by related organization(s)	11	Yes	
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		N
n	Sharing of paid employees with related organization(s)	<b>1</b> n		Ŋ
0	Reimbursement paid to related organization(s) for expenses	10		Ŋ
p	Reimbursement paid by related organization(s) for expenses	<b>1</b> p		N
				<b>–</b> .
-	Other transfer of cash or property to related organization(s)	1q		N
r	O ther transfer of cash or property from related organization(s)	1r	, ,	N

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

2 If the diswer to any of the above is Tes, see the instructions for information on who must complete this line,	merading covered relati	onships and cransacci	on thresholds
(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved	<b>(d)</b> Method of determining amount involved
(1) STUDENT TRANSPORT INC	D	496,678	PER FINANCIAL STATEMENT
(2) STUDENT TRANSPORT INC	L	960,800	PER FINANCIAL STATEMENT
(3) STUDENT TRANSPORT INC	Q	610,919	PER FINANCIAL STATEMENT
(4)			
(5)			
(6)			

### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	<b>j)</b> eral or aging ener?	<b>(k)</b> Percentage ownership
			,	Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

## Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

# Software ID: Software Version:

**EIN:** 58-0625584

Name: WOODWARD ACADEMY INC

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

Compensated Employees, and Independent Contractors  (A) (B) (C) (D) (E) (F)													
(A) Name and Title	(B) Average hours		tion that a	(che	/)			<b>(D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	<b>(F)</b> Estimated amount of other compensation			
	per 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 BEN F JOHNSON III CHAIRMAN	2 00	Х						0	0	0			
MR J RUSSELL WELCH VICE-CHAIRMAN	2 00	Х						0	0	0			
MS MADELYN ADAMS BOARD MEMBER	1 00	Х						0	0	0			
MR ROBERT E BOWERS BOARD MEMBER	1 00	Х						0	0	0			
MR RONALD M BRILL BOARD MEMBER	1 00	Х						0	0	0			
MR GERALD R BENJAMIN BOARD MEMBER	1 00	Х						0	0	0			
MR CLARENCE DAVIS BOARD MEMBER	1 00	Х						0	0	0			
MR ADAIR DICKERSON BOARD MEMBER	1 00	Х						0	0	0			
MRS KITTY DUKEHART BOARD MEMBER	1 00	Х						0	0	0			
DR XAVIER A DURALDE BOARD MEMBER	1 00	Х						0	0	0			
DR NANCY GALLUPS BOARD MEMBER	1 00	Х						0	0	0			
MR STEPHEN R HENNESSY BOARD MEMBER	1 00	Х						0	0	0			
DR JAMES F JONES JR BOARD MEMBER	1 00	Х						0	0	0			
MRS TERRI J KIGHT BOARD MEMBER	1 00	Х						0	0	0			
MR IAN LLOYD-JONES BOARD MEMBER	1 00	Х						0	0	0			
DR ANTHONY A MALIZIA JR DECEASED BOARD MEMBER	1 00	х						0	0	0			
MR GENE W MILNER JR BOARD MEMBER	1 00	Х						0	0	0			
MR GEORGE S MORGAN SR BOARD MEMBER	1 00	Х						0	0	0			
MRS MARIE L NYGREN BOARD MEMBER	1 00	Х						0	0	0			
MR TIM A O'BRIEN BOARD MEMBER	1 00	Х						0	0	0			
MRS VICKI R PALMER BOARD MEMBER	1 00	Х						0	0	0			
MR JOHN D RANDOLPH BOARD MEMBER	1 00	Х						0	0	0			
MRS PAULA REYNOLDS BOARD MEMBER	1 00	Х						0	0	0			
MR STEPHEN E ROBERTS BOARD MEMBER	1 00	Х						0	0	0			
MR MITESH SHAH BOARD MEMBER	1 00	х						0	0	0			

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

(A)	1	(D)	<b>(E)</b>	<b>(E)</b>						
(A) Name and Title	(B) Average hours		tion that			ıll		Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
MR SHI SHAILENDRA BOARD MEMBER	1 00	Х						0	0	0
MR JAMES E SUTHERLAND BOARD MEMBER	1 00	Х						0	0	0
MRS BELINDA M J MORRIS BOARD MEMBER	1 00	Х						0	0	0
DR DEEPAK RAGHAVEN BOARD MEMBER	1 00	Х						0	0	0
MR CHRIS MICHAEL CARLOS BOARD MEMBER	1 00	Х						0	0	0
MS BARBARA EGAN VICE PRESIDENT/TREASURER	40 00			Х				275,197	0	46,048
DR F STUART GULLEY PRESIDENT	40 00			х				480,328	0	55,482
MR DAVID R MCCOLLUM VP/HEADMASTER	40 00				×			310,076	0	93,245
MR ROBERT HAWKS VICE PRESIDENT	40 00				х			241,939	0	41,858
MR RUSSELL SLIDER VICE PRESIDENT	40 00				х			220,410	0	49,095
MR EDWIN NOTESTINE ADMINISTRATOR	40 00					Х		136,566	0	15,518
MR DAVID CHANDLER ADMINISTRATOR	40 00					Х		134,270	0	14,933
MR WILLIAM LINEBERRY ADMINISTRATOR	40 00					Х		137,814	0	27,448
MR WALLACE L VINCENT ADMINISTRATOR	40 00					Х		124,280	0	32,491
MR LEE CONNER ADMINISTRATOR	40 00					х		138,965	0	14,590

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**Depreciation and Amortization** 

(Including Information on Listed Property)

DLN: 93493095000233

OMB No 1545-0172

Form **4562** 

Department of the Treasury Internal Revenue Service (99)	<b>.</b>	See separate instruction	s. 🟲 Attach t	to your tax re	turn.		Attachment Sequence No <b>179</b>
Name(s) shown on return WOODWARD ACADEMY I	N.C	Business	s or activity to w	hich this form	relates	Ic	lentifying number
WOODWARD ACADEMY 1	IVC	FORM 9	90 PAGE 10			5 8	8-0625584
		Certain Property Ur			alata Davit I		
<b>Note:</b> If y <b>1</b> Maximum amount (see		sted property, comple	ete Part V bero	re you com	piete Part I.	1	500,000
2 Total cost of section 1		ed in service (see instri	ictions)			2	300,000
3 Threshold cost of sect		•	•	uctions)		3	2,000,000
4 Reduction in limitation				• •		4	2,000,000
5 Dollar limitation for tax			•	· · · · · · · · · · · · · · · · · · ·	filina	•	
separately, see instruc	-					5	
6 (a)	Description of pr	operty	<b>(b)</b> Cost (bu		(c) Elected co	nst	
(4)			onl	y)	(4) 2/2000		
<b>7</b> Listed property Enter	the amount from	lina 20		. 7			
8 Total elected cost of s			umn (c) lines 6	· L		8	
9 Tentative deduction E	-	·	anni (c), inies o	ana /		9	
10 Carryover of disallowe			rm 4562			10	
11 Business income limitation				e instructions)		11	
12 Section 179 expense						12	
13 Carryover of disallowe		•		. <b>&gt;</b> 13			
Note: Do not use Part							
		Illowance and Othe			ınclude lısted pı	operty	y ) (See instructions )
14 Special depreciation a tax year (see instructi	llowance for qual						
15 Property subject to se	ction 168(f)(1) e	election				15	
16 Other depreciation (in	cluding ACRS)					16	4,719,626
Part IIII MACRS De	preciation ([	Oo not include listed	property. <b>)</b> (Se	e instructioi	ns.)		
			ection A			I	Γ
17 MACRS deductions for						17	
<b>18</b> If you are electing t	•	•	ce during the ta	ax year into	one or more		
general asset accou						 	tion Constant
Section B-Ass	ets Placed in	Service During 20 (c) Basis for	<u> 11 lax Year</u>	Using the	General Depi	recia	tion System
(a) Classification of property	(b) Month and year placed in service		(d) Recovery period	(e) Convent	on <b>(f)</b> Metho	od	(g)Depreciation deduction
<b>19a</b> 3-year property		only see matructions,					
<b>b</b> 5-year property							
<b>c</b> 7-year property							
<b>d</b> 10-year property							
<b>e</b> 15-year property							
f 20-year property	1						
g 25-year property			25 yrs	MM	S/L		
<b>h</b> Residential rental property			27 5 yrs 27 5 yrs	MM	S/L S/L		
i Nonresidential real			39 yrs	MM	S/L		
property			,	MM	S/L		
Section	n C—Assets Plac	ced in Service During 201	.1 Tax Year Using	the Alternat	ive Depreciation	Syste	em
<b>20a</b> Class life					S/L		
<b>b</b> 12-year			12 yrs		S/L		
c 40-year	(505	tions)	40 yrs	MM	S/L		
	y (see instruc	•				24	
<ul><li>21 Listed property Enter</li><li>22 Total. Add amounts from and on the appropriate</li></ul>	m line 12, lines					21	4,719,626
23 For assets shown above portion of the basis att	e and placed in s	service during the currer	nt year, enter the				. ,

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation a	nd Other I	nforma	tion (C	aution	: See i	the i	instruc	tions	for li	mits 1	or pa	sseng	er au	tomot	iles.)
<b>24a</b> Do you have evider	nce to support	the business/inv	estment ι	ise claime	d? <b>┌ Yes</b>	Γ <sub>No</sub>		2	<b>4b</b> If "\	∕es," ıs	the ev	ıdence	written?	Гүе	sГN	)
(a) Type of property (list vehicles first)	<b>(b)</b> Date placed in service	(c) Business/ investment use percentage	(c Cost o ba		(busines	(e) deprecia ss/investr e only)		<b>(f)</b> Recover period	y M∈	(g) ethod/ ventior		<b>(h</b> Depreci deduc	ation/		(i) Electe section : cost	179
<b>25</b> Special depreciation allo 50% in a qualified busi	•		erty placed	in service (	during the	tax year	and u	used moi	e than	25						
<b>26</b> Property used more	e than 50%	ın a qualıfıed	business	use												
		%									+			-		
		%									+					
<b>27</b> Property used 50%	orless in a		iness us	e												
		%							S/L - S/L -		_					
		%							S/L -							
28 Add amounts in co	olumn (h), lır	ies 25 throug	jh 27 En	ter here a	and on lu	ne 21, <sub>l</sub>	oage	1 .	28	8						
29 Add amounts in co	olumn (ı), lın	e 26 Enterh	ere and c	n line 7,	page 1					•		29				
			ction B													
Complete this section If you provided vehicles to														e vehic	les	
				(6	a)	(1	<b>)</b>		(c)		((			≘)	(	f)
year (do not inclu-			-	Vehi	cle 1	Vehi	cle 2	: V	ehicle	3	Vehi	cle 4	Vehi	cle 5	Vehi	icle 6
31 Total commuting i	miles driven	during the ye	ear .							$\neg \dagger$						
32 Total other persor	nal(noncomm	nuting) miles	drıven							$\neg \dagger$						
33 Total miles driven through 32	during the y		s 30													
34 Was the vehicle a			•	Yes	No	Yes	No	Ye	s   1	No.	Yes	No	Yes	No	Yes	No
during off-duty ho	urs? .															1
35 Was the vehicle us		by a more tl	nan 5%													
<b>36</b> Is another vehicle			e? .													
Section	on C—Que	stions for	Employ	ers W	ho Pro	vide \	/ehi	icles	or U	se by	/ The	ir En	nploy	ees		
Answer these questio 5% owners or related				eption to	comple	ting Se	ction	B for v	ehicle	s use	d by e	mploy	ees wh	o are	not mo	re tha
<b>37</b> Do you maintain a employees?		y statement											our.	Y	es	No
<b>38</b> Do you maintain a	written polic	y statement	that prof	nibits per	sonal us	e of vel	nicle	s, exce	pt con	nmutır	ng, by					
employees? See t	he instructio	ns for vehicle	es used b	y corpor	ate office	ers, dire	ector	s, or 1	% or m	nore o	wners					
<b>39</b> Do you treat all us	se of vehicles	s by employe	es as pei	sonal us	e? .		•	•		•	•		•			
<b>40</b> Do you provide movehicles, and reta				oyees, ol	btaın ınfo	rmatio •	n fro	m your • •	emplo •	yees	about •	the us	e of the	9		
<b>41</b> Do you meet the r	equirements	concerning	qualified a	automobi	le demor	nstratio	n us	e? (See	ınstrı	uction	s)					
<b>Note:</b> If your answ	ver to 37, 38	, 39, 40, or 4	l 1 is "Ye:	s," do no	t comple	te Sect	ion E	3 for the	cove	red ve	hicles	5				
	rtization														I	
(a) Description of c	osts	(b) Date amortizatio begins	n	( A mort a mo	ızable			<b>(d)</b> Code ection		(e) mortiz period ercen	ation d or			(f) rtızatı nıs ye		
<b>42</b> A mortization of co	sts that her		ur 2011	tax vear	(see ins	truction	ns )		<u> </u>		5					
			1	,	,_ ,_ ,,,,	T	,									
						-+			$\dashv$							
43 Amortization of co	sts that beg	an before you	ur 2011 t	ax year					•		43					
44 Total. Add amoun	_	•		•	ere to re	port				Ì	44					