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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.

OMB No 1545-0047 **2013**

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990 and ending JUN 30, 2014

Open to Public Inspection

Α	For th	e 2013 calendar year, or tax year beginning JU	L 1, 2013 and	ending J	UN 30, 2014			
В	Check i applica	C Name of organization			D Employer iden	tification number		
	Addı char	ess ge CHARLES WRIGHT ACADEMY						
, [Nam char	e	·		91-0	673111		
	Initia retur	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	ivered to street address)	Room/suite	E Telephone num	ber		
, [Term		·					
, [Ame	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	19,423,895.		
_ [Appl	IACOMA, WA 90407	• •		H(a) Is this a group	p retum		
3	pend	F Name and address of principal officer.ROBER	T CAMNER		for subordina	tes? Yes X No		
· _		SAME AS C ABOVE			H(b) Are all subordinate	es included? Yes No		
<u>L</u>		10 10 10 10 10 10 10 10 10 10 10 10 10 1		or 527	If "No," attach	h a list (see instructions)		
: <u>기</u>		ite: WWW.CHARLESWRIGHT.ORG			H(c) Group exemp			
\$ K			sociation Other	L Year	of formation: 1957	M State of legal domicile: WA		
	art I	<u> </u>	- CULDIN					
	1	Briefly describe the organization's mission or most			IS AN INDEPENDE	ENT		
୍ନିନ୍ତି Governance		SCHOOL FOR GIRLS AND BOYS FROM PRE-KIN	·		- th 050/ -f-t			
Veri	2	Number of voting members of the governing body	ntinued its operations or dispo	sea or more	1	1		
යි	3	Number of voting members of the governing body Number of independent voting members of the government	•			3 26 4 26		
•ಶ ഗ	5	Total number of individuals employed in calendar y			-	5 226		
Activities &	6	Total number of volunteers (estimate if necessary)	cai 2010 (i ait v, iiiic 2a)			6 260		
cţi	7 2	Total unrelated business revenue from Part VIII, co	iumn (C), line 12		F-	7a 0.		
Ø		Net unrelated business taxable income from Form	` ''		·	7b 0.		
					Prior Year	Current Year		
Ð	8	Contributions and grants (Part VIII, line 1h)		1,037,42				
Revenue	9	Program service revenue (Part VIII, line 2g)			15,282,63	0. 15,743,883.		
ě	10	Investment income (Part VIII, column (A), lines 3, 4	and 7d)	_	310,93	0. 465,141.		
4	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	9c, 10c, and 11e)		-56,61	537,638.		
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line (12)		16,574,36	8. 17,714,588.		
	13	Grants and similar amounts paid (Part IX, column (2,621,96				
	14	Benefits paid to or for members (Part IX, column (A	1		=-	0. 0.		
es Se	15	Salaries, other compensation, employee benefits (i	A 3 1 1	·	10,154,73			
Expenses	16a	Professional fundraising fees (Part IX, column (A), I	ne 11e)	` <u> </u>		0.		
X	b	Total fundraising expenses (Part IX, column (D), fin	(25)	,934.	4 420 63	7 4 420 556		
] 1/	Other expenses (Part IX, column (A), lines 11a:11d,	•		4,429,63 17,206,33			
	18	Total expenses Add lines 13-17 (must equal Part I) Revenue less expenses. Subtract line 18 from line	• • • • • • • • • • • • • • • • • • • •		-631,96			
1. 50		nevenue less expenses. Subtract line 16 non line	12	Re	eginning of Current Yes			
SOANNES A Property of Assets or	20	Total assets (Part X, line 16)		<u> </u>	51,817,55			
ASS	21	Total liabilities (Part X, line 26)			3,269,09			
**	22	Net assets or fund balances. Subtract line 21 from	line 20		48,548,46			
P	art II							
Und	der pen	alties of perjury, I declare that I have examined this return,	including accompanying schedule	s and statem	ents, and to the best of	f my knowledge and belief, it is		
₹ true	е, согге	ct, and complete. Declaration of preparer (other than office	r) is based on all information of w	hich preparei	has any knowledge.			
₽ R		Much Pal						
·=· Sıg		Signature of officer			Date 3/	115		
€₽He	re	UNHI PAK, DIRECTOR OF FINANCE & OF Type or print name and title	PS		<u> </u>	2/15		
2015		<u> </u>	B t		Date Check	PTIN		
رَجَ Pai	4		Preparer's signature		1 di			
	parer	SARA ELIZABETH J. HYRE FIRM'S NAME CLARK NUBER, PS	SARA ELIZABETH J. HYRE	<u> </u>	2/23/15 self-em			
	Only	Firm's address 10900 NE 4TH STREET, SUIT	TE 1700		Firm's EIN	211124010		
030	. Only	BELLEVUE, WA 98004	···		Phone no 4	25-454-4919		
Ma	v the I	RS discuss this return with the preparer shown abo	ve? (see instructions)		I / Holte Ho.*	X Yes No		
	001 10-			ons.	•	Form 990 (2013)		

Form 990 (2013)

Yes No

Form 990 (2013) CHARLES WRIGHT ACA Part V. Checklist of Required Schedules

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		x
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		х
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		х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	L _	х
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	х	
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	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
þ	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	Х	
С	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		x
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		i	
	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	Х	
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		ŀ	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_		l
4	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
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	Х	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ł		
	complete Schedule G, Part III	19		х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	000	<u> </u>
		Form	990	(2013)

Part IV Checklist of Required Schedules	continued
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			-	
	Did the executation report more than \$5,000 of small and the same time.		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
22	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
~	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	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	-22		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
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		x
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		
	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		х
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		Х
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,			
27	complete Schedule L, Part II	26_		Х
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			х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u></u> _
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
С	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
•	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
35a	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		х
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	งงม		_
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	x	
			990	(2013)

Page 5

Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V Part V

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	56			''
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 re		ble gaming			İ
·	(gambling) winnings to prize winners?		gg	1c	_x	
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	226			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	,		3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a		х
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 A	ccou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	,	5b		х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c	-	
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e org	anization solicit			
	any contributions that were not tax deductible as charitable contributions?	_		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons c	r gıfts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and partly for goods and services of \$75 made partly as a contribution and services of \$75 made partly as a contribution and services of \$75 made partly as a contribution and services of \$75 made partly as a contribution and services of \$75 made partly as a contribution and services of \$75 made partly as a contribution and services of \$75 made partly as a contribution and services of \$75 made partly as a contribution and services of \$75 made partly as a contribution and services of \$75 made partly as a contribution and services of \$75 made partly as a contribution and services of \$75 made partly as a contribution and services of \$75 made partly as a contribution and service	vices p	rovided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uıred			l
	to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo		·	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations.			7h		_
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Due organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at a			8		'
9	Sponsoring organizations maintaining donor advised funds.	any un	ic during the year.	•		
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					$\overline{}$
	Initiation fees and capital contributions included on Part VIII, line 12	10a				1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				l
11	Section 501(c)(12) organizations. Enter					1
а	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		
	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.		-			L'
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
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				
С	Enter the amount of reserves on hand	13c				<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		<u> </u>
				Form	990	(2013)

Form 990 (2013)

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

	to allo de, de, et les allo de disconstanted, processes, or changes in contedute of dec instructions.			
C	Check if Schedule O contains a response or note to any line in this Part VI		_	х
Sec	tion A. Governing Body and Management			·
12	Enter the number of voting members of the governing body at the end of the tax year 126		Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year 1a 26 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			
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		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
Ŭ	of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_ _		x
6	Did the organization have members or stockholders?	6		X
	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		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u>, u</u>		
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
-	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	х	
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		х
Sec	tion 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		х
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	х	
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	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	х	ļ
14	Did the organization have a written document retention and destruction policy?	14	Х	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent	i		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	X	├─
D	Other officers or key employees of the organization	15b	х	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
ioa	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		┝┷
U	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?	16h		
Sec	tion C. Disclosure	16b		L
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailah	le	
	for public inspection. Indicate how you made these available. Check all that apply.	-unau		
	Own website Another's website X 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	d finar	ncial	
	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	ion: 🖿	•	
-	UNHI PAK - 253-620-8300			
	7723 CHAMBERS CREEK ROAD, TACOMA, WA 98467			
_				

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, and 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.

(A) Name and Title	(B) Average hours per	box	not c , unle	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) LIZ WILLIAMS	1.00]								
BOARD CHAIR	- 11 -	х		Х				0.	0.	0
(2) SARAH WEYERHAEUSER	1.00									,
BOARD VICE-CHAIR		x		х				0.	0.	0
(3) SUE MAYER	1.00									
BOARD TREASURER		x		х			ŀ	0.	0.	0
(4) DALE SOWELL	1.00									
BOARD SECRETARY		x		х		ł		0.	0.	0
(5) SANJAY AGRAWAL	1.00				-					
BOARD MEMBER		x				l		0.	0.	0
(6) ADAM BIRNBAUM	1,00					Г			-	
BOARD MEMBER		x						0.	0.	0
(7) KATHY DOBLER	1,00									
BOARD MEMBER		x				l		0.	0.	0
(8) DANA GAUME	1.00	Г								_
BOARD MEMBER		х	ŀ				ļ	0.	0.	0
(9) BLAKE GOLDBERG	1.00									
BOARD MEMBER	-	x			ŀ			0.	0.	0
(10) GEORGE GONZALES	1.00									
BOARD MEMBER	-	x						0.	0.	0
(11) KATHERINE HERROD	1.00									
BOARD MEMBER		x						0.	0.	0
(12) MANUEL IREGUI	1.00								-	
BOARD MEMBER		х						0.	0.	0
(13) JOHN LONG	1,00					<u> </u>		1	·	
BOARD MEMBER		x			1			0.	0.	0
(14) ANNA MEADOWCROFT	1.00	Π								
BOARD MEMBER		x						0.	0.	0
(15) SHERRY MONDOU	1.00									
BOARD MEMBER		x					İ	0.	0.	0
(16) CLIFF QUISENBERRY	1,00	Г								
BOARD MEMBER		х					1	0.	0.	0
(17) LAURA REYNOLDS	1.00									
BOARD MEMBER		x				1	l	0.	0.	0

Form 990 (2013) CHARLES WRIGH									91-06731	111		Pi	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees			ighe	st (Compensated Employe	es (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average	Position (do not check more than one					000	Reportable	Reportable		Es	timate	ed
	nours per box, unless				rson	is bot	h an	compensation	compensation	1	an	nount	of
	week	offi	cer ar	nd a d	irecto	or/trus	tee)	from	from related		ĺ	other	
	(list any	흲	l		ļ	ļ	ļ	the	organizations		com	pensa	tion
	hours for	를	l			8		organization	(W-2/1099-MIS	C)	fr	om th	е
	related	tee o	뿗			nsat Tas	l	(W-2/1099-MISC)			org	anızat	ion
	organizations	trus	宣		<u>8</u>	Ĕ	i				an	d relat	ed
	below	Individual trustee or director	Institutional trustee	₂₅	Кеу етрюуее	Highest compensated employee	듗				orga	anızatı	ons
	line)	in de		Officer	Şe e	돌를	Former		ı				
(18) DOUG SHARP	1.00					Г							
BOARD MEMBER		x						0.		0.			٥.
(19) MARY JANE STACKPOLE	1,00	-		\vdash	┰		├-	 					
BOARD MEMBER	1.00	x			l		l			ο.			۸
	1.00	<u> </u>	├—	-	<u> </u>	├	⊢	0.	· · · · · · · · · · · · · · · · · · ·	٠.			0.
(20) SANDY KARWHITE	1.00					l							
BOARD MEMBER	<u> </u>	Х	<u> </u>	_	<u> </u>	1	L	0.		٥.	<u> </u>		٥.
(21) JOSEPH MAYER	1.00			l									
BOARD MEMBER		х			i			0.		0.			0.
(22) RITA IRVIN	1,00		t			t	\vdash						
BOARD MEMBER	<u> </u>	x			1		l	0.		0.	i		0.
(23) NANCY SCHAUER	1 00	 	╁		├—	-	⊢	 	 -	<u> </u>	⊢—		
,	1.00		1	Ì	Ì	1	1	1		_			_
BOARD MEMBER		Х	<u> </u>		<u> </u>	<u> </u>	╙	0.		0.			<u> </u>
(24) SHAN VIPOND	1.00		ł	i i			i				ĺ		
BOARD MEMBER		х	1	i				0.		Ο.	l		0.
(25) DAPHNE MACKEY	1.00				Π		Г						
BOARD MEMBER		l x	l	l	l	Į	ļ	٥.		0.	ĺ		0.
(26) RAJV NAGAICH	1,00	\vdash	 	┢┈	┢	1	┢						
BOARD MEMBER		x				1		0.		ο.			٥
			<u> </u>	L	<u> </u>	<u> </u>	Ļ	0.					0.
1b Sub-total										0.			
c Total from continuation sheets to Part VI	I, Section A							820,690.		0.		153	,108.
d Total (add lines 1b and 1c)							▶	820,690.	<u> </u>	0.	<u> </u>	153	,108,
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bov	e) w	ho r	received more than \$100	0,000 of reportable	9			
compensation from the organization													5
												Yes	No
3 Did the organization list any former officer,	director or tri	iste	e ka	2V 61	mnlc	wee	or	highest compensated e	molovee on				<u> </u>
line 1a? If "Yes," complete Schedule J for s			O, 110	., c.	пріс	,,	, 0.	riigirest compensated t	imployed on		3		x
• • •													<u> </u>
4 For any individual listed on line 1a, is the su			-					•	the organization		-:-		J
and related organizations greater than \$150											4	Х	
5 Did any person listed on line 1a receive or a	•				•		rela	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J	for s	uch	pers	son					5		Х
Section B. Independent Contractors								- ···	<u> </u>				
1 Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	racto	ors	that received more than	\$100,000 of com	pens	ation	from	
the organization. Report compensation for	•	•								,,,,,,			
	the calendar y	Cai	cria	iiig v	VILII	Oi W	11111		year.				
(A) Name and business	address	NO	NE					(B) Description of s	envices	_) Compe	C) Insatio	'n
		NO	NE					Description of a	SCI VICES		——		
									1				
		_		_				<u> </u>					
								 					
								<u> </u>					
2 Total number of independent contractors (in particular to the contractor).	ncluding but r	ot l	mıte	d to	tho	se li	ste	d above) who received r	nore than				
\$100,000 of compensation from the organic	zation 🕨					0			1				

Partivili Section A. Officers, Directors, Tr	istees, Key Er	npic I	oyee	s, a	na i	High	est	Compensated Employ		
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	ر ا			ition			Reportable	Reportable	Estimated
	hours	(C	heck	all	tnat	app	iy)	compensation	compensation	amount of
	per							from	from related	other
	week (list any	5				oloye		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	iect				E E		(W-2/1099-MISC)	(W-2/1099-WIISC)	organization
	related	90	ig Sig			sate		(** 27 1033 141130)		and related
	organizations	trust	al fr		æ	mpe				organizations
	below	qual	E S	-	읕	stco	₅			
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ROBERT CAMNER	40.00		\vdash	-			t			
HEADMASTER		1		x				273,282.	0.	80,620
(28) MICHAEL DOIDGE	40.00									
DIR. FINANCE & OPS.				x				117,654.	0.	18,192
(29) SHARON HURT	40.00									
ADVANCEMENT DIR.						х		139,465.	0.	12,158
(30) WILLIAM WHITE	40.00									
JPPER SCHOOL HEAD		L			L	х	L	129,837.	0.	20,077
(31) DIANE HUNT	40.00									
LOWER SCHOOL HEAD						х	╙	160,452.	0.	22,061
		1								
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		<u> </u>	<u>. </u>				<u></u>	 		
otal to Part VII, Section A, line 1c								820,690.		153,108

Statement of Revenue

Form **990** (2013)

Check if Schedule O contains a response or note to any line in this Part VIII (**D**) Revenue excluded from tax under (B) (C) Total revenue Related or Unrelated exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b Membership dues c Fundraising events 1c 205,971. Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1,337,231 393,803 Q Noncash contributions included in lines 1a-1f \$ 1,543,202 Total. Add lines 1a-1f Business Code TUITION AND FEES 14,715,373 Program Service Revenue 611710 14,715,373 AUXILIARY ACTIVITIES 611710 1,028,510 1,028,510, All other program service revenue 15,743,883 Total. Add lines 2a-2f Investment income (including dividends, interest, and 458,771 other similar amounts) 458,771. Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 51,648. 6 a Gross rents 8,717. **b** Less rental expenses 42,931. c Rental income or (loss) 42,931 d Net rental income or (loss) 42,931. 7 a Gross amount from sales of (i) Securities (II) Other 1,457,720, 4,000. assets other than inventory b Less: cost or other basis 1,455,350 and sales expenses 2,370. 4,000 c Gain or (loss) 6,370 d Net gain or (loss) 6,370. 8 a Gross income from fundraising events (not Other Revenue including \$ 205,971. of contributions reported on line 1c) See 161,963 Part IV, line 18 245,240, b Less. direct expenses -83,277. -83,277 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue FLEX PLAN FORFEITURES 900099 11 a 2,649 2,649. b 900099 59 59. All other revenue 2,708 Total. Add lines 11a-11d 17,714,588. Total revenue. See instructions. 14,715,373 1,456,013. 332009 10-29-13

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 (A)
Total expenses ĬΩ Do not include amounts reported on lines 6b. Program service Fundraising Management and 7b, 8b, 9b, and 10b of Part VIII expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in 2,524,584 2,524,584 the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 450,267, 122,903 312,001 15,363. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7,457,251 5,493,215 1,580,912 383,124. Other salaries and wages Pension plan accruals and contributions (include 462,136 353,092 section 401(k) and 403(b) employer contributions) 95,283 13,761. 1,336,544 1,036,982 236 228 Other employee benefits 63,334. 574,125 Payroll taxes 421,982 134,919 17,224. 10 Fees for services (non-employees): a Management 16,157 16,157 **b** Legal 59.325. 59,325 Accounting d Lobbying Professional fundraising services. See Part IV, line 17 61,503 61,503 Investment management fees Other. (If line 11g amount exceeds 10% of line 25. column (A) amount, list line 11g expenses on Sch O.) 221,208 136,864 84,344. 12 Advertising and promotion 6,255 45,300 39,045 13 Office expenses 35,738. 3,757 31,981 14 Information technology 15 Royalties 564,486 531,182 30,482 2,822. 16 Occupancy 726 726 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 23,263 4,155 14,176 4,932. 19 Conferences, conventions, and meetings 20 Payments to affiliates 21 79,409 1,470,535 1,383,773 Depreciation, depletion, and amortization 7,353. 22 187,921. 135,077 52,844 23 Insurance 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.) INSTRUCTIONAL 682,307. 682,307 REPAIRS AND MAINTENANCE 101,563 101,563 GROUNDS 88,177. 88,177 C STUDENT ACTIVITY 82,893. 82,893 d 788,454. 580,069 139,708 68,677. All other expenses Total functional expenses. Add lines 1 through 24e 17,234,463, 13,551,966 3,021,563 660,934, 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 2,623,326 3,705,359. 2 2 Savings and temporary cash investments 613,536 646,920. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 295,278 4 292,685. 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 351 0. Part II of Schedule L 5 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 instr) Complete Part II of Sch L 6 6,933 4,273. Notes and loans receivable, net 7 19,951 23,854. 8 Inventories for sale or use 8 223,258, 299,698. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 46,753,785 basis. Complete Part VI of Schedule D 10a 19,144,362. 27,609,423. 28,154,642 b Less, accumulated depreciation 10b 15,701,124 18,723,291. Investments - publicly traded securities 11 11 3,971,256. 12 4,901,614. 12 Investments - other securities. See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 207,897 263,239. 15 15 Other assets. See Part IV, line 11 56,470,356. 51,817,552 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 1,677,516. 17 1,448,536. 18 Grants payable 18 1,521,391, 2,555,348. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 51,381. 90,832. 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, -iabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 18,804 6,804. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 3,269,092 4,101,520. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 32,827,179, 34,053,682. Unrestricted net assets 27 3,036,503 7.085.596. Temporarily restricted net assets 28 12,684,778. Permanently restricted net assets 11,229,558, Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 48,548,460. 52,368,836. 33 Total net assets or fund balances 33 51,817,552. Total liabilities and net assets/fund balances 56,470,356.

Form	1990 (2013) CHARLES WRIGHT ACADEMY	91-0673111	_	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				х
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>,588</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	17	, 234,	463.
3	Revenue less expenses Subtract line 2 from line 1	3		480,	,125.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	_		460.
5	Net unrealized gains (losses) on investments	5	3	,339,	012.
6	Donated services and use of facilities	6			
7	Investment expenses .	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		1,	,239.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	52	,368,	,836.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	•			<u> </u>
				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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				Ì
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			
	consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?	•	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audit			l
	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		i

Form **990** (2013)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Inspection

Employer identification number

				IGHT ACADEMY						91	-0673111			
Pa	irt T	Reason	for Public Char	ity Status (All organiz	ations mu:	st complet	e this part) See inst	ructions					
Γhe	organ	ization is not a	private foundation	because it is (For lines 1	through f	11, check	only one b	ox)						
1		A church, cor	nvention of churches	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)						
2	Х	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
3		A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)(A)(iii).						
4									(b)(1)(A)(iii	i). Enter	the hospital	's nam	e,	
		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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
6	=			•										
1	ш	-	· · · · · · · · · · · · · · · · · · ·	eives a substantial part	ot its supp	ort from a	governme	entai unit o	r from the	generai	public desc	ribea ir	า	
_			b)(1)(A)(vi). (Comple											
8	=	-		ection 170(b)(1)(A)(vi).	-	-								
9	ш	•	•	eives: (1) more than 33 1					•		•	•		
			•	nctions - subject to certa	-	-	-				•			
				axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nızatıon	after June 3	30, 197	5	
	$\overline{}$		509(a)(2). (Complete	•										
10	\vdash	An organizati	on organized and or	perated exclusively to te	st for publ	ic safety. S	See sectio	n 509(a)(4	l).					
11	Ш	An organizati	on organized and or	perated exclusively for the	ne benefit (of, to perfo	orm the fur	nctions of,	or to carry	y out the	purposes o	of one o	or	
		more publicly	supported organiza	ations described in section	on 509(a)(1	1) or section	on 509(a)(2	e) See se c	tion 509(a	a)(3). Ch	eck the box	that		
		describes the	type of supporting	organization and comple	ete lines 1	1e through	11h							
		a ☐☐ Type I	ı b	/pe II c L T	ype III - Fui	nctionally i	ntegrated	d	Тур	e III - No	n-functional	ly integ	rated	
е		By checking	this box, I certify tha	it the organization is not	controlled	I directly o	r indirectly	by one o	r more disc	qualified	persons oth	ner thai	n	
		foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	itions desc	cribed in s	ection 509	9(a)(1) or	section 509	(a)(2)		
f		If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III					
		supporting of	rganization, check th	nis box									L	
g	;	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?				
		(i) A perso	n who directly or ind	rectly controls, either al	one or tog	ether with	persons o	lescribed	ın (ıı) and (ı	ııı) below	′,	Yes	No	
		the gove	eming body of the si	upported organization?							11g(i)			
		(ii) A family	member of a persor	n described in (i) above?							11g(ii)			
		(iii) A 35% (controlled entity of a	person described in (i) of	or (II) above	e?					11g(iii)			
h)	Provide the fe	ollowing information	about the supported or	ganization	(s).								
(i) Name	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) ls organizatio	the	(vii) Amount	t of mor	etary	
	orga	inization		(in col. (i) lis				l (i) organiz	ed in the	Sup	port	•	
				above or IRC section (see instructions))	governing :	aocument?	(i) of your	support	U.S.	7				
				(000 11100120110110))	Yes	No	Yes	No	Yes	No				
									<u> </u>					
- -4.										1				

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.)

Sec	ction A. Public Support			· · · · · · · · · · · · · · · · · · ·			
Cale	ndar 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 ")		 	ļ	ļ		
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				1		
	or expended on its behalf						
3	The value of services or facilities				ł		
	furnished by a governmental unit to						
	the organization without charge			<u> </u>	<u></u> .		
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				į		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support	•					
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4			1,7		1	
8	Gross income from interest,						
_	dividends, payments received on		}				
	securities loans, rents, royalties						
	and income from similar sources				1		
9	Net income from unrelated business	 -			1		
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain		 	<u> </u>			
10	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10		†	· · -		+	
	Gross receipts from related activities,	oto (coo inetnici	tions)		1	12	l
12	First five years. If the Form 990 is for	="	-	rd fourth or fifth t	tay year as a sectu		
13	organization, check this box and stor	=	3 m3t, 3ccond, tm	ia, ioarai, or iiiar i	iax year as a secti	011 00 1 (0)(0)	ightharpoonup
Se	ction C. Computation of Publ	ic Support Pe	ercentage	·	`		
	Public support percentage for 2013 (column (fl)	•	14	%
	Public support percentage from 2012			oolumii (ijj		15	
	33 1/3% support test - 2013. If the c			n line 13 and line	14 19 33 1/3% 0		
100	stop here. The organization qualifies	•		•	14 13 00 17070 01	more, check this b	ox and ▶□
	33 1/3% support test - 2012. If the c	. , .			d line 15 in 22 1/20	K or more check t	hie boy
•	• •	•		•	u iiile 13 is 33 1/3.	70 Of THOIE, CHECK I	NIIS DOX
47-	and stop here. The organization qual				0 12 160 or 16h	and line 14 is 1006	or more
1/8	10% -facts-and-circumstances tes		_				
	and if the organization meets the "fac			-	•	art iv now the orga	I IIZALION
	meets the "facts-and-circumstances"	-			-	474 444 45	100/ ***
t	10% -facts-and-circumstances tes		•				
	more, and if the organization meets the				•		e
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	pox on line 13, 16	oa, 16b, 17a, or 17			
					Sch	edule A (Form 990	J OF 95:0-EZ12013

Schedule A (Form 990 or 990-EZ) 2013 CHARLES WRIGHT ACADEMY 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.)

Se	ction A. Public Support		-			· · · ·				
Cale	ndar 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									
	ınclude any "unusual grants ")									
2	Gross receipts from admissions,									
	merchandise sold or services per-									
	formed, 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 bus-									
	iness under section 513				1					
4	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
5	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
6	Total. Add lines 1 through 5									
	Amounts included on lines 1, 2, and						-			
	3 received from disqualified persons									
t	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						•			
	Add lines 7a and 7b				,					
	Public support (Subtract line 7c from line 6.)									
Se	ction B. Total Support				I					
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total			
	Amounts from line 6			(-)	1	X-7	(-)			
10a	Gross income from interest,									
	dividends, payments received on		!							
	securities loans, rents, royalties and income from similar sources									
t	Unrelated business taxable income									
	(less section 511 taxes) from businesses									
	acquired after June 30, 1975									
c	: Add lines 10a and 10b									
11	.									
	activities not included in line 10b,	ļ								
	whether or not the business is regularly carned 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)						-			
	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax vear as a sectio	n 501(c)(3) organiz	ation,			
	check this box and stop here	Ū	,		•	(//)	. ▶□			
Sec	ction C. Computation of Publi	c Support Per	rcentage							
15	Public support percentage for 2013 (li	ne 8, column (f) di	vided by line 13, c	olumn (f))		15	%			
16	Public support percentage from 2012	Schedule A, Part	ili, line 15			16	%			
Sec	ction D. Computation of Inves	tment income	e Percentage							
17	Investment income percentage for 20	13 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	%			
18	Investment income percentage from 2	:012 Schedule A, I	Part III, line 17	•		18	%			
19a	33 1/3% support tests - 2013. If the	organization did n	ot check the box of	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1				
	more than 33 1/3%, check this box ar	-								
b	33 1/3% support tests - 2012. If the		•	• •			and			
		· ·					ightharpoons			
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions									

Schedule A	(Form 990 or 990-EZ) 2013 CHARLES WRIGHT ACADEMY	91-0673111	Page 4
Parely	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a of	or 17b, and Part III, line 12	2
	Also complete this part for any additional information (See instructions)		
		<u> </u>	
_		· · · · · · · · · · · · · · · · · · ·	
			
			_
		-	
		-	

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.

Information about Schedule D (Form 990) and its instructions is at www.urs.gov/form990

OMB No 1545-0047 Open to Public Inspection

Name of the organization CHARLES WRIGHT ACADEMY **Employer identification number** 91-0673111

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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 f	unds
	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 a	dvisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
	impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an historic	cally 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 qualif	fied conservation contribution in the form of a	conservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ucture 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, re	leased, extinguished, or terminated by the org	anization during the tax
	year >		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	• • •	
_	violations, and enforcement of the conservation easements i		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	-	
7	Amount of expenses incurred in monitoring, inspecting, and	_	
8	Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170(n)(4	Yes No
9	In Part XIII, describe how the organization reports conservati	on accoments in its revenue and expense star	
9	include, if applicable, the text of the footnote to the organization		
	conservation easements	tion's infancial statements that describes the	organization's accounting for
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		and balance sheet works of art
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		,
b	If the organization elected, as permitted under SFAS 116 (AS		balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	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 tre	asures, or other similar assets for financial gai	n, provide
	the following amounts required to be reported under SFAS 1	_	•
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
h	Assets included in Form 990. Part Y	·	•

		GHT ACADEMY				9:	1-06731	11	Р	age 2	
Pai	t III Organizations Maintaining C	collections of A	rt, Historical Tr	easures, or	Other:	Simila	r Asse	ts(conti	nued)		
3	Using the organization's acquisition, accessi	on, and other record	is, check any of the	following that a	re a sign	ıficant u	se of its	collection	n item	ns	
	(check all that apply):										
а	Public exhibition	d	Loan or exc	hange programs	S						
b	Scholarly research	е	Other								
C	Preservation for future generations										
4											
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or other s	sımılar as	sets		_		_	
-	to be sold to raise funds rather than to be ma							Yes		No	
Pai	t IV Escrow and Custodial Arran		ete if the organizatio	n answered "Ye	s" to Fo	rm 990,	Part IV, I	ne 9, or	•		
	reported an amount on Form 990, Pa	rt X, line 21					_				
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	ns or other asset	ts not inc	luded		,	_	_	
	on Form 990, Part X?						<u> </u>	Yes	X	No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table.								
								Amoun	<u> </u>		
	Beginning balance			•		1c					
d	Additions during the year	•				1d					
e	Distributions during the year					1e		-			
f	Ending balance					1f					
	Did the organization include an amount on Fo		•				X	Yes	<u> </u>	⊢ No	
Pai	If "Yes," explain the arrangement in Part XIII. TV Endowment Funds. Complete in					. –			Х		
	Endownient ands. Complete					Three we	ara baak	4.3.50		h a ale	
10	Reginning of year balance	(a) Current year 22,716,022.	(b) Prior year 20,436,378.	(c) Two years b		Three ye	6,126.	(e) Fou			
1a b	Beginning of year balance Contributions	407,113.	290,958.	2,147,0			1,093.		, 292	979.	
	Net investment earnings, gains, and losses	3,762,242.	2,561,658.	-404,2			7,692.	1	,455		
d	Grants or scholarships	3,702,242.	2,301,030.	-404,2		3,20	7,052.		, 433	319.	
u	Other expenditures for facilities		 				-				
·	and programs	737,401.	675,161.	579,6	500	52	0,403.		572	500.	
f	Administrative expenses	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	075,101.	3,7,0	,,,,,		1,372.		372	300.	
g g	End of year balance	26,147,976.	22,613,833.	20,436,3	378		3,136.	1 4	,346	126	
2	Provide the estimated percentage of the curr						٠, ٢٥٥٠,		, 5 2 0		
а	Board designated or quasi-endowment	33.09	%	ij) Heid as							
b	Permanent endowment 42.95	%	– ′°								
C	Temporarily restricted endowment	23.96 %									
•	The percentages in lines 2a, 2b, and 2c shou										
3a	Are there endowment funds not in the posse		ation that are held a	nd administered	for the	organiza	ition				
	by:					o. ga			Yes	No	
	(i) unrelated organizations							3a(i)		X	
	(ii) related organizations	•						3a(ii)		х	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?					3b			
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds								
Par	t VI Land, Buildings, and Equipm					•					
	Complete if the organization answered	d "Yes" to Form 990	, Part IV, line 11a S	ee Form 990, Pa	art X, line	10.					
	Description of property	(a) Cost or of	ther (b) Cost	or other	(c) Accu	mulated		(d) Boo	k valu	<u>—</u>	
		basis (investr	nent) basis (depre					_	
1a	Land			806,653.					806	653.	
b	Buildings		42	,605,476.	16	,964,5	42.	25	,640	934.	
C	Leasehold improvements										
d	Equipment		2	,715,585.	2	,179,8	20.		535	765.	
e	Other			626,071.					626	071.	
Total	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X column (B) line 1	O(c))				27	609	423	

Schedule D (Form 990) 2013

Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val	uation. Cost or en	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				·
(A) CAPITAL PARTNERS V, LP	168,682.	END-OF-YEAR M		
(B) EMERGING MARKETS	2,131,297.	END-OF-YEAR M		
(C) MULTI-STRATEGY COMMODITIES FUND	2,601,635.	END-OF-YEAR M	ARKET VALUE	
(D)				
(E)				
(F)				
(G)				···
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,901,614.			
Part VIII Investments - Program Related.	4,301,014.			
Complete if the organization answered "Yes"	to Form 990 Part IV line :	11c See Form 990 D	art Y line 13	
(a) Description of investment	(b) Book value			d-of-year market value
(1)	(-,	(1)		
(2)				
(3)				
(4)				<u> </u>
(5)				
(6)				· · · · · · · · · · · · · · · · · · ·
(7)				
(8)				
(9)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes"		11d See Form 990, P	art X, line 15.	•
(a) [Description			(b) Book value
(1)				
(2)			***	
(3)				
(4)	<u> </u>			
(5)				
(6)				
(7)				
(8)				
(9)	. 451			·
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.	÷ 15.)		<u>P</u>	
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11e or 11f See Form	990, Part X, line 25	i
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)			
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote to	the organization's fin	ancial 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 🖳

	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	18,623,378
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a 3,339,012.		
b	Donated services and use of facilities 2b 41,474.]	
С	Recoveries of prior year grants 2c	1	
d	Other (Describe in Part XIII.) 2d -2,523,345.	1 1	
е		2e	857,141
3	Subtract line 2e from line 1	3	17,766,237
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	1 1	
b	Other (Describe in Part XIII.) 4b -113,152.	1	
С		4c	-51,649
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	17,714,588
_	rt 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	14,803,002
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1	
а	Donated services and use of facilities . 2a 41,474.		
b	Prior year adjustments 2b		
C	Other losses 2c		
d	Other (Describe in Part XIII) 2d 113,152.		
е	Add lines 2a through 2d	2e	154,626
3	Subtract line 2e from line 1	3	14,648,376
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а]	
b	Other (Describe in Part XIII.) 4b 2,524,584.		
С	Add lines 4a and 4b	4c	2,586,087
_5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	17,234,463
Pa	rt XIII Supplemental Information.		
Prov	ide 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,	lıne 2, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information		
PAR'	r IV, LINE 2B:		
CHAI	RLES WRIGHT ACADEMY ACTS AS AN AGENT FOR STUDENT		
ORG	ANIZATIONS AND THE PTA. THE MONEY IS HELD BY CHARLES WRIGHT ACADEMY		
			,
FOR	EACH ACTIVITY AND ORGANIZATION. CHARLES WRIGHT ACADEMY DOES NOT HAVE		
ACCI	ESS TO THESE FUNDS FOR OPERATIONAL USE. THE AMOUNTS ARE CONSIDERED A		
LIA	BILITY TO CHARLES WRIGHT ACADEMY.		
PART	V, LINE 4:		·
PURI	E ENDOWMENT FUNDS ARE HELD INTO PERPETUITY AS DESIGNATED		
BY T	THE BENEFACTOR. QUASI-ENDOWMENT FUNDS ARE HELD AS DESIGNATED BY THE		
BOA	RD OF TRUSTEES. ANNUALLY 4% IS DRAWN FROM THE ENDOWMENT BY BOARD	_	
POL1	CY USE TO FUND FINANCIAL AID AND OTHER OPERATIONAL EXPENSES.		

Part XIII Supplemental Information (continued)		91-0673111	Page 5
Part XIII Supplemental Information (continued)			
PART XI, LINE 2D - OTHER ADJUSTMENTS:			
FINANCIAL AID	-2,524,584.		
BAD DEBT RECOVERY	1,239.		
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-2,523,345.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
SPECIAL EVENT EXPENSES	-113,152.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
SPECIAL EVENT EXPENSES	113,152.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
FINANCIAL AID	2,524,584.		
- 			
<u> </u>			
			

SCHEDULE E

(Form 990 or 990-EZ)

Name of the organization

Schools

► Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Employer identification number 91-0673111

CHARLES WRIGHT ACADEMY

Pai	tl			
			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	х	
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	Х	
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.			l
	If you need more space, use Part II	3	Х	
	THE SCHOOL PARTICIPATES IN AN ANNUAL ADVERTISEMENT WITH OTHER			
	INDEPENDENT SCHOOLS IN THE REGION, WHERE THE			
	NONDISCRIMINATORY POLICY IS PUBLISHED IN ALL REGIONAL			
	NEWSPAPERS AND JOURNALS.			
				1
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	<u> </u>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	х	<u> </u>
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	Х	L
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	<u> </u>
	If you answered "No" to any of the above, please explain If you need more space, use Part II			
		ŀ	ľ	
_	Dage the example to by year in any way with vegent to			'
5	Does the organization discriminate by race in any way with respect to			x
a		5a	<u> </u>	x
	Admissions policies?	5b	<u></u>	x
C		5c		x
	Scholarships or other financial assistance?	5d		$\frac{x}{x}$
e	Educational policies? Use of facilities?	5e 5f	 	x
	Athletic programs?		 	x
_		5g		x
- 11	Other extracurricular activities?	_5h	<u> </u>	-
	If you answered "Yes" to any of the above, please explain If you need more space, use Part II			
		İ		
				1
C -	Describe argamentary vaccing any financial and an acceptance for the contract of the contract			
	Does the organization receive any financial aid or assistance from a governmental agency?	6a	-	X
þ	Has the organization's right to such aid ever been revoked or suspended?	6b		×
_	If you answered "Yes" to either line 6a or line 6b, explain on Part II			'
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			ļ
	Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	<u> </u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule E (Form 990 or 990-EZ) (2013)

Schedule E	(Form 990 or 990-EZ) (2013) CHARLES WRIGHT ACADEMY	91-0673111	Page 2
PartII	(Form 990 or 990-EZ) (2013) CHARLES WRIGHT ACADEMY Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, a Also complete this part to provide any other additional information.	ind 7, as applicable.	
	Also complete this part to provide any other additional information.		
			
	· · · · · · · · · · · · · · · · · · ·		
		 	
		· · · · · · · · ·	
		 	_
		-	<u> </u>
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		· · · · · · · · · · · · · · · · · · ·	
			
			
			-
			

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

➤ Attach to Form 990.
➤ See separate instructions.

OMB No 1545-0047 Inspection

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization **Employer identification number** CHARLES WRIGHT ACADEMY 91-0673111 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? _ Yes L For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (f) Total employees, agents, and independent expenditures offices (by type) (e g, fundraising, program is a program service, for and in the region services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in region in region in region CENTRAL AMERICA AND THE CARIBBEAN INVESTMENTS N/A 2,601,635. 0 2,601,635. 3 a Sub-total **b** Total from continuation 0 0. sheets to Part I c Totals (add lines 3a

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

Schedule F (Form 990) 2013

2,601,635.

Schedule F (Form 990) 2013

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed Part II

(i) Method of valuation (book, FMV, appraisal, other)					
(h) Description of non-cash assistance					
(g) Amount of non-cash assistance					xempt by
(f) Manner of cash disbursement					recognized as tax-e.
(e) Amount of cash grant					foreign country,
(d) Purpose of grant					recognized as charties by the foreign country, recognized as tax-exempt by
(c) Region					Enter total number of recipient organizations listed above that are r
(b) IRS code section and EIN (if applicable)					recipient organization
1 (a) Name of organization					2 Enter total number of r

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Enter total number of other organizations or entities

က

Page 3

Schedule F (Form 990) 2013 CHARLES WRIGHT ACADEMY

Schedule F (Form 990) 2013

CHARLES WRIGHT ACADEMY

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed.

1	t	1	1	I	1	1	1	I	.
(h) Method of valuation (book, FMV, appraisal, other)									
(g) Description of non-cash assistance									
(f) Amount of non-cash assistance									
(e) Manner of cash disbursement									
(d) Amount of cash grant						-			
(c) Number of recipients			_						
e (b) Region					·				
(a) Type of grant or assistance									

Schedule F (Form 990) 2013

Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions

Schedule F (Form 990) 2013

Yes X No

6

for Form 5713)

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.

OMB No. 1545-0047

Open To Public Inspection

➤ Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.urs.gov/form.990

Name of the organization **Employer identification number** CHARLES WRIGHT ACADEMY 91-0673111 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events c In-person solicitations 2 a 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? 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. (v) Amount paid to (or retained by) (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts have custody or control of contributions? (ii) Activity to (or retained by) or entity (fundraiser) fundraiser from activity organization listed in col. (i) Yes No Total 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

		of fundraising event contributions and gr	oss income on Form 990		· ·	·
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through
	i		AUCTION (event type)	(event type)	(total number)	col (c))
Jue			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	367,934.			367,934.
	2	Less: Contributions	205,971.			205,971.
_	3	Gross income (line 1 minus line 2)	161,963.			161,963.
	4	Cash prizes				
δ	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs			-	
rect E	7	Food and beverages	34,168.			34,168.
۵	8	Entertainment	5,959.			5,959.
	9	Other direct expenses	205,113.	-		205,113.
	10	<u>.</u>	h 9 ın column (d)		>	245,240.
_	11	Net income summary. Subtract line 10 from I				-83,277.
Pa	art I		answered "Yes" to Form	990, Part IV, line 19, or i	reported more than	
	г	\$15,000 on Form 990-EZ, line 6a	1	I a > Dull tabe/matent		Tana a di
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col (c))
æ	1	Gross revenue				
nses	2	Cash prizes			_	
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes % No	Yes % No	
	7	Direct expense summary Add lines 2 through	h 5 ın column (d)		>	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)			
а	ls t	ter the state(s) in which the organization opera the organization licensed to operate gaming ac No," explain.	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re			year?	Yes No
	_		 			
	_					

Sch.	edule G (Form 990 or 990-EZ) 2013 CHARLES WRIGHT ACADEM! 91-06	/3111	Page 3
	Does the organization operate gaming activities with nonmembers?	Ye	s 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 chantable gaming?	☐ Ye	s 🔲 No
12	Indicate the percentage of gaming activity operated in:	1 1	
	The organization's facility	13a	%
		13b	%
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records	1301	
14	Enter the name and address of the person who prepares the organizations gaining/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?	Ye	es 🔲 No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
С	e If "Yes," enter name and address of the third party:		
	Name		
	Address >		
46	Gaming manager information		
10			
	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		
•		☐ Ye	es 🗀 No
	retain the state gaming license? Discription Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
C			
Da	organization's own exempt activities during the tax year \$\bigsit \text{IV} \text{Supplemental Information.} Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	lines O. Ol	10b 15b
Pa	15c, 16, and 17b, as applicable Also complete this part to provide any additional information (see instructions).	iii les 9, 9L	J, 100, 150,
	150, 16, and 170, as applicable Also complete this part to provide any additional information (see instructions).		
			
_			

332083 09-12-13

Schedule G (Form 990 or 990-EZ) 2013

SCHEDULE I

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

▶ Attach to Form 990.

20

2013

OMB No 1545-0047

Open to Public Inspection

Employer identification number

ջ Schedule I (Form 990) (2013) (h) Purpose of grant 91-0673111 or assistance × Yes 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 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN CHARLES WRIGHT ACADEMY cntena used to award the grants or assistance? 1 (a) Name and address of organization or government Partl Part

332101

Page 2 (f) Description of non-cash assistance FINANCIAL AID 91-0673111 (e) Method of valuation (book, FMV, appraisal, other) 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. Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information BOOK 2,524,584. (d) Amount of non-cash assistance • (c) Amount of cash grant THE THE SCHOOL HAS A STANDING THIS COMMITTEE, CONSISTING OF THE DIRECTOR OF FINANCIAL AID/SENIOR ASSOCIATE STANDING COMMITTEE REVIEWS EACH REPORT FROM SSS AND THE REPORTED EFC. 3RD-PARTY FINANCIAL AID/SCHOLARSHIP REVIEW COMPANY, WHO PROCESSES THE THE APPLICATIONS ARE SENT TO SSS, A APPLICATIONS AND REPORTS TO THE SCHOOL THEIR DETERMINATION OF EACH DIRECTOR OF ADMISSIONS, THE HEADMASTER, AND THE FINANCE DIRECTOR. (b) Number of recipients 190 EACH YEAR STUDENTS WISHING TO APPLY FOR FINANCIAL AID FILL OUT CHARLES WRIGHT ACADEMY APPLICANTS ESTIMATED FAMILY CONTRIBUTION (EFC). (a) Type of grant or assistance THE NECESSARY APPLICATION FORMS. Schedule I (Form 990) (2013) PART I, LINE 2: FINANCIAL AID Part III

Schedule I (Form 990) (2013)

332102 10-29-13

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" on 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.us gov/form990.

2013

Open to Public Inspection

Name of the organization

CHARLES WRIGHT ACADEMY

Employer identification number

91-0673111

Pá	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			'
	Travel for companions Payments for business use of personal residence		1	
	Tax indemnification 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 on 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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,		<u> </u>	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?			
	tradices, and officers, moldaring the oborexcounter breator, regarding the terms officered in line 12.	2		<u> </u>
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			1
5	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.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			'
	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			· ·
•	organization or a related organization.			·
а	Receive a severance payment or change-of-control payment?	4a		- x
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	х	
-	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		x
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		-	
	The second will be seen the persons and provide the applicable amounts for each item in trait in.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			1
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		x
b	Any related organization?	5b		х
	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:			1
а	The organization?	6a		X
b	Any related organization?	6b		х
•	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		х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	Ė		
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		x
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	<u> </u>		\vdash
•	Regulations section 53 4958-6(c)?	9		[']

Schedule J (Form 990) 2013

Schedule J (Form 990) 2013 CHARLES WRIGHT ACADEMY

REGINE 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.

		(B) Breakdown of W-2 and/or 1099-MISC compensation	V-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as detered in prior Form 990
(1) ROBERT CAMNER	€	255,786.	0.	17,496.	73,488.	7,132.	353,902.	0.
HEADMASTER	Ξ	0	0.	0.	0	0	0	0.
(2) SHARON HURT	ε	139,465.	0	0.	7,112.	5,046.	151,623,	0
ADVANCEMENT DIR.	E	0	0	0.	0	0	0	0
(3) DIANE HUNT	Ξ	160,452.	0	0	12,419.	9,642.	182,513.	0
LOWER SCHOOL HEAD	€	0	0	0.	0	0.	0	0.
	Ξ							
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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

Open to Public Inspection

Name of the organization

CHARLES WRIGHT ACADEMY

Employer identification number

91-0673111

Pai	rt i Types of Property								
		(a) Check if	(b) Number of	(c) Noncash cont	tribution	(d)			
		applicable	contributions or	amounts repo		Method of de noncash contribi			rs.
			items contributed			Tioriodori Contino			
1	Art - Works of art							_	
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	19	2	48,244.	MARKET QUOTATION			
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					. <u> </u>			
20	Drugs and medical supplies								
21	Taxidermy							_	
22	Historical artifacts								
23	Scientific specimens							_	
24	Archeological artifacts								
25	Other (AUCTION ITEMS)	X	591			FAIR MARKET VALU			
26	Other (MISCELLANEOUS)	Х	31		13,471.	FAIR MARKET VALU	E		
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz		- ·					•	
	for which the organization completed Form 828	33, Part IV, 1	Donee Acknowlead	gement	29		1	0	
20-	Dismon the seas and the executation season to				4 00 .		$\overline{}$	Yes	No
Sua	During the year, did the organization receive by								
	at least three years from the date of the initial of the entire holding period?	nonuon	, and which is not i	required to be us	ea tor exen	ipt purposes for		-	x
h	3.						30a		<u> </u>
31	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p	and and that re	nauroo tho rough	of only non stand	ard aaatub	utuanaO		·	
	Does the organization have a girt acceptance p						31	Х	
JEA	contributions?	Ji Telateu Of	gariizations to soli	on, process, or se	FILTIONCASN		220		x
b	If "Yes," describe in Part II.						32a		~
33	If the organization did not report an amount in	column (c) f	or a type of prope	ty for which colu	mn (a) is ch	acked			
-	describe in Part II.	column (c) i	or a type or proper	ty for writeri coiu	iiiii (a) is Cii	ecneu,			,
	GOSONIO III F AIT II.						oxdot		

Schedule M (Form 990) (2013) CHARLES WRIGHT ACADEMY	91-0673111	Page 2
Supplemental Information. Provide the information required by Part I, lines 30b, 32 is reporting in Part I, column (b), the number of contributions, the number of items received, this part for any additional information	b, and 33, and whether the orga or a combination of both Also c	nızatıon
SCHEDULE M, PART I, COLUMN (B):		
DONATED SECURITIES AND MISCELLANEOUS ITEMS ARE COUNTED BY		
THE NUMBER OF CONTRIBUTORS. AUCTION ITEMS ARE COUNTED BY THE NUMBER OF		
ITEMS RECEIVED.		
	"	
		•
	-	· · · · · ·
 		_
		
		

SCHEDULE 0 (Form 990 or 990-EZ)

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

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

CHARLES WRIGHT ACADEMY

Employer identification number

CHREDO WATONI NONDONI	71-0073111				
FORM 990, PART I, LINE 6, VOLUNTEERS:					
PARENTS VOLUNTEER IN A NUMBER OF WAYS AT CHARLES WRIGHT					
ACADEMY. THESE INCLUDE CLASSROOM PARENTS; PARENT ASSOCIATION SUPPORT					
FOR FUNDRAISING ACTIVITIES SUCH AS THE ANNUAL AUCTION AND RUMMAGE SALE;					
SPORTS BOOSTERS; AND STUDENT ACTIVITIES AND CLUBS. THERE ARE ALSO 21					
VOLUNTEER BOARD MEMBERS.					
FORM 990, PART VI, SECTION B, LINE 11:					
CHARLES WRIGHT ACADEMY'S FORM 990 TAX RETURN IS MADE AVAILABLE					
TO THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS. IN ADDITION, THE	<u></u>				
EXECUTIVE COMMITTEE REVIEWS THE FINAL FORM 990 SIGNED AND FILED BY A					
NON-TRUSTEE FINANCIAL OFFICER.					
FORM 990, PART VI, SECTION B, LINE 12C:					
CHARLES WRIGHT ACADEMY REQUIRES A CONFLICT OF INTEREST					
DISCLOSURE STATEMENT COMPLETED BY OFFICERS, BOARD MEMBERS AND KEY EMPLOYEES					
ON AN ANNUAL BASIS. THE POLICY SPECIFIES THAT NO INDIVIDUAL CAN HAVE MORE					
THAN A 5% MATERIAL INTEREST IN ANY ENTITY THAT IS LIKELY TO CONFLICT WITH					
THEIR OFFICIAL DUTIES FOR THE SCHOOL. IT IS A PRACTICE AT CWA NOT TO					
SELECT INDIVIDUALS TO SERVE IN ANY CAPACITY FOR THE SCHOOL, IF THEY ARE A					
VENDOR OR AGENT THAT WOULD OBTAIN PERSONAL GAIN FROM THIS RELATIONSHIP. THE					
HEADMASTER AND CHAIR OF THE BOARD REVIEW THESE DISCLOSURES FOR COMPLIANCE.					
THE HEADMASTER AND CHAIR OF THE BOARD ALSO REVIEW ANY POTENTIAL CONFLICTS					
OF INTEREST TO DETERMINE WHETHER A CONFLICT EXISTS. A PERSON WHO HAS A					
CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN DISCUSSION AND VOTING ON THE					
M ልጥጥ ER					

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
CHARLES WRIGHT ACADEMY	91-0673111
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION OF THE CEO (HEADMASTER) IS DETERMINED BY A	
COMPENSATION COMMITTEE THAT HIRES AN INDEPENDENT CONTRACTOR THAT REVIEWS	
COMPARABILITY DATA AND PRESENTS THE FINDINGS TO THE COMMITTEE FOR THEIR	
REVIEW AND APPROVAL. THE LAST CONSULTATION OCCURRED JULY 16, 2014.	
COMPARATIVE DATA IS USED ANNUALLY IN A REVIEW OF ALL KEY POSITIONS.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	
FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
BAD DEBT RECOVERY 1,239.	