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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
COLUMBUS SCHOOL FOR GIRLS

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
56 S Columbia Avenue

City or town, state or province, country, and ZIP or foreign postal code
Columbus, OH 43209

D Employer identification number
31-4379452

E Telephone number
(614) 252-0781

G Gross receipts $ 21,655,079

F Name and address of principal officer
MRS ELIZABETH LEE
80 S Columbia Avenue
Columbus, OH 43209

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW COLUMBUSSCHOOLFORGIRLS ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1898

M State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities
COLUMBUS SCHOOL FOR GIRLS, A COLLEGE PREPARATORY SCHOOL FOUNDED IN 1898, IS DEDICATED TO GIRLS' INTELLECTUAL, SOCIAL, AND ETHICAL GROWTH FROM INFANCY THROUGH TWELFTH GRADE THE SCHOOL IS CHARACTERIZED BY CHALLENGING ACADEMICS, ENRICHING ARTS AND ATHLETICS, SUPPORTIVE RELATIONSHIPS, AND A RANGE OF DIVERSITY WE ENCOURAGE GIRLS AND YOUNG WOMEN TO DISCOVER THEIR DISTINCTIVE POTENTIAL AND TO STRIVE FOR EXCELLENCE AMID THE CHALLENGES AND OPPORTUNITIES OF A GLOBAL AND DYNAMIC WORLD

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	32
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	30
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	343
6	Total number of volunteers (estimate if necessary)	**6**	255
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	4,177,577	2,698,292
	9 Program service revenue (Part VIII, line 2g)	11,535,848	11,551,113
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,015,962	2,358,422
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	147,119	38,865
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,876,506	16,646,692
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,333,113	1,367,430
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,408,947	9,188,403
	16a Professional fundraising fees (Part IX, column (A), line 11e)	153,684	5,508
	b Total fundraising expenses (Part IX, column (D), line 25) ▶582,919		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	4,408,024	4,676,833
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	15,303,768	15,238,174
	19 Revenue less expenses Subtract line 18 from line 12	1,572,738	1,408,518

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	51,380,137	54,057,921
	21 Total liabilities (Part X, line 26)	13,821,173	13,472,950
	22 Net assets or fund balances Subtract line 21 from line 20	37,558,964	40,584,971

Part II Signature Block

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

Sign Here

****** | 2015-04-08
Signature of officer | Date

JULIE EIKENBERRY ASSOC HEAD OF SCHOOL
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Rachel Spurlock				P00520729

Firm's name ▶ CROWE HORWATH LLP — Firm's EIN ▶

Firm's address ▶ 10 WEST BROAD STREET SUITE 1700 COLUMBUS, OH 432153713 — Phone no (614) 469-0001

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission

IN FULFILLMENT OF OUR MISSION AND PHILOSOPHY WE STRIVE TO EMBRACE THE VITALITY OF A DIVERSE COMMUNITY AND PROVIDE A CURRICULUM THAT REFLECTS MULTIPLE CULTURES AND GLOBAL CONNECTEDNESS, DEVELOP LEADERSHIP CAPACITY AND INSTILL A COMMITMENT TO SOCIAL AND CIVIC RESPONSIBILITY AND LIFELONG SERVICE TO OTHERS, (CONTINUED IN SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 9,344,602 including grants of $) (Revenue $ 9,432,209)

COLUMBUS SCHOOL FOR GIRLS (CSG) IS A COLLEGE PREPARATORY INDEPENDENT DAY SCHOOL IN CENTRAL OHIO CSG'S HAS AN ENROLLMENT OF 560 STUDENTS, FROM PRE-SCHOOL TO GRADE 12 THE SCHOOL IS COMMITTED TO ITS FUNDAMENTAL VALUES SEPARATE EDUCATION FOR WOMEN, CHALLENGING PREPARATION FOR COLLEGE, AND SUPPORTIVE RELATIONSHIPS, DIVERSITY, AND EXCELLENCE IN ALL ENDEAVORS BY OFFERING ACADEMIC EXCELLENCE IN A SINGLE SEX ENVIRONMENT THE MAIN SOURCE OF REVENUE IS TUITION, SUPPLEMENTED BY FUNDRAISING AND ENDOWMENT FUNDS CSG HAS ALSO BEEN IN A CAPITAL CAMPAIGN TO BUILD A HEALTH & WELLNESS CENTER AND THEATER SINCE 2010 THE CAMPAIGN FUNDS ARE INCLUDED IN THE REVENUE FIGURES

4b (Code) (Expenses $ 1,367,430 including grants of $ 1,367,430) (Revenue $ 1,367,430)

COLUMBUS SCHOOL FOR GIRLS AWARDS FINANCIAL AID TO STUDENTS BASED ON THE FAMILY'S ECONOMIC NEEDS AN INDEPENDENT SERVICE IS USED TO ASSESS THE FINANCIAL NEEDS OF THE APPLICANTS THIS SERVICE IS SIMILAR TO SERVICES USED BY OTHER INDEPENDENT PRIVATE SCHOOLS, COLLEGES, AND UNIVERSITIES TOTAL FINANCIAL AID WAS AWARDED TO 132 STUDENTS IN THE AMOUNT OF $1,367,430 DURING THE 2013-2014 SCHOOL YEAR THIS INCLUDES TUITION REMISSION TO 27 FACULTY AND STAFF CHILDREN IN THE AMOUNT OF $301,355

4c (Code) (Expenses $ 799,719 including grants of $) (Revenue $ 814,005)

CSG OFFERS A CHALLENGING, DEVELOPMENTALLY-APPROPRIATE ACADEMIC PROGRAM IN A SUPPORTIVE ENVIRONMENT, PROVIDES A VARIETY OF TEACHING TECHNIQUES TO REFLECT MULTIPLE LEARNING STYLES, ADDRESSES THE CRUCIAL ISSUES OF GIRL'S EDUCATION, INCLUDING THE COURAGE TO EXPLORE NEW ADVENTURES AND THE DEVELOPMENT OF LEADERS, PREPARES ALL STUDENTS FOR AN INCREASINGLY TECHNOLOGICAL AND GLOBAL SOCIETY, FOSTERS IN EACH GIRL CONFIDENCE, A LOVE OF LEARNING, AESTHETIC UNDERSTANDING, DESIRE FOR HEALTH AND FITNESS, AND A COMMITMENT TO SOCIAL RESPONSIBILITY, ENSURES DIVERSITY IN BOTH STUDENT AND ADULT POPULATIONS THAT REFLECTS AND EMBRACES THE GREATER COLUMBUS COMMUNITY, ENGAGES THE WHOLE SCHOOL COMMUNITY IN THE CHALLENGE AND EXCITEMENT OF STRIVING FOR EXCELLENCE, AND MAINTAINS A POSITION OF EDUCATION LEADERSHIP WITHIN OUR COMMUNITY

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 11,511,751

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**	Yes	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	64		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	343		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for 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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
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?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 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.**				
a	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				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	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 or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	32		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**			No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could 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?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

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

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

▶Julie Eikenberry 56 S COLUMBIA AVENUE
Columbus, OH 43209 (614) 453-4503

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								401,118	0	59,799

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 2

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CORNA-KOKOSING 6235 WESTERVILLE RD WESTERVILLE OH 43081	CONSTRUCTION OF HEALTH & WELLNESS CENTER	3,751,723
SAGE DINING SERVICES 1402 YORK ROAD LUTHERVILLE MD 21093	FOOD SERVICE	676,233
OHIO CUSTODIAL MAINTENANCE INC 1291 S HIGH STREET COLUMBUS OH 43206	CUSTODIAL MAINTENANCE	211,197

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 3

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	294,919			
	d	Related organizations . . .	1d	26,265			
	e	Government grants (contributions)	1e	181,138			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,195,970			
	g	Noncash contributions included in lines 1a-1f $		34,595			
	h	**Total.** Add lines 1a-1f . . . . . ▶		2,698,292			
Program Service Revenue			Business Code				
	2a	TUITION	611600	10,276,696	10,276,696		
	b	AUXILIARY	611600	814,005	814,005		
	c	SUMMER PROGRAMS	611600	342,192	342,192		
	d	FEES	611600	118,220	118,220		
	e			0			
	f	All other program service revenue		0	0	0	0
	g	**Total.** Add lines 2a–2f . . . . . ▶		11,551,113			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		494,597			494,597
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			0

		(i) Real	(ii) Personal				
	6a	Gross rents	35,376					
	b	Less rental expenses	8,869					
	c	Rental income or (loss)	26,507	0				
	d	Net rental income or (loss) . . . . . ▶			26,507			26,507

		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	6,813,170				
	b	Less cost or other basis and sales expenses	4,949,345				
	c	Gain or (loss)	1,863,825	0			
	d	Net gain or (loss) . . . . . ▶			1,863,825			1,863,825
Other Revenue	8a	Gross income from fundraising events (not including $ 294,919 of contributions reported on line 1c) See Part IV, line 18 . . a		0				
	b	Less direct expenses . . . b		50,173				
	c	Net income or (loss) from fundraising events . . ▶			-50,173			-50,173
	9a	Gross income from gaming activities See Part IV, line 19 . . . a						
	b	Less direct expenses . . . b						
	c	Net income or (loss) from gaming activities . . ▶			0			
	10a	Gross sales of inventory, less returns and allowances . a						
	b	Less cost of goods sold . . b						
	c	Net income or (loss) from sales of inventory . . ▶			0			
		Miscellaneous Revenue		Business Code				
	11a	TRANSPORTATION		611600	11,298	11,298		
	b	MISCELLANEOUS		900099	51,233	51,233		
	c				0	0		
	d	All other revenue			0	0	0	0
	e	**Total.** Add lines 11a–11d . . . . . ▶			62,531			
	12	**Total revenue.** See Instructions . . . . . ▶			16,646,692	11,613,644	0	2,334,756

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States See Part IV, line 22	1,367,430	1,367,430		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	487,565		390,052	97,513
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	6,437,787	5,082,014	1,129,722	226,051
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	334,501	280,326	40,846	13,329
9 Other employee benefits	1,335,298	996,456	262,207	76,635
10 Payroll taxes	593,252	440,566	126,059	26,627
11 Fees for services (non-employees)				
a Management	0			
b Legal	30,392	0	30,392	
c Accounting	47,156	0	47,156	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	5,508			5,508
f Investment management fees	68,344		68,344	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	345,675	215,540	130,135	0
12 Advertising and promotion	123,596	98,877		24,719
13 Office expenses	1,170,893	1,059,598	111,295	
14 Information technology	106,576	53,288	42,630	10,658
15 Royalties . .	0			
16 Occupancy	366,142	183,071	146,457	36,614
17 Travel	179,454	176,618	2,836	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	18,087	1,809		16,278
20 Interest	148,354	0	148,354	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	974,303	584,582	389,721	
23 Insurance	77,298	0	77,298	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a SUMMER SCHOOL	355,324	355,324		
b STUDENT ACTIVITIES	360,685	360,685		
c AFTER HOURS PROGRAM	83,710	83,710		
d FACULTY DEVELOPMENT	40,953	40,953		
e All other expenses	179,891	130,904	0	48,987
25 **Total functional expenses.** Add lines 1 through 24e	15,238,174	11,511,751	3,143,504	582,919
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		205,034	1	453,675
	2	Savings and temporary cash investments		18,991	2	8,026
	3	Pledges and grants receivable, net		2,339,413	3	2,031,536
	4	Accounts receivable, net		65,488	4	34,031
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		10,335	7	19,685
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		98,813	9	129,715
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 40,439,164			
	b	Less accumulated depreciation	10b 12,618,738	23,555,290	10c	27,820,426
	11	Investments—publicly traded securities		25,003,391	11	23,466,188
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		83,382	15	94,639
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		51,380,137	16	54,057,921
Liabilities	17	Accounts payable and accrued expenses		1,885,789	17	1,358,319
	18	Grants payable			18	
	19	Deferred revenue		1,211,864	19	1,359,395
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		126,287	21	104,974
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		8,779,773	23	8,469,886
	24	Unsecured notes and loans payable to unrelated third parties		1,684,213	24	2,060,000
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		133,247	25	120,376
	26	**Total liabilities.** Add lines 17 through 25		13,821,173	26	13,472,950
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		7,667,568	27	12,496,934
	28	Temporarily restricted net assets		13,830,971	28	12,007,990
	29	Permanently restricted net assets		16,060,425	29	16,080,047
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		37,558,964	33	40,584,971
	34	Total liabilities and net assets/fund balances		51,380,137	34	54,057,921

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	16,646,692
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,238,174
3	Revenue less expenses Subtract line 2 from line 1	3	1,408,518
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	37,558,964
5	Net unrealized gains (losses) on investments	5	1,719,202
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-101,713
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	40,584,971

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID: 13000248
Software Version: 2013v3.1
EIN: 31-4379452
Name: COLUMBUS SCHOOL FOR GIRLS

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BERNIE OSTROWSKI PAST BOARD CHAIR	1 00	X		X				0	0	0
CECILY ALEXANDER VICE CHAIR	1 00	X		X				0	0	0
ELIZABETH CRANE SECRETARY	1 00	X		X				0	0	0
LAVEA BRACHMAN BOARD CHAIR	1 00	X		X				0	0	0
TIM FABER TREASURER	1 00	X		X				0	0	0
ANDREA ZID SALMI BOARD MEMBER	1 00	X						0	0	0
ASHLEY WADE BOARD MEMBER	1 00	X						0	0	0
BRIAN TIERNEY BOARD MEMBER	1 00	X						0	0	0
CARRIE BIRCH BOARD MEMBER	1 00	X						0	0	0
DARREN PATTON BOARD MEMBER	1 00	X						0	0	0
ELIZABETH ZIMMERMAN DONALDSON BOARD MEMBER	1 00	X						0	0	0
GLENDA HARRISON BOARD MEMBER	1 00	X						0	0	0
GORDON GEE BOARD MEMBER	1 00	X						0	0	0
IRA SHARFIN BOARD MEMBER	1 00	X						0	0	0
JEFF HENDERSON BOARD MEMBER	1 00	X						0	0	0
JILL LEVY BOARD MEMBER	1 00	X						0	0	0
JOHN P KENNEDY BOARD MEMBER (PARTIAL YR)	1 00	X						0	0	0
JONATHON FEIBEL BOARD MEMBER	1 00	X						0	0	0
KATE CARLIN GILLER BOARD MEMBER/JUBILEE	1 00	X						0	0	0
KIM WILSON BOARD MEMBER	1 00	X						0	0	0
LAUREL MARKS BOARD MEMBER	1 00	X						0	0	0
LEIGH ANN WOBST BOARD MEMBER	1 00	X						0	0	0
LISA COURTICE PHD BOARD MEMBER	1 00	X						0	0	0
LYNNE SMITH BOARD MEMBER	1 00	X						0	0	0
MICHAEL GLIMCHER BOARD MEMBERS	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
NANCY JEFFREY BOARD MEMBER	1 00	X						0	0	0
ROCKY ROBINS BOARD MEMBER	1 00	X						0	0	0
SARAH BENSON HEINRICHS BOARD MEMBER	1 00	X						0	0	0
STEPHANIE HIGHTOWER BOARD MEMBER	1 00	X						0	0	0
SUSAN MERRYMAN BOARD MEMBER	1 00	X						0	0	0
TIM MILLER BOARD MEMBER	1 00	X						0	0	0
TOM BRIGDON BOARD MEMBER	1 00	X						0	0	0
WEBB VORYS BOARD MEMBER	1 00	X						0	0	0
ELIZABETH LEE HEAD OF SCHOOL	40 00			X				264,371	0	37,200
JANE GIBSON ASSOCIATE HEAD OF SCHOOL FOR FINANCE AND OPERATIONS	40 00			X				136,747	0	22,599

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
COLUMBUS SCHOOL FOR GIRLS

Employer identification number
31-4379452

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☑ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated
e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or 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 supporting organization, check this box ☐
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of 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 instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,492,955	6,224,026	2,888,174	4,177,577	2,698,292	17,481,024
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	1,492,955	6,224,026	2,888,174	4,177,577	2,698,292	17,481,024
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)						123,583
6 **Public support.** Subtract line 5 from line 4						17,357,441

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	1,492,955	6,224,026	2,888,174	4,177,577	2,698,292	17,481,024
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	575,677	344,113	578,993	530,515	529,973	2,559,271
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	86,283	122,741	86,103	86,350	0	381,477
11 **Total support** (Add lines 7 through 10)						20,421,772

12 Gross receipts from related activities, etc (see instructions)	12	61,065,375

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	84 990 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	

16a **33 1/3% support test—2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

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

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
Schedule A, Part II, Line 10, Other Income	DESCRIPTION - OTHER, COLUMN A - 86283, COLUMN B - 122741, COLUMN C - 86103, COLUMN D - 86350, COLUMN E - , COLUMN F - 381477,

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
COLUMBUS SCHOOL FOR GIRLS

Employer identification number
31-4379452

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
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☑

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	25,615,001	23,282,692	24,012,901	21,253,669	19,587,359
b	Contributions	19,622	42,023	47,859	56,767	22,109
c	Net investment earnings, gains, and losses	3,984,058	3,229,777	185,026	3,747,078	2,762,896
d	Grants or scholarships	996,478	939,491	963,094	1,044,613	1,118,695
e	Other expenditures for facilities and programs	4,500,000				
f	Administrative expenses					
g	End of year balance	24,122,203	25,615,001	23,282,692	24,012,901	21,253,669

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 66 660 %
- c Temporarily restricted endowment ▶ 33 340 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,016,581		2,016,581
b Buildings		34,527,951	9,912,008	24,615,943
c Leasehold improvements		660,446	594,690	65,756
d Equipment		3,234,186	2,112,040	1,122,146
e Other				0
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				27,820,426

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	0
	0
UNREALIZED LOSS ON SWAP AGREEMENT	498
CHARITABLE GIFT ANNUITIES	119,878
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	120,376

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	16,837,276
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,719,202		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	16,196		
e	Add lines **2a** through **2d**			2e	1,735,398
3	Subtract line **2e** from line **1**			3	15,101,878
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	68,344		
b	Other (Describe in Part XIII)	4b	1,476,470		
c	Add lines **4a** and **4b**			4c	1,544,814
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	16,646,692

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	13,811,269
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	8,869		
e	Add lines **2a** through **2d**			2e	8,869
3	Subtract line **2e** from line **1**			3	13,802,400
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	68,344		
b	Other (Describe in Part XIII)	4b	1,367,430		
c	Add lines **4a** and **4b**			4c	1,435,774
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	15,238,174

Part XIII Supplemental Information

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

Return Reference	Explanation
Schedule D, Part IV, Line 2b, Explanation of escrow agreement	THE SCHOOL HOLDS FUNDS IN A CUSTODIAL MANNER FOR VARIOUS SCHOOL CLUBS AND GROUPS THESE FUNDS ARE NOT FOR USE OF THE SCHOOL WHEN CLUBS AND GROUPS COLLECT FUNDS THEY ARE GIVEN TO THE BUSINESS OFFICE FOR DEPOSIT THE FUNDS ARE DEPOSITED TO THE SCHOOL'S MAIN CHECKING ACCOUNT AT HUNTINGTON NATIONAL BANK FOR CLUBS AND GROUPS THAT HAVE REGULAR ACTIVITY, SUCH AS LANGUAGE CLUBS AND SPORTS TEAMS, MONTHLY STATEMENTS ARE SENT TO THE CLUB ADVISOR IF THE ACCOUNT IS FOR A GROUP THAT DOES NOT HAVE REGULAR ACTIVITY THROUGHOUT THE YEAR, STATEMENTS ARE SENT DURING THE TIME WHEN THEY ARE REGULARLY DEPOSITING AND USING FUNDS
Schedule D, Part V, Line 4, Intended uses of endowment funds	COLUMBUS SCHOOL FOR GIRLS ENDOWMENT FUNDS ARE TO SUSTAIN THE SCHOOL FOR FUTURE GENERATIONS, WHILE PROVIDING FOR CURRENT STUDENTS WITH FINANCIAL AID SCHOLARSHIPS AND OTHER DONOR DESIGNATED GIFTS
Schedule D, Part X, Line 2, FIN 48 (ASC 740) footnote	GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PRESCRIBES RECOGNITION THRESHOLDS AND MEASUREMENT ATTRIBUTES FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN TAX BENEFITS WILL BE RECOGNIZED ONLY IF A TAX POSITION IS MORE-LIKELY-THAN-NOT SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR THE AMOUNT RECOGNIZED WILL BE THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN 50% LIKELY BEING REALIZED ON EXAMINATION FOR TAX POSITIONS NOT MEETING THE MORE-LIKELY-THAN-NOT TEST, NO TAX BENEFIT WILL BE RECORDED MANAGEMENT HAS CONCLUDED THAT THEY ARE UNAWARE OF ANY TAX BENEFITS OR LIABILITIES TO BE RECOGNIZED AT JUNE 30, 2014 OR 2013 THE SCHOOL WOULD RECOGNIZE INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST AND INCOME TAX EXPENSE, RESPECTIVELY THE SCHOOL HAS NO AMOUNTS ACCRUED FOR INTEREST OR PENALTIES FOR THE YEARS ENDED JUNE 30, 2014 OR 2013 THE SCHOOL IS NO LONGER SUBJECT TO EXAMINATION BY TAXING AUTHORITIES FOR YEARS BEFORE 2011 THE SCHOOL DOES NOT EXPECT THE TOTAL AMOUNT OF UNRECOGNIZED TAX BENEFITS TO SIGNIFICANTLY CHANGE IN THE NEXT 12 MONTHS
Schedule D, Part XI, Line 2d, Other revenues in audited financial statements not in form 990	RENTAL EXPENSES - 8869, FAIR VALUE OF INTEREST RATE SWAP - 7327,
Schedule D, Part XI, Line 4b, Other revenues in form 990 not in audited financial statements	FINANCIAL AID - 1367430, CHANGE IN VALUE OF SPLIT INTEREST - 19293, LOSSES ON CONTRIBUTION RECEIVABLE - 89747,
Schedule D, Part XII, Line 2d, Other expenses in audited financial statements not in form 990	RENTAL EXPENSES - 8869,
Schedule D, Part XII, Line 4b, Other expenses in form 990 not in audited financial statements	FINANCIAL AID - 1367430,

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule E (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
COLUMBUS SCHOOL FOR GIRLS

Employer identification number
31-4379452

Part I

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

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

Return Reference	Explanation
Schedule E, Part I, Line 3, Racially nondiscriminatory policy	COLUMBUS SCHOOL FOR GIRLS ADMINISTERS ITS ADMISSION, FINANCIAL AID, AND EMPLOYMENT POLICIES WITHOUT REGARD TO RACE, RELIGION, SEXUAL ORIENTATION, CREED, OR NATIONAL ORIGIN
Schedule E, Part I, Line 6a, Financial aid or assistance from a governmental agency	COLUMBUS SCHOOL FOR GIRLS RECIEVES STATE MANDATED FUNDS FROM THE STATE OF OHIO

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
COLUMBUS SCHOOL FOR GIRLS

Employer identification number
31-4379452

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶							

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 SCHOLARSHIP WALK (event type)	(b) Event #2 SCHOLARS GALA (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	33,291	261,628		294,919
	2 Less Contributions	42,627	252,292		294,919
	3 Gross income (line 1 minus line 2)	-9,336	9,336	0	0
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs				0
	7 Food and beverages	7,044	32,933		39,977
	8 Entertainment		200		200
	9 Other direct expenses		9,996		9,996
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(50,173)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-50,173

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
COLUMBUS SCHOOL FOR GIRLS

Employer identification number
31-4379452

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) TUITION REIMBURSEMENT	27	301,355	0	N/A	N/A
(2) FINANCIAL AID	105	1,066,075	0	N/A	N/A

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2, Procedures for monitoring use of grant funds	CSG'S ADMISSION AND DEVELOPMENT OFFICES WORK CLOSELY TOGETHER TO AWARD NAMED SCHOLARSHIPS TO STUDENTS THE PARENTS SUBMIT A FINANCIAL AID APPLICATION AND SUPPORTING TAX FORMS ONLINE VIA THE SCHOOL AND STUDENT SERVICES (SSS) MODULE LOCATED ON THE NATIONAL ASSOCIATION OF INDEPENDENT SCHOOLS WEBSITE COLUMBUS SCHOOL FOR GIRLS (CSG) RECEIVES A REPORT BASED ON PARENT INCOME, EXPENSES AND THE AMOUNT THEY ARE ABLE TO AFFORD FOR INDEPENDENT SCHOOL TUITION CSG'S FINANCIAL AID COMMITTEE REVIEWS THE PARENT INFORMATION AND GRANTS AWARDS AS NEEDED THE ADMISSION OFFICE NOTIFIES THE STUDENT OF THEIR SCHOLARSHIP AMOUNT THESE GRANTS ARE ENTERED INTO THE SR SYSTEM FINANCIAL AID SOFTWARE, WHICH FLOWS INTO THE ACCOUNTS RECEIVABLE MODULE THE TOTAL FINANCIAL AID IS BASED ON A BUDGET NUMBER THAT IS ON CSG'S FINANCIAL STATEMENT IF, IN THE RARE INSTANCE, CSG REQUESTED A STUDENT LEAVE, THAT PORTION OF THE FINANCIAL AID WOULD BE DESIGNATED BACK INTO THE FINANCIAL AID FUNDS THE DEVELOPMENT OFFICE HAS THE DONOR SPECIFICATIONS FOR WHO SHOULD BE AWARDED THE SCHOLARSHIP ONCE THE STUDENT IS CHOSEN FOR THE SCHOLARSHIP AWARD, THE DEVELOPMENT OFFICE SENDS THE DONOR A LETTER ABOUT THE STUDENT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
COLUMBUS SCHOOL FOR GIRLS

Employer identification number
31-4379452

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)ELIZABETH LEE HEAD OF SCHOOL	(i) (ii)	264,000 0	0 0	371 0	13,200 0	24,000 0	301,571 0	0 0
(2)JANE GIBSON ASSOCIATE HEAD OF SCHOOL FOR FINANCE AND OPERATIONS	(i) (ii)	136,351 0	0 0	396 0	14,011 0	8,588 0	159,346 0	0 0

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a, Housing allowance or residence for personal use	THE HEAD OF SCHOOL IS REQUIRED TO LIVE ON CAMPUS THIS BENEFIT IS CONSIDERED NONTAXABLE PURSUANT TO IRC SECTION 119 AN ESTIMATED VALUE OF THE BENEFIT WAS REPORTED FOR ELIZABETH LEE IN THE AMOUNT OF $24,000
SCHEDULE J, PART I, LINE 3, ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIALS COMPENSATION	COLUMBUS SCHOOL FOR GIRLS CFO PROVIDES THE BOARD OF TRUSTEES COMPENSATION COMMITTEE WITH SALARY INFORMATION FROM THE NATIONAL ASSOCIATION OF INDEPENDENT SCHOOLS (NAIS) ORGANIZATION NAIS PROVIDES HEAD OF SCHOOL SALARY DATA BASED ON NUMEROUS CRITERIA, SUCH AS SCHOOL ENROLLMENT, AND LOCATION OF THE SCHOOL, SUCH AS MIDWEST, EAST OR WEST COAST THE COMPENSATION COMMITTEE REVIEWS THE NAIS SALARY INFORMATION AND THE HEAD OF SCHOOL ANNUAL AND LONG-TERM GOALS IN ADDITION, THE COMMITTEE CONSIDERS THE APPROVED FACULTY, STAFF, AND ADMINISTRATOR'S SALARY INCREASE APPROVED BY THE BOARD AFTER DISCUSSION, THE COMMITTEE RECOMMENDS A SALARY TO THE BOARD OF TRUSTEES FOR APPROVAL THE BOARD OF TRUSTEES MEETS IN EXECUTIVE SESSION TO DISCUSS AND VOTE ON THE HEAD OF SCHOOL'S COMPENSATION FOR THE NEW SCHOOL YEAR

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
COLUMBUS SCHOOL FOR GIRLS

Employer identification number
31-4379452

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	No	(h) Approved by board or committee? Yes	No	(i) Written agreement? Yes	No
Total ▶ $												

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) SEE PART V		1,538		
(2) SEE PART V		19,325		

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 organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) AMERICAN ELECTRIC POWER	BRIAN TIERNEY, BOARD MEMBER, SERVE AS AN OFFICER OF AEP	227,405	UTILITIES		No

Part V Supplemental Information

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

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
COLUMBUS SCHOOL FOR GIRLS

Employer identification number
31-4379452

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		382	MARKET VALUE
5 Clothing and household goods	X		182	COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (2 OSU TICKETS)	X	1	300	MARKET VALUE
26 Other ▶ (EVENING OF WINE AND ART FOR 12)	X	1	200	COST
27 Other ▶ (TWO 1 HR MASSAGES)	X	1	130	COST
28 Other ▶ (LUNCHEON FOR 6)	X	1	75	COST
Other ▶ (4 TOUR PASSES, 1 BOTTLE OF MEADE)	X	1	60	COST
Other ▶ (EVENT FOOD AND BEVERAGE)	X	1	7,424	COST
Other ▶ (1 WEEK STAY AT BALDHEAD ISLAND)	X	1	5,000	MARKET VALUE
Other ▶ (VICTORIAN DOLL HOUSE)	X	1	300	MARKET VALUE
Other ▶ (MANI, PEDI, MAKEUP, HAIR)	X	1	300	COST
Other ▶ (PHOTOGRAPHY - SENIOR PORTRIAT PACKAGE)	X	1	200	COST
Other ▶ (6 BOTTLES OF WINE)	X	1	130	COST
Other ▶ (BOARD RETREAT FACILITY)	X	1	3,000	COST
Other ▶ (STOOL FOR UNICORNER STORE)	X	1	40	COST
Other ▶ (NEW OFFICE FURNITURE)	X	2	235	COST
Other ▶ (ART SUPPLIES OF VARIOUS TYPES)	X	1	229	COST
Other ▶ (OVERNIGHT STAY)	X	1	249	COST
Other ▶ (TIFFANY ELLIS HOBO BAG)	X	1	895	COST
Other ▶ (XO LAPTOP)	X	1	100	COST
Other ▶ (PRIVATE PARTY FOR 8-10, GIFT BASKET)	X	1	240	COST
Other ▶ (INVITATIONS, BANNERS, SIGNAGE)	X	1	4,500	COST
Other ▶ (PRIVATE TOUR FOR 6)	X	1	100	COST
Other ▶ (HOR DEVOURS)	X	1	24	COST
Other ▶ (HOTEL, TROLLY AQUARIUM IN GATLINBURG)	X	1	550	COST
Other ▶ (GIFT BASKET, PRIVATE MAKUP CLASS WITH CATERING)	X	1	1,250	COST
Other ▶ (COOKING CLASS FOR 8 AND DINING)	X	1	600	COST
Other ▶ (ULTIMATE MAKEOVER MINI PARTY)	X	1	169	COST
Other ▶ (KITCHEN, PANTRY ORGANIZATION PACKAGE)	X	1	250	COST
Other ▶ (TIFFANY JAZZ PENDANT)	X	1	2,750	COST
Other ▶ (DARLING BUNDLE)	X	1	35	COST
Other ▶ (VIOLIN)	X	1	800	COST
Other ▶ (FLUTE)	X	1	400	COST
Other ▶ (VARIOUS GIFT CARDS)	X	11	2,277	COST
Other ▶ (GALA CONTRIBUTIONS)	X	5	1,219	COST

			Yes	No
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0		
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a			No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a			No
b If "Yes," describe in Part II				
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II				

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

Return Reference	Explanation
Schedule M, Part I, Explanations of reporting method for number of contributions	CLOTHING AND HOUSEHOLD GOODS NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS BOOKS AND PUBLICATIONS NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS OTHER NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line 5, Number of contributions or items contributed	NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=2 OSU TICKETS NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=EVENING OF WINE AND ART FOR 12 NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=TWO 1 HR MASSAGES NUMBER OF CONTRIBUTIONS

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
COLUMBUS SCHOOL FOR GIRLS

Employer identification number
31-4379452

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1, ORGANIZATION'S MISSION	
Form 990, Part VI, Sec B, Line 11b, Review of form 990 by governing body	CROWE HORWATH, INDEPENDENT ACCOUNTING FIRM, WILL PRESENT THE FULL 990 TO COLUMBUS SCHOOL F OR GIRLS FINANCE COMMITTEE ON MARCH 11, 2015 THE BOARD OF TRUSTEES FINANCE COMMITTEE CHAI R WILL PRESENT THE FULL 990 TO THE EXECUTIVE AND BOARD OF TRUSTESS AT THEIR RESPECTIVE MEE TINGS IN APRIL, 2015 PRIOR TO FILING WITH THE IRS
Form 990, Part VI, Sec B, Line 12c, Conflict of interest policy	ALL BOARD MEMBERS ANNUALLY COMPLETE A CONFIDENTIALITY/CONFLICT OF INTEREST STATEMENT IF A CONFLICT ARISES, IT IS NOTED AND REVIEWED BY THE BOARD TO DETERMINE IF ANY ACTION NEEDS T O BE TAKEN INDIVIDUALS WITH CONFLICTS ABSTAIN FROM VOTING ON SUCH MATTERS
Form 990, Part VI, Sec B, Line 15a, Process to establish compensation of top management official	COLUMBUS SCHOOL FOR GIRLS CFO PROVIDES THE BOARD OF TRUSTEES COMPENSATION COMMITTEE WITH S ALARY INFORMATION FROM THE NATIONAL ASSOCIATION OF INDEPENDENT SCHOOLS (NAIS) ORGANIZATION NAIS PROVIDES HEAD OF SCHOOL SALARY DATA BASED ON NUMEROUS CRITERIA, SUCH SCHOOL ENROLLM ENT, AND LOCATION OF THE SCHOOL, SUCH AS MIDWEST, EAST OR WEST COAST THE INDEPENDENT COMP ENSATION COMMITTEE REVIEWS THE NAIS SALARY INFORMATION AND THE HEAD OF SCHOOL ANNUAL AND L ONG-TERM GOALS IN ADDITION, THE COMMITTEE CONSIDERS THE APPROVED FACULTY, STAFF, AND ADMI NISTRATOR'S SALARY INCREASE APPROVED BY THE BOARD AFTER DISCUSSION, THE COMMITTEE RECOMME NDS A SALARY TO THE BOARD OF TRUSTEES FOR APPROVAL THE BOARD OF TRUSTEES MEETS IN EXECUTI VE SESSION TO DISCUSS AND VOTE ON THE HEAD OF SCHOOL'S COMPENSATION FOR THE NEW SCHOOL YEA R THIS IS DOCUMENTED IN THE BOARD MINUTES AND IS CONDUCTED ANNUALLY
Form 990, Part VI, Sec B, Line 15b, Process to establish compensation of other employees	OFFICERS COMPENSATION IS BASED ON AN ANNUAL SALARY INCREASE APPROVED EACH YEAR BY THE BOAR D OF TRUSTEES THE SALARY INCREASE IS PART OF THE SCHOOL'S BUDGET PROCESS THIS IS DOCUMEN TED IN THE BOARD MINUTES AND IS CONDUCTED ANNUALLY AS WITH THE HEAD OF SCHOOL'S COMPENSAT ION, CSG'S OFFICER'S SALARY ARE REVIEWED PER THE GUIDELINES EASTABLISHED WITH NATIONAL ASS OCIATION OF INDEPENDENT SCHOOLS (NAIS) NAIS HAS SALARY INFORMATION BASED ON SCHOOL ENROLL MENT, AND REGION OF THE COUNTRY
Form 990, Part VI, Sec C, Line 19, Required documents available to the public	FINANCIAL STATEMENTS, GOVERNING DOCUMENTS, AND CONFLICT OF INTEREST POLICIES ARE NOT REQUI RED DISCLOSURES PURSUANT TO INTERNAL REVENUE CODE (IRC) SECTION 6104 THESE DOCUMENTS ARE NOT AVAILABLE TO THE PUBLIC
Form 990 , Part XI, Line 9, Other changes in net assets or fund balances	CHANGE IN SPLIT INTEREST - -19293, FAIR VALUE INTEREST RATE SWAP - 7327, LOSSES ON UNCOLLECTIBLE CONTRIBUTIONS RECEIVABLE - -89747,
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=LUNCHEON FOR 6 NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=4 TOUR PASSES, 1 BOTTLE OF MEADE NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=EVENT FOOD AND BEVERAGE NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=1 WEEK STAY AT BALDHEAD ISLAND NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=VICTORIAN DOLL HOUSE NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=MANI, PEDI, MAKEUP, HAIR NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=PHOTOGRAPHY - SENIOR PORTRIAT PACKAGE NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=6 BOTTLES OF WINE NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=BOARD RETREAT FACILITY NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=STOOL FOR UNICORNER STORE NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line 4, Number of contributions or items contributed	NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=NEW OFFICE FURNITURE NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=ART SUPPLIES OF VARIOUS TYPES NUMBER OF CONTRIBUTIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=OVERNIGHT STAY NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=TIFFANY ELLIS HOBO BAG NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=XO LAPTOP NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=PRIVATE PARTY FOR 8-10, GIFT BASKET NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=INVITATIONS, BANNERS, SIGNAGE NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=PRIVATE TOUR FOR 6 NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=HOR DEVOURS NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=HOTEL, TROLLY AQUARIUM IN GATLINBURG NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=GIFT BASKET, PRIVATE MAKUP CLASS WITH CATERING NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=COOKING CLASS FOR 8 AND DINING NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=ULTIMATE MAKEOVER MINI PARTY NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=KITCHEN, PANTRY ORGANIZATION PACKAGE NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=TIFFANY JAZZ PENDANT NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=DARLING BUNDLE NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=VIOLIN NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=FLUTE NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=VARIOUS GIFT CARDS NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=GALA CONTRIBUTIONS NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line 5, Number of contributions or items contributed	NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=2 OSU TICKETS NUMBER OF CONTRIBUTIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=EVENING OF WINE AND ART FOR 12 NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=TWO 1 HR MASSAGES NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=LUNCHEON FOR 6 NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=4 TOUR PASSES, 1 BOTTLE OF MEADE NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=EVENT FOOD AND BEVERAGE NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=1 WEEK STAY AT BALDHEAD ISLAND NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=VICTORIAN DOLL HOUSE NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=MANI, PEDI, MAKEUP, HAIR NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=PHOTOGRAPHY - SENIOR PORTRIAT PACKAGE NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=6 BOTTLES OF WINE NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=BOARD RETREAT FACILITY NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=STOOL FOR UNICORNER STORE NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line 4, Number of contributions or items contributed	NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=NEW OFFICE FURNITURE NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=ART SUPPLIES OF VARIOUS TYPES NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=OVERNIGHT STAY NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=TIFFANY ELLIS HOBO BAG NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=XO LAPTOP NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=PRIVATE PARTY FOR 8-10, GIFT BASKET NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=INVITATIONS, BANNERS, SIGNAGE NUMBER OF CONTRIBUTIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=PRIVATE TOUR FOR 6 NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=HOR DEVOURS NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=HOTEL, TROLLY AQUARIUM IN GATLINBURG NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=GIFT BASKET, PRIVATE MAKUP CLASS WITH CATERING NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=COOKING CLASS FOR 8 AND DINING NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=ULTIMATE MAKEOVER MINI PARTY NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=KITCHEN, PANTRY ORGANIZATION PACKAGE NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=TIFFANY JAZZ PENDANT NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=DARLING BUNDLE NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=VIOLIN NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=FLUTE NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=VARIOUS GIFT CARDS NUMBER OF CONTRIBUTIONS
Schedule M, part I, column (b), Line other, Number of contributions or items contributed	OTHER=GALA CONTRIBUTIONS NUMBER OF CONTRIBUTIONS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
COLUMBUS SCHOOL FOR GIRLS

Employer identification number
31-4379452

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(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 status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) ALUMNAE ASSOCIATION OF THE CSG 56 SOUTH COLUMBIA AVENUE COLUMBUS, OH 43209 31-0950006	SUPPORT CSG	OH	501(C)(3)	Type II	NA	Yes	

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)	(d) Direct controlling entity	(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) General or managing partner?		(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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V **Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
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 Dividends from related organization(s)	1f		
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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)	(e) Are all partners section 501(c)(3) organizations?		(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) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation