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DLN: 93493127005013

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

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

2011

OMB No 1545-0047

Open to Public

B Check		nlendar year, or tax year beginning 07-01-20 C Name of organization	011 and ending 06-30-20:		nplover ide	entification number		
– Addre	k if applicable	OHIO COUNCIL OF COMMUNITY SCHOOLS			3-047742			
_	e change	Doing Business As			lephone nu			
_	l return	Number and street (or P O box if mail is not deli	wared to atreat address) Deem/a	(4	19)720-	5200		
– Termi	unated	3131 EXECUTIVE PARKWAY NO 306	vered to street address) Room/s	G Gr	oss receipts	\$ 3,770,990		
	nded return cation pending	City or town, state or country, and ZIP + 4 TOLEDO, OH 43606						
		F Name and address of principal office	er	H(a) Is this a gr	oup return	n for		
		DARLENE CHAMBERS 3131 EXECUTIVE PARKWAY NO 306		affiliates?		⊤Yes 🔽 No		
		TOLEDO,OH 43606		H(b) Are all affilia	ates includ	ed?		
Tax	exempt status	[[[[[[[[[[[[[[[[[[[(see instructions)		
	· · · · · · · · · · · · · · · · · · ·	,(-),(-) ,(-), (, -1,(),	1 4947(a)(1) or 1 527	H(c) Groupexe	mption nu	mber 🟲		
		/W OHIOSCHOOLS ORG		<u> </u>				
		Corporation Trust Association Other	•	L Year of formation	n 2002 N	State of legal domicile OF		
Part	Sum	mary						
ب	TO PRO	escribe the organization's mission or most VIDE SPONSORSHIP AND OVERSIGHT I IVERSITY OF TOLEDO		LS IN OHIO AS TH	E DESIGN	NEE AGENCY FOR		
aovellialice								
3		nis box 🚩 if the organization discontinued			1	ssets I		
\$		of voting members of the governing body (F			3	12		
		of independent voting members of the gove			4	11		
3 I		mber of individuals employed in calendar ye			5	26		
ť		mber of volunteers (estimate if necessary) related business revenue from Part VIII, c			6 7a	(
		lated business taxable income from Form S	• • • • • • • • • • • • • • • • • • • •		7a 7b			
	D Net unit	nated business taxable mediae nom romins	750 1, IIIIC 54 1 1	Prior Yea		Current Year		
	8 Contr	butions and grants (Part VIII, line 1h) .		Prior real	0	Current rear		
9		im service revenue (Part VIII, line 2g)	3.0	73,531	3,745,654			
Revenue		tment income (Part VIII, column (A), lines		43,548	4,696			
å ,		revenue (Part VIII, column (A), lines 5, 6d			13,800	20,640		
1		revenue—add lines 8 through 11 (must equ		ne				
				,	30,879	3,770,990		
		s and similar amounts paid (Part IX, column		1	50,000	2,091,060		
		ts paid to or for members (Part IX, column			0	0		
8	15 Saları 10)	es, other compensation, employee benefits	(Part 1X, Column (A), lines		82,505	1,831,940		
Expenses	16a Profes	sional fundraising fees (Part IX, column (A), lıne 11e)		0	0		
ਡੇ 📗	b Total fu	ndraising expenses (Part IX, column (D), line 25))					
		expenses (Part IX, column (A), lines 11a-		. 8	22,723	810,006		
1		expenses Add lines 13-17 (must equal Pa		2,4	55,228	4,733,006		
	19 Rever	ue less expenses Subtract line 18 from lin	e 12		75,651	-962,016		
မိုင် အရ				Beginning of Co Year	urrent	End of Year		
火災 上。	20 Total	assets (Part X, line 16)		1,9	16,144	1,833,932		
36 m 4	21 Total	iabilities (Part X, line 26)		2	46,373	1,126,177		
2 B B		sets or fund balances Subtract line 21 fro	m line 20	1,6	69,771	707,755		
9 gg .		labilities (Part X, line 26)		1,9	46,373	1,126,:		
Part	Net as Sigr penalties of p dge and belied dge.	ature Block erjury, I declare that I have examined this retu f, it is true, correct, and complete. Declaration **		er) is based on all info	ormation o			
Part Under p knowled knowled	Net as Sigr penalties of p dge and belied dge.	ature Block erjury, I declare that I have examined this retu f, it is true, correct, and complete. Declaration		er) is based on all info	ormation o			
Part Under p Gnowled Gnowled	Net as Sign penalties of p dge and belied dge.	erjury, I declare that I have examined this return, it is true, correct, and complete. Declaration ** ature of officer ENE CHAMBERS EXECUTIVE DIRECTOR		er) is based on all info	ormation o			
Part Under p mowled mowled	Net as Sign penalties of p dge and belied dge.	erjury, I declare that I have examined this return, it is true, correct, and complete. Declaration ** ature of officer	of preparer (other than offic	er) is based on all info 2013-04- Date	ormation o	f which preparer has any		
Part Under p mowled mowled	Net as Sign penalties of p dge and belied dge. **** DAR Type Prepare	** ature Block erjury, I declare that I have examined this retu if, it is true, correct, and complete. Declaration ** ature of officer ENE CHAMBERS EXECUTIVE DIRECTOR or print name and title er's		2013-04- Date Check if self- Check of self-	24 arer's taxpa	f which preparer has any		
Part Under p Gnowlec Gnowlec Sign Here	Net as Sign penalties of p dge and belied dge. **** DAR Type Prepare signatu	** ature Block erjury, I declare that I have examined this return, it is true, correct, and complete. Declaration ** ature of officer ENE CHAMBERS EXECUTIVE DIRECTOR or print name and title er's re THOMAS E KOLENA	of preparer (other than offic	2013-04- Date Check if self- Check of self-	24 varer's taxpa	f which preparer has any		
Part Under prowled Growled Sign Here	Preparesignatures Page 1111 Sign Page 1112 Sign Preparesignatures Preparesignatures Preparesignatures Preparesignatures Preparesignatures Preparesignatures Preparesignatures Preparesignatures Preparesignatures	** ature Block erjury, I declare that I have examined this return in the second of t	of preparer (other than offic	2013-04- Date Check if self-employed Prep (see P00)	24 arer's taxpa	f which preparer has any yer identification number s)		
Part Under p mowlec mowlec Growlec	Preparesignatu	** ature Block erjury, I declare that I have examined this return, it is true, correct, and complete. Declaration ** ature of officer ENE CHAMBERS EXECUTIVE DIRECTOR or print name and title er's re THOMAS E KOLENA	of preparer (other than offic	2013-04- Date Check if self- employed F	24 24 2arer's taxpa instructions 189837	f which preparer has any yer identification number s)		

Form	1990 (2011)				Page ∠
Par	Statement of Pro		ccomplishments to any question in this Part III		୮
1	Briefly describe the organiza		· · ·		<u> </u>
_			LS AND A STUDENT-CENTERE	ED ORGANIZATION TO ADVO	CATE EXCELLENCE
	DUCATION THROUGH STRA				
2	Did the organization undertak	re any significant pro	ogram services during the year v	which were not listed on	
-	the prior Form 990 or 990-E2			· · · · · · · ·	Yes ✓ No
	If "Yes," describe these news	services on Schedul	e O		
3	Did the organization cease co	onducting, or make s	ignificant changes in how it con	ducts, any program	
	services?				Yes 🔽 No
	If "Yes," describe these chan	ges on Schedule O			
4	expenses Section 501(c)(3)	and 501(c)(4) organ	omplishments for each of its thre nizations and section 4947(a)(1 es, and revenue, if any, for each	l) trusts are required to report t	
4a	(Code) (E	xpenses \$ 4,	,086,816 including grants of \$) (Revenue \$	3,766,294)
			IO AND OVERSIGHT AND SUPERVISION	OF THEIR PERFORMANCE, STUDENT	· · · · · ·
	STATE GRANT REVENUE				
4b	(Code) (E	xpenses \$	including grants of \$) (Revenue \$)
4c	(Code) (E	xpenses \$	including grants of \$) (Revenue \$)
40	(6046) (2	лрепаса ф	including grants of \$) (Nevende \$,
4d	Other program services (De	escribe in Schedule	0)		
	(Expenses \$	ıncludıng	grants of \$) (Revenue \$)
4e	Total program service expen	nses ⊧ \$ 4	,086,816		
	-				

Part TV	Checklist	of Requir	red Sch	edules
4: I L T L T	CHECKHSL	UI KEUUII	eu stii	cuules

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

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Νο
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		Νο
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 IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	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 M	29		Νο
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
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		N o
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		Νο
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		Νo
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		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2011)

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				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable							
	1a 16							
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b							
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable							
_	gaming (gambling) winnings to prize winners?	1 c						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this							
	return							
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the							
Ja	year?	3a		Νο				
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority							
	over, a financial account in a foreign country (such as a bank account or securities account)?	4a		Νo				
ь	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							
_								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Νο				
_	organization solicit any contributions that were not tax deductible?							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and							
	services provided to the payor?							
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	7b						
·	file Form 8282?	7c		Νo				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit							
-	contract?	7e		Νo				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo				
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as	7g						
h	required?	79						
-	Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess							
	business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the organization make any taxable distributions under section 4966?	9a						
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter							
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities							
11								
	Gross income from members or shareholders							
ь	Gross income from other sources (Do not net amounts due or paid to other							
	sources against amounts due or received from them)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		_				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?							
	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue							
	qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a						
b	Enter the aggregate amount of reserves the organization is required to maintain by							
	the states in which the organization is licensed to issue qualified health plans Enter the page gots amount of receives on hand							
С	Enter the aggregate amount of reserves on hand 13c							
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νο				
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						

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

Check if Schedule O contains a response to any question in this Part VI

Se	ection A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
b	Enter the number of voting members included in line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No				
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Νo				
6	Did the organization have members or stockholders?	6		Νo				
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		Νo				
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	b Each committee with authority to act on behalf of the governing body?							
9	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							
Re	evenue Code.)		24					
4.0		40	Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		No				
Б	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes					
Ь	Describe in Schedule O the process, if any, used by the organization to review 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		Νo				
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)							
16a	16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
b	taxable entity during the year?	16a		No				
	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						
	ection C. Disclosure							
17	List the States with which a copy of this Form 990 is required to be filed ►OH							
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)							

- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website A nother's website Vpon request
- 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 🕨
 - DARLENE CHAMBERS 3131 EXECUTIVE PARKWAY SUITE 306

TOLEDO, OH 43606

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

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

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

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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 organiz		lated o	rganı	zatio	ons	compe	nsat	ed any current or fo	ormer officer, direct	or, or trustee
(A) Name and Title	(B) Average hours per week (describe	unles an	on (d e tha	n on son er ar	e bo is bo nd a	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) HARLAN REICHLE CHAIRMAN	2 00	х		х				0	0	0
(2) SVEA COOKE SECRETARY	2 00	х		Х				0	0	0
(3) PATRICK KRINER VICE-CHAIRMAN	2 00	х		Х				0	0	0
(4) JACK HAGMEYER TREASURER	2 00	х		Х				0	0	0
(5) CARROLL ASHLEY TRUSTEE	1 00	х						0	0	0
(6) MARION BOSS TRUSTEE	1 00	х						0	0	0
(7) STACIA DERAEDT TRUSTEE	1 00	х						0	0	0
(8) STEVE KLEPPER TRUSTEE	1 00	х						0	0	0
(9) KEVIN BURKE TRUSTEE	1 00	х						0	0	0
(10) BETTY VALENTINE TRUSTEE	1 00	х						0	0	0
(11) DANIEL SAAD TRUSTEE	1 00	х						0	0	0
(12) MARY JO SZPILA TRUSTEE	1 00	х						0	0	0
(13) DARLENE CHAMBERS EXECUTIVE DIRECTOR	40 00			х				147,500	0	19,281

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

	(A) Name and Title	(B) A verage hours per week (describe	unles an	on (d e tha	n one son er ar	e bo ıs b nda	x, oth		(D) Reportable compensation from the organization (W- 2/1099-MISC)				(F) Estimation Imount of compens from to rganizati	ated fother sation the on and
		hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former			MISC)		relat organiza	
							<u> </u>					+		
												1		
								<u> </u>				+		
							<u> </u>					-		
												+		
1b	Sub-Total				٠.	•	1	<u> </u>			1			
С	Total from continuation sheets	to Part VII, Sec	tion A					P						
d	Total (add lines 1b and 1c) .						•	P		147,500		0		19,281
2	Total number of individuals (inclusion) \$100,000 of reportable compens	-				ted	above) who	receive	d more tha	an			
													Yes	No
3	Did the organization list any form on line 1a? <i>If</i> "Yes," complete Sch					eye •	mploy •	ee, c	rhighes • • •	t compens	ated employee	3		Νο
4	For any individual listed on line 1 organization and related organization													
5	Individual	receive or accr		·	• tion	• fro:	n arv	· upro	lated or		or individual for	4	Yes	
J	services rendered to the organiz										•	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	highest comper the organizatio												
	-	(A) ne and business add	dress							Desc	(B) ription of services		(C Comper	
												4		
	Fotal number of independent conti \$100,000 of compensation from t			ot lin	nıted	l to	those	liste	d above)	who recei	ved more than			

Part V		Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
\$\$	1a	Federated campaigns 1a					
등등	ь	Membership dues 1b					
ಕ್ಟ	_	Fundraising events 1c					
जें दे	C	-					
ੋਲ ≅	d	Related organizations 1d					
<u>⊌</u> [<u>E</u>	e	Government grants (contributions) 1e					
돌ᅏ	f	All other contributions, gifts, grants, and 1f			İ		i i
草草		sımılar amounts not ıncluded above					
置る	g	Noncash contributions included in					
Contributions, gifts, grants and other similar amounts	_	lines 1a-1f \$	_				
ुं ख	h	Total. Add lines 1a-1f	▶				
O)			Business Code				
Ē	2a	CHARTER SCHOOL FEES	900004	3,745,654	3,745,654		
. Ke	Ь			-,,	-,,		
产							
- S	C						
<u>.</u>	d						
S =	e						
<u></u>	f	All other program service revenue					
Program Service Revenue							
	g	Total. Add lines 2a-2f	▶	3,745,654			
	3	Investment income (including dividend	ls, interest				
		and other similar amounts)	. ▶	4,696			4,696
	4	Income from investment of tax-exempt bond p	roceeds 🕦				
	5	Royalties	• [
		(ı) Real	(II) Personal				
	6a	Gross rents	(,				
	ь	Less rental					
	-	expenses					
	C	Rental income or (loss)					
	d	Net rental income or (loss)					
		(ı) Securities	(II) O ther				
	7a	Gross amount					
		from sales of assets other					
		than inventory					
	Ь	Less cost or other basis and					
		sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)	[
	8a	Gross income from fundraising					
÷		events (not including					
듄		\$					
Other Revenue		of contributions reported on line 1c) See Part IV, line 18					
ά		a					
<u> </u>	ь	Less direct expenses b					
₹	_ c	Net income or (loss) from fundraising e	vents 🕨				
_	9a	Gross income from gaming activities					
	-	See Part IV, line 19					
		a					
	ь	Less direct expenses b					
	c	Net income or (loss) from gaming activ	rities				
	10a	Gross sales of inventory, less	ļ				
		returns and allowances .					
		а					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of inve	ntory ►				<u> </u>
		Miscellaneous Revenue	Business Code				
	11a	VALUE ADD TRAINING	900004	11,600	11,600		
	Ь	BACKGROUND CHECKS	900004	9,040	9,040		
	c	All sales are					
	d	All other revenue					
	e	Total. Add lines 11a-11d		20,640			
			·	·			
	12	Total revenue. See Instructions	•	3,770,990	3,766,294	0	4,696

5

7

17

e

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 2,091,060 2,091,060 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 169,281 135,425 33,856 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,292,232 1,036,749 255,483 Pension plan contributions (include section 401(k) and section 26,693 16,817 403(b) employer contributions) 9,876 232,034 146,181 85,853 Other employee benefits Payroll taxes 111,700 71,488 40,212 10 Fees for services (non-employees) 11 Management 40,581 15,781 56,362 Legal Accounting Lobbying Professional fundraising See Part IV, line 17 . . Investment management fees g Other 12,050 8,676 3,374 12 Advertising and promotion . . . Office expenses 16,194 13,346 2,848 13 14 Information technology 15 Royalties . . 87,732 16 58,125 29,607 121,888 95,458 26,430 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 32,693 18,985 13,708 Interest 20 21 Payments to affiliates . 22 Depreciation, depletion, and amortization 43,268 25,961 17,307 23 5,744 5,744 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f Ifline 24f amount exceeds 10% of

0

Form 990 (2011) Page **11** Part X Balance Sheet (A) (B) Beginning of year End of year 1,478,118 1,240,503 Cash—non-interest-bearing 1 2 2 Savings and temporary cash investments 3 3 4 262.046 4 365.369 Accounts receivable, net . 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 8 9 23,771 9 37.266 Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete 443,051 10a Part VI of Schedule D 10a 325,667 Less accumulated depreciation 10b 72,463 117,384 b 10c 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 79,746 15 15 73,410 16 1,916,144 16 1,833,932 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 246,373 1,126,177 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 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 25 D 26 246,373 26 1,126,177 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balance through 29, and lines 33 and 34. 27 Unrestricted net assets 1,601,431 698,251 68.340 9,504 28 Temporarily restricted net assets 28 Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 1.669.771 33 707.755 33 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 1.916.144 1.833.932 34

Pai	Check if Schedule O contains a response to any question in this Part XI			.୮	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,7	770,99
2	Total expenses (must equal Part IX, column (A), line 25)	2		4,7	733,00
3	Revenue less expenses Subtract line 2 from line 1	3		- 9	962,01
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,6	569,77
5	Other changes in net assets or fund balances (explain in Schedule O)	5		· · · · · · · · · · · · · · · · · · ·	
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		7	707,75
Pai	rt XII Financial Statements and Reporting	<u>'</u>			
	Check if Schedule O contains a response to any question in this Part XII			F	-
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
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				
	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 on a separate basis, consolidated basis, or both	ıssued			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	required	3b		

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

OHIO (LOUNC	IL OF COMMUNITY SCHOOLS			
Da	rt I	03-0477422 Reason for Public Charity Status (All organizations must complete this part.) See instruc	ctions		
		zation is not a private foundation because it is (For lines 1 through 11, check only one box)	CHOIIS		
1		A church, convention of churches, or association of churches section 170(b)(1)(A)(i).			
2	<u></u>	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)			
3	<u>'</u>	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).			
4	Ė	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A) hospital's name, city, and state)(iii). Ente	r the	
5	Γ	An organization operated for the benefit of a college or university owned or operated by a governmental un section 170(b)(1)(A)(iv). (Complete Part II)	ıt describe	- d in	
6	\sqcap	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).			
7	Γ	An organization that normally receives a substantial part of its support from a governmental unit or from the described in section 170(b)(1)(A)(vi) (Complete Part II)	ne general	public	
8	\vdash	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)			
9	<u> </u>	An organization that normally receives (1) more than 331/3% of its support from contributions, membersh	nin foos ai	nd aros	
9	1*	receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more that		-	
		its support from gross investment income and unrelated business taxable income (less section 511 tax) f			
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)	ioni basini		
10	\vdash	An organization organized and operated exclusively to test for public safety Seesection 509(a)(4).			
11	,	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to care one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See see the box that describes the type of supporting organization and complete lines 11e through 11h		a)(3).	Check
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(2)	•	-	
f		If the organization received a written determination from the IRS that it is a Type I, Type II or Type III sucheck this box	pporting o	rganız	ation,
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?			
		(i) a person who directly or indirectly controls, either alone or together with persons described in (ii)		Yes	No
		and (III) below, the governing body of the the supported organization?	11g(i)		
		(ii) a family member of a person described in (i) above?	11g(ii)		
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		
h		Provide the following information about the supported organization(s)			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	ion in ted in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is the organizati col (i) orga in the U	on in anized	(vii) A mount of support?
		ınstructions))	Yes	No	Yes	No	Yes	No	
Total									

ınstructıons

	Support Schedule (Complete only if yo	u checked the	box on line 5,	7, or 8 of Part	I or if the organ	nization f	ailed to	qualify
	under Part III. If the	organization	rails to quality t	<u>inder the tests</u>	listed below, pi	ease cor	npiete	Part III.)
	ection A. Public Support endar year (or fiscal year beginning	1	1	1	1			
Car	in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2	011	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	ınclude any "unusual							
	grants ")							
2	Tax revenues levied for the organization's benefit and either							
	paid to or expended on its							
	behalf							
3	The value of services or facilities							
_	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by							
	each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the amount shown on line 11, column							
	(f)							
6	Public Support. Subtract line 5 from							
	line 4							
_ <u>S</u>	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
	ın)	(-,	(-,	(0, 2000	(-,	(-,		
7	A mounts from line 4							
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties							
	and income from similar							
	sources							
9	Net income from unrelated							
	business activities, whether or							
	not the business is regularly							
	carried on							
10	Other income (Explain in Part							
	IV) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7							
	through 10)							
12	Gross receipts from related activities	es, etc (See ins	tructions)		•	12		
13	First Five Years If the Form 990 is t	or the organizati	on's first. second	. third. fourth. or	fifth tax vear as a	501(c)(3) organi	zation.
	check this box and stop here	.	· · · · · · · · · · · · · · · · · · ·	,,,	,	(- / (-	,	▶ ┌
_ <u>s</u>	ection C. Computation of Pub							
14	Public Support Percentage for 2011	. (line 6 column	(f) divided by line	11 column (f))		14		
15	Public Support Percentage for 2010) Schedule A , Pa	rt II, line 14			15		
16a	33 1/3% support test—2011. If the				line 14 is 33 1/3%	6 or more	, check '	
_	and stop here. The organization qua		, ,,					▶ ┌
b	33 1/3% support test—2010. If the				6a, and line 15 is	33 1/3% (or more,	
17-	box and stop here. The organization				no 12 165 16	الحميما	1.4	▶
т/а	10%-facts-and-circumstances test- is 10% or more, and if the organization							
	in Part IV how the organization mee							ted
	organization	to the lacts diff	a circumstances	cost The Organia	Lation quanties as	a publicly	Sappor	red ▶□
ь	10%-facts-and-circumstances test-	-2010. If the ora	anızatıon dıd not	check a box on li	ne 13, 16a, 16b.	or 17a and	d line	• •
_	15 is 10% or more, and if the organ							
	Explain in Part IV how the organizat	ion meets the "f	acts and circums	tances" test Th	e organızatıon qua	lıfıes as a	publich	
	supported organization			بمد می	4-11			► □
18	Drivate Foundation If the organizati	on did not chack	' a hov on line 13	165 166 1757	ar 1 /h chack thic	nov and c	- 0 0	

▶□

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.)

Se	ction A. Public Support		•		nom, piedee co			_
	ndar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
1	in) Gifts, grants, contributions, and membership fees received (Do noi include any "unusual grants")	t						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	2,531,095	2,715,145	3,198,318	3,073,531	3,7	745,654	15,263,743
3	Gross receipts from activities that are not an unrelated trade or							
4	business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	2,531,095	2,715,145	3,198,318	3,073,531	3,7	745,654	15,263,743
	A mounts included on lines 1, 2, and 3 received from disqualified persons A mounts included on lines 2 and 3							0
D	received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							0
c	Add lines 7a and 7b							0
8	Public Support (Subtract line 7c							15,263,743
Se	rom line 6) ction B. Total Support							
	ndar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20:	11	(f) Total
_	in)	2,531,095	2,715,145	3,198,318	3,073,531		45,654	15,263,743
9 10a	A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties	25,971	5,213	4,453	5,589	3,7	4,696	45,922
	and income from similar	,						
b	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		5.00	4.450	- 500		1.505	45.000
c	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the	25,971	5,213	4,453	5,589		4,696	45,922
c 11	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part		5,213 6,438	4,453 5,040	5,589 9,950		4,696	45,922 45,179
c 11 12	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c,	25,971	·			3,7		
c 11 12	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	25,971 3,111 2,560,177	6,438	5,040	9,950		20,640	45,179 15,354,844
c 11 12 13 14	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is	25,971 3,111 2,560,177 for the organization	6,438 2,726,796 on's first, second,	5,040	9,950		20,640	45,179 15,354,844 zation,
c 111 12 13 14	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here	25,971 3,111 2,560,177 for the organization	6,438 2,726,796 on's first, second,	5,040 3,207,811 third, fourth, or f	9,950		20,640	45,179 15,354,844 zation,
c 111 12 13 14 See 15	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here	25,971 3,111 2,560,177 for the organization plic Support Pe	2,726,796 on's first, second,	5,040 3,207,811 third, fourth, or f	9,950	501(c)(3	20,640	45,179 15,354,844 zation, ▶☐
c 111 12 13 14 Se 15 16	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here ction C. Computation of Pub Public Support Percentage for 201 Public support percentage from 20	25,971 3,111 2,560,177 for the organization lic Support Pe 1 (line 8 column (10 Schedule A, Pa	6,438 2,726,796 on's first, second, ercentage f) divided by line art III, line 15 me Percentage	5,040 3,207,811 third, fourth, or f	9,950 3,089,070 Ifth tax year as a	501(c)(3	20,640	45,179 15,354,844 zation, P7
c 111 12 13 14 Se 15 16	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here Ction C. Computation of Pub Public Support Percentage for 201 Public support percentage from 20 ction D. Computation of Inventive income percentage for Inventive Investment Income Inventive Inventive Inventive Inventive Inventive Invention Inventive Invention Inventio	25,971 3,111 2,560,177 for the organization lic Support Pe 1 (line 8 column (10 Schedule A, P. estment Inco 2011 (line 10 c co	2,726,796 on's first, second, ercentage f) divided by line art III, line 15 me Percentag lumn (f) divided b	5,040 3,207,811 third, fourth, or f 13 column (f)) je y line 13 column	9,950 3,089,070 Ifth tax year as a	501(c)(3	20,640	45,179 15,354,844 zation, P7
c 111 12 13 14 Se 15 16 Se 17 18	and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here ction C. Computation of Pub Public Support Percentage for 201 Public support percentage from 20	25,971 3,111 2,560,177 for the organization lic Support Pe 1 (line 8 column (10 Schedule A, P. estment Inco 2011 (line 10 c co	2,726,796 on's first, second, ercentage f) divided by line art III, line 15 me Percentage lumn (f) divided b	5,040 3,207,811 third, fourth, or f 13 column (f)) ge y line 13 column 7	9,950 3,089,070 Ifth tax year as a	15 16 17 18	20,640 270,990) organi	45,179 15,354,844 zation, 99 410 % 99 330 % 0 300 % 0 490 %

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

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

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

Schedule A (Form 990 or 990-EZ) 2011

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DLN: 93493127005013

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities).

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Nam	e of	the o	rganı	zation	
OIHO	COU	NCIL O	F COI	YTINUMP	SCHOOLS

Employer identification number

03-0477422

art I-A	Complete if the or	ganization is exem	pt under section 501((c) or is a	section 527	organization.

- in opposition to candidates for public office in Part IV Political expenditures
- Volunteer hours
- Part I-B Complete if the organization is exempt under section 501(c)(3).
 - Enter the amount of any excise tax incurred by the organization under section 4955
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made? □ No
- If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0 -

Sch	edule C (Form 990 or 990-EZ) 2011					Page 2
Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)	(3) and file	ed Form 5768	(election
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		affiliated grou	up member's nam	e, address, EIN,
<u> </u>	Limits on Lobbying E (The term "expenditures" means a	xpenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
	Total lobbying expenditures to influence public of	pinion (grass roots lob	bying)			
ь	Total lobbying expenditures to influence a legisl	ative body (direct lobby	/ing)	-		
c	Total lobbying expenditures (add lines 1a and 1	b)		Ī		
d	Other exempt purpose expenditures			Γ		
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount columns	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,000			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	00		
	Over \$1,500,000 but not over \$17,000,000	0,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000				
	Over \$17,000,000	\$1,000,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1f)				1
h	Subtract line 1g from line 1a If zero or less, ent	er -0-		Γ		
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -		Γ		
j	If there is an amount other than zero on either lissection 4911 tax for this year?	ne 1h or line 1ı, did the	organization file Fo	orm 4720 repo	orting	┌ Yes ┌ No
	(Some organizations that made a columns below. See t		ection do not h r lines 2a throu	avè to con ıgh 2f on p		ne five
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying non-taxable amount					
ь —	Lobbying ceiling amount (150% of line 2a, column(e))					
_с	Total lobbying expenditures					
d	Grassroots non-taxable amount					

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Part II-B	Complete if the organization is exempt under section 501(c)(3) and	d has NOT filed Form 5768
	(election under section 501(h)).	

			1)	(b)	
		Yes	No	A mount	
L	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Νo		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νο		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		Νo		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV	Yes		53,000	
j	Total lines 1c through 1i			53,000	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		ļ		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

Dues, assessments and similar amounts from members	1	
Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political		
expenses for which the section 527(f) tax was paid).		
Current year	2a	
Carryover from last year	2b	
Total	2c	
	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year 2a

3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?
4 Taxable amount of lobbying and political expenditures (see instructions)
5

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1, Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Identifie	Return Reference	Laplanation
EXPLANATION OF LOBBYING	PART II-B, LINE 1	THE ORGANIZATION HAS A CONSULTING AGREEMENT
ACTIVITIES		WITH "GOVERNMENT ADVANTAGE GROUP" TO REPRESENT
		THE ORGANIZATION REGARDING LEGISLATIVE ACTIONS
		AND GOVERNMENTAL RULES AND REGULATIONS THE
		CONSULTANT MONITORS FEDERAL AND STATE
		LEGISLATION IMPACTING COMMUNITY SCHOOLS AND
		SPONSORS

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DLN: 93493127005013

OMB No 1545-0047

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.

Name of the organization **Employer identification number** OHIO COUNCIL OF COMMUNITY SCHOOLS 03-0477422 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ☐ Yes ☐ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 🛌 Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🛌 A mount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
 - (i) Revenues included in Form 990, Part VIII, line 1

Revenues included in Form 990, Part VIII, line 1

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

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2011

Par	•••• Organizations Maintaining Co	llections of Art	t, His	tori	<u>cal Tr</u>	easu	res, or Oth	<u>er Sim</u>	ilar Asse	ts (co	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	lowing t	:hat are	a significant	use of it	s collection	1	
а	Public exhibition		d	Γ	Loan	orexch	ange progran	าร			
ь	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ain hov	w the	y furthe	rthe o	rganızatıon's	exempt p	ourpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t			,				ımılar	Г	Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered '	'Yes" to	Form 990),	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other interm	edıary	for c	ontrıbu	tions o	r other asset	s not	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able				A mou	ınt	
c	Beginning balance						10	:			
d	Additions during the year						10	1			
e	Distributions during the year						16	:			
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21?						Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV								•	-	,
	rt V Endowment Funds. Complete		n ans	were	ed "Ye	s" to F	orm 990. P	art IV. I	ıne 10.		
		(a)Current Year) Prior `				d) Three Ye) Four Y	ears Back
1a	Beginning of year balance										
b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment 🕨										
c	Term endowment ▶										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	thata	are held	l and a	dmınıstered f	orthe			
	organization by								Г	Yes	No
	(i) unrelated organizations								. 3a(i)		
p .	(ii) related organizations								. 3a(ii)	<u> </u> 	<u> </u>
ь 4	If "Yes" to 3a(II), are the related organizatio Describe in Part XIV the intended uses of th	•							. 3b		
	t VI Land, Buildings, and Equipme					0					
		AIL SECTORII 93	, о, гс) Cost o		(b)Cost or oth	er (c) ^	ccumulated		
_	Description of property				sis (inves		basis (other)		preciation	(d) B	ook value
1a	Land		•	\vdash							
	Buildings		•								
	Leasehold improvements						27,3	18	7,467		19,851
c	Leasehold improvements						27,3 301,7	-	7,467 245,395		19,851 56,359
c d e	·	· · · · · · ·	· ·					54	·		

Investments—Other Securities. See	roi ili 990, Pait X, ilile 12		
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(2)2001111111	Cost or end-of-year market v	alue
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
		12	
Part VIII Investments—Program Related. See	: гогиг ээо, rait x, ime . T		
(a) Description of investment type	(b) Book value	(c) Method of valuation	ماليم
		Cost or end-of-year market v	aiue
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, In	e 15.		
(a) Descrip	tion	(b) Book v	alue
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
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Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	, line 25.		
Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability Federal Income Taxes	, line 25.		
Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	, line 25.		

Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,770,990
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,733,006
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-962,016
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-962,016
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Retu	ırn
1	Total revenue, gains, and other support per audited financial statements	1	3,770,990
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	3,770,990
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,770,990
	Reconciliation of Expenses per Audited Financial Statements With Expense	s per Re	
1	Total expenses and losses per audited financial statements	1 1	4,733,006
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses		
d	Other (Describe in Part XIV) 2d		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	4,733,006
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a]	
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,733,006
	rt XIV Supplemental Information		
Coi	mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9 , Part III, lines 1a and 4 , P	art IV, line	es 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

Ident if ier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48		THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION THAT QUALIFIES AS A CHARITABLE ORGANIZATION THAT IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE THE ORGANIZATION HAS EVALUATED THE GUIDELINES RELATED TO UNCERTAIN TAX PROVISIONS AND HAS CONCLUDED THAT THE ORGANIZATION HAS NO SIGNIFICANT FINANCIAL STATEMENT EXPOSURE TO UNCERTAIN TAX POSITIONS AT JUNE 30, 2012

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Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493127005013

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Department of the Treasury ► Attach to Form 990 Internal Revenue Service

Inspection

the grants or assistar 's procedures for mor stance to Govern . for any recipient t (Form 990) if addit IN (c) IRC (ne amount of the nce?	Organizations in the United Brown of grant funds in the United Brown of Cash	the United States. Check this box if no	Complete if the o		d "Yes" to 000. Use
rds to substantiate the grants or assistar 's procedures for monestance to Govern. for any recipient (Form 990) if additionally in the second	me amount of the nce?	Organizations in the United Brown of grant funds in the United Brown of Cash	the United States. Check this box if no	Complete if the o	rganization answered	d "Yes" to 000. Use
the grants or assistar 's procedures for mor stance to Govern . for any recipient t (Form 990) if addit IN (c) IRC (ments and that received to the control of the contr	Organizations in the United Brown of grant funds in the United Brown of Cash	the United States. Check this box if no	Complete if the o	rganization answered	000. Use
's procedures for more stance to Govern . for any recipient to (Form 990) if addit	ments and that received to the condition of the condition	Organizations in the United Street Transfer of Grant Funds in the United Street Street Transfer of Grant Transfer of Gra	the United States. Check this box if no	Complete if the o	rganization answered eived more than \$5,0	000. Use
for any recipient to (Form 990) if addition (c) IRC (if ap	that received conal space i	I more than \$5,000. s needed (d) A mount of cash	Check this box if no	one recipient rec	eived more than \$5,0	000. Use
ıfap			(a) A mount of non			
		grant	cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
10544	501(C)(3)	5,325				PROFESSIONAL DEVELOPMENT SEMINAR
77822	501(C)(3)	75,000				PRO GRAM ENRICHMENT
55110	501(C)(3)	1,842,240				ENDOWED LEADERSHIP SCHOLARS
22092	501(C)(3)	15,468				GRANT FOR COMPUTER LAB
82345	501(C)(3)	10,000				GRANT FOR PERFORMANCE MANAGEMENT PILOT
22092	501(C)(3)	6,749				GRANT TO THE SCHOOL TO FUND A STUDENT IN A PROGRAM ABROAD
28617	501(C)(3)	12,000				ADVOCACY GRANT
14827	501(C)(3)	6,630				BOOKS AND TEACHER GUIDES FOR READING, MATH & SCIENCE
10544	501(C)(3)	75,000				PRO GRAM ENRICHMENT
10544	501(C)(3)	25,000				PROFESSIONAL DEVELOPMENT
	10544 77822 55110 22092 82345 22092 28617 14827 10544 10544	77822 501(C)(3) 55110 501(C)(3) 22092 501(C)(3) 22092 501(C)(3) 22092 501(C)(3) 28617 501(C)(3) 14827 501(C)(3)	77822 501(C)(3) 75,000 55110 501(C)(3) 1,842,240 22092 501(C)(3) 15,468 82345 501(C)(3) 10,000 22092 501(C)(3) 6,749 28617 501(C)(3) 6,630 14827 501(C)(3) 75,000	77822 501(C)(3) 75,000 55110 501(C)(3) 1,842,240 22092 501(C)(3) 15,468 82345 501(C)(3) 10,000 22092 501(C)(3) 6,749 28617 501(C)(3) 6,630 14827 501(C)(3) 75,000	10544 501(C)(3) 5,325 77822 501(C)(3) 75,000 55110 501(C)(3) 1,842,240 22092 501(C)(3) 15,468 82345 501(C)(3) 10,000 22092 501(C)(3) 6,749 28617 501(C)(3) 12,000 14827 501(C)(3) 6,630 10544 501(C)(3) 75,000	10544 501(C)(3) 5,325 77822 501(C)(3) 75,000 55110 501(C)(3) 1,842,240 22092 501(C)(3) 15,468 82345 501(C)(3) 10,000 22092 501(C)(3) 6,749 28617 501(C)(3) 12,000 14827 501(C)(3) 6,630 10544 501(C)(3) 75,000 10544 501(C)(3) 25,000

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

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

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

Ident if ier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 OHIO COUNCIL OF COMMUNITY SCHOOLS IS THE GOVERNING AUTHORITY FOR OHIO CONNECTIONS ACADEMY, OHIO VIRTUAL ACADEMY, COLUMBUS PREPARATORY ACADEMY, COLUMBUS ARTS & TECHNOLOGH ACADEMY AND CLAY AVENUE COMMUNITY SCHOOL THE COUNCIL MONITORS AND EVALUATES THE PERFORMANCE OF THE SCHOOLS THROUGHOUT THE FISCAL YEAR OF EACH SCHOOL AS PART OF THIS EVALUATION, THE COUNCIL ALSO LOOKS AT THE PROGRAM ENRICHMENT PROGRAMS THAT THE SCHOOLS ARE IMPLEMENTING TO BENEFIT THEIR STUDENTS THE UNIVERSITY OF TOLEDO FOUNDATION IS TO
		PROVIDE REPORTS ANNUALLY REGARDING THE GRANTS MADE BY O C C S

Software ID: Software Version:

EIN: 03-0477422

Name: OHIO COUNCIL OF COMMUNITY SCHOOLS

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO VIRTUAL ACADEMY1655 HOLLAND RD SUITE F MAUMEE,OH 43537	27- 0010544	501(C)(3)	5,325				PROFESSIONAL DEVELOPMENT SEMINAR
OHIO CONNECTIONS ACADEMY2727 MADISON AVE SUITE 302 CINCINNATI,OH 45209	16- 1677822	501(C)(3)	75,000				PRO GRA M ENRICHMENT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TOLEDO FOUNDATION2801 BANCROFT MS 319 TOLEDO,OH 43606	34- 6555110	501(C)(3)	1,842,240				ENDO WED LEADERSHIP SCHOLARS
COLUMBUS PREPARATORY ACADEMY3330 CHIPPEWA STREET COLUMBUS,OH 43204	42- 1622092	501(C)(3)	15,468				GRANT FOR COMPUTER LAB

-							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBUS ARTS & TECHNOLOGY ACADEMY2255 E KIMBERLY PKWY COLUMBUS, OH 43232	27- 0082345	501(C)(3)	10,000				GRANT FOR PERFORMANCE MANAGEMENT PILOT
COLUMBUS PREPARATORY ACADEMY3330 CHIPPEWA STREET COLUMBUS, OH 43204	42- 1622092	501(C)(3)	6,749				GRANT TO THE SCHOOL TO FUND A STUDENT IN A PROGRAM ABROAD

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OH ASSOCIATION OF CHARTER SCHOOLS AUTHORIZORS3021 EDUBLIN GRANVILLE RD COLUMBUS, OH 43231	20- 8828617	501(C)(3)	12,000				A DV O C A C Y GRA N T
CLAY AVENUE COMMUNITY SCHOOL1030 CLAY AVE TOLEDO,OH 43608	20- 8714827	501(C)(3)	6,630				BOOKS AND TEACHER GUIDES FOR READING, MATH & SCIENCE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OH VIRTUAL ACADEMY1655 HOLLAND RD SUITE F MAUMEE,OH 43537	27- 0010544	501(C)(3)	75,000				PRO GRAM ENRICHMENT
OH VIRTUAL ACADEMY1655 HOLLAND RD SUITE F MAUMEE, OH 43537	27- 0010544	I 501(C)(3)	25,000				PROFESSIONAL DEVELOPMENT

DLN: 93493127005013

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

OHIO COUNCIL OF COMMUNITY SCHOOLS

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

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

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

			03-0477422			
Pa	rt I Questions Regarding Compensation	า				
					Yes	Νo
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III					
	First-class or charter travel	\vdash	Housing allowance or residence for personal use			
	Travel for companions	\vdash	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	\vdash	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement orprovision of all the expenses descr			1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?					
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the	at appl	У			
	Compensation committee		Written employment contract			
	Independent compensation consultant	ᄀ	, ,			
	Form 990 of other organizations	<u>~</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Por a related organization	Part VI	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control ;	paymer	nt?	4a		Νo
b	Participate in, or receive payment from, a supplement	ntal nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based compensation arrangement?					Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	st com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		No
ь	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, payments not described in lines 5 and 6? If "Yes," d		· · · · · · · · · · · · · · · · · · ·	7		No
8	Were any amounts reported in Form 990, Part VII, p subject to the initial contract exception described in	aid or a	accured pursuant to a contract that was			
	in Part III			8		No
9	If "Yes" to line 8, did the organization also follow the	rebutt	able presumption procedure described in Regulations			

section 53 4958-6(c)?

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

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

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

								
(A) Name		(B) Breakdown of	W-2 and/or 1099-MI:		(C) Retirement and		(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) DARLENE CHAMBERS	(ı) (ıı)	135,000 0		0	7,000 0	12,281 0	166,781 0	0

Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
	3	IN ORDER TO ESTABLISH THE COMPENSATION OF THE EXECUTIVE DIRECTOR, THE PERSONNEL COMMITTEE OF O C C S DETERMINED THE COMPENSATION AND PROVIDED A WRITTEN EMPLOYMENT CONTRACT AFTER REVIEWING THE REPORT OF AN OUTSIDE CONSULTING FIRM THE COMMITTEE HIRED AN OUTSIDE CONSULTING FIRM TO RESEARCH APPLICABLE DATA OF OTHER NON-PROFITS IN THE EDUCATION CATEGORIES.
		AND TO DETERMINE WHAT THE AVERAGE SALARY FOR A POSITION SIMILAR TO THIS POSITION

Schedule J (Form 990) 2011

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As Filed Data -

DLN: 93493127005013

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

Name of the organization OHIO COUNCIL OF COMMUNITY SCHOOLS							E	mployer i	dentifica	tion numbe	er	
onia cooncil or commonly sensor							lo	3-04774	22			
Part I Excess Benefit Trai	nsacti	ions (s	ection 501	(c)(3) a	and section 501	(c)(4)						
Complete if the organizat										ıne 40b		
1 (a) Name of disq	ualifiod	norcon			4115		<u> </u>			(c) Corrected?		
1 (a) Name of disq	uaimeu person			(b) Description of tra			action		Yes	No		
2 Enter the amount of tax impos								year und <u>e</u>	r			
section 4958									• \$ —			
3 Enter the amount of tax, if any	, on line	e 2, abo	ve, reimburs	ed by th	ne organization .			•	· \$			
Part II Loans to and/or I	Erom	Intore	stad Bar	FORE								
Complete if the organiz) Part IV line 26	or For	m 990-l	F7 Part\	line 38	la		
comprete in the organia			1	01111 33 0	1	, <u> </u>	550	(f)	,			
(-) N	(b) Loan t					(e) In				(g)Written		
(a) Name of interested person and purpose		zation?	(c)Orig		(d)Balance due	defau	lt?	by board or		agreeme	nt?	
purpose	<u> </u>		- principal e	inount				commit	tee?			
	То	From				Yes	No	Yes	No	Yes	No	
	<u> </u>											
	<u> </u>											
	<u> </u>											
Total				▶ \$								
Part IIII Grants or Assistar	ice Bo	enefitt	ing Inter	ested	Persons.			•		•		
Complete if the orga	<u>ınızatı</u>	on ansv	wered "Yes	" on Fo	rm 990, Part IV	/, line 2	27.					
(a) Name of interested pers		(b) Relationsh	nip betw	een interested pei	rson	(c) \ r	nount of a	rant or to	ype of assis	tanco	
(a) Name of interested pers			ar	nd the or	ganızatıon		(C)AT	nount or g	rant or t	ype or assis	tance	

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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	organı	naring o zation's nues?
(1) LISA BURKE	organization EMPLOYEE, WIFE OF	72.100	EMPLOYMENT	Yes	No
	TRUSTEE KEVIN BURKE	. =,= = =			
(2) ALLISON PERZ	FORMER EXECUTIVE DIRECTOR OF O C C S , OWNER OF THE EASTON GROUP	67,000	IN FYE 6/30/11, EASTON GROUP PURCHASED THE CONNECTED DIVISION FROM O C C S AS A RESULT OF THE SALE O C C S RECORDED A \$37,959 GAIN IN JULY 2010 IN CONNECTION WITH THE SALE OF THE CONNECTED DIVISION, O C C S GUARANTEED THE LOAN OBTAINED BY THE EASTON GROUP TO MAKE THIS PURCHASE BY PUTTING UP A \$67,000 CD AS COLLATERAL AT 6/30/12, THIS LOAN HAD NOT BEEN REPAID BY THE EASTON GROUP AND THE \$67,000 CD WAS STILL BEING HELD AS COLLATERAL PRIOR TO 6/30/12, THE EASTON GROUP CEASED OPERATIONS AND IT IS EXPECTED THAT O C C S WILL BE REQUIRED TO PAY OFF THE LOAN AS A RESULT, A LIABILITY OF \$60,000 WAS RECORDED FOR PERFORMANCE UNDER THE LOAN GUARANTEE THE INTELLECTUAL PROPERTY THAT WAS SOLD AS PART OF THE ORIGINAL SALE WILL REVERT BACK TO O C C S		No
(3)					No
					+

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

Identifier Return Reference Explanation

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As Filed Data -

DLN: 93493127005013

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization
OHIO COUNCIL OF COMMUNITY SCHOOLS

Employer identification number

03-0477422

Identifier	Return Reference	Explanation					
	FORM 990, PART VI, SECTION B, LINE 11	FORM 990 DRAFT IS REVIEWED WITH THE FINANCE COMMITTEE AND THE BOARD AND FINAL FORM 990 IS REVIEWED AND SIGNED BY EXECUTIVE DIRECTOR					
	FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY REVIEWED WITH THE FINANCE COMMITTEE					
	FORM 990, PART VI, SECTION B, LINE 15A	THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BY THE BOARD OF TRUSTEES, ALL OF WHOM ARE INDEPENDENT					
	FORM 990, PART VI, SECTION C, LINE 18	FORM 990 IS AVAILABLE THROUGH GUIDE STAR WEBSITE @WWW GUIDESTAR ORG					
	FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST					
THE FINANCE COMMITTEE OF THE BOARD ASSUMES OVERSIGHT OF THE AUDIT OF THE	FORM 990, PART XII, LINE 2C, FINANCIAL STATEMENTS AND REPORTING	FINANCIAL STATEMENTS					

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DLN: 93493127005013

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

(Form 990)

Name of the organization OHIO COUNCIL OF COMMUNITY SCHOOLS				Employer io	dentification number		
Part I Identification of Disregarded Entities (Comp	olete if the organization	n answered "Yes"	on Form 990, Pa				
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organ or more related tax-exempt organizations during	nizations (Complete the tax year.)	of the organization	answered "Yes"	on Form 990, P	art IV, line 34 becau	se it had	l one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity statu (if section 501(c)(3	us Direct controlling entity	Section 5 cont organ	(g) 512(b)(13 trolled nization
(1) UNIVERSITY OF TOLEDO 2801 W BANCROFT TOLEDO, OH 43606 34-1900212	UNIVERSITY OF TOLEDO DESIGNATED O C C S TO SPONSOR COMMUNITY SCHOOLS IN OHIO	ОН	501(C)(3)	170(B)(1)(A)((II) N/A	Yes	No No
For Privacy Act and Danerwork Peduction Act Notice see the Instruct	ions for Form 990	Cat No EO	12EV		Schodulo P /	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 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) Primary activity	(c) Legal domicile (state or foreign country)	<u>'</u>	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gener mana parti	ral or aging	(k) Percentage ownership
							Yes	No		Yes	No	

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership
 ·							<u> </u>

che	dule R (Form 990) 2011		Pag	ge 3		
Pa	rt V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or	r 36.)				
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No		
1 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		No		
ь	Gift, grant, or capital contribution to related organization(s)	1b		No		
c	Gift, grant, or capital contribution from related organization(s)	1c		No		
d	Loans or loan guarantees to or for related organization(s)	1d		No		
e	Loans or loan guarantees by related organization(s)	1e		No		
f	Sale of assets to related organization(s)	1f		No		
	Purchase of assets from related organization(s)	1g		No		
_	Exchange of assets with related organization(s)	1h		No		
	Lease of facilities, equipment, or other assets to related organization(s)	1i		No		
	Lease of facilities, equipment, or other assets from related organization(s)	1j		No		
-	Performance of services or membership or fundraising solicitations for related organization(s)	<u> </u>	Yes			
	Performance of services or membership or fundraising solicitations by related organization(s)	11		No		
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)						
	Sharing of paid employees with related organization(s)	1m 1n		No		
_	Doumhurs amont paud to related organization/s) for expenses	10		No		
	Reimbursement paid to related organization(s) for expenses	10 1p		No		
Р	Reimbursement paid by related organization(s) for expenses	14		140		
q	O ther transfer of cash or property to related organization(s)	1 q		No		
r	O ther transfer of cash or property from related organization(s)	1r		No		
	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 th	resholds				
	The answer to any of the above is Tes, see the instructions for information on who must complete this line, including covered relationships and transaction the	(4)				

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) UNIVERSITY OF TOLEDO	к	3,745,654	
(2)			
(3)			
(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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	5	(e) Are all partners section 601(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate alloca	ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part		(k) Percentage ownership
			311)	Yes	No			Yes	No		Yes	No	
				•									
				<u> </u>									

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)

Ident if ier	Return Reference	Explanation	

Schedule R (Form 990) 2011