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# Form 990

**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. ► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

Open to Public Inspection

Department of the Treasury

SCANNED JUN 2 9 2015

_	nai Revenu						· · · · · · · · · · · · · · · · · · ·						
			dar year, or tax year beginning Aug 1 , , 2013, and end	ling Ju	1 31		2014						
В	Check if ap		C Name of organization Bulloch Academy, Inc.				ication Number						
	Addre	ess change	Doing Business As			11197							
	Name	e change	Number and street (or P O box if mail is not delivered to street address)	om/suite	E Teleph		-						
	Initial	l return	873 Westside Road		(91	2) 76	4-6297						
	Termi	inated	City or town, state or province, country, and ZIP or foreign postal code	•									
	Amen	nded return	Statesboro GA 3045				3,727,996.						
	Applic	cation pending	F Name and address of principal officer	1	is a group retur								
			Leisa Houghton 873 Westside Rd Statesboro GA 3045	8 H(b) Are	ali subordinates o,' attach a list	included? (see instruc	ctions) Yes No						
<u> </u>	Tax-exe	empl slatus	X 501(c)(3)   501(c) ( )    (insert no )   4947(a)(1) or   527			`	•						
J	Websi	ite: > WW	W.Bullochacademy.com	H(c) Grou	up exemption ni	ımber							
K		organization	X Corporation Trust Association Other ► L Year of form	nation 19	71 <b>M</b>	State of leg	gal domicile GA						
Pa		Summar											
						Day S	School						
ě	Dellash Bashama Tara da a Callan da allama managana												
au		day school whose mission is to challenge, teach and nurture											
ē			's leaders today.		,-,								
õ			x Light the organization discontinued its operations or disposed of more ting members of the governing body (Part VI, line 1a)			ssets   3	1.0						
∘ಶ			ependent voting members of the governing body (Part VI, line 1a)			4	16 16						
ies			of individuals employed in calendar year 2013 (Part V, line 2a)			5	123						
Activities & Governance						6	0						
Ac	<b>7a</b> To	otal unrelate	of volunteers (estimate if necessary)			7a	0.						
	_ b Ne	et unrelated		<u> </u>	· · · · <u> </u>	7b							
			and grants (Part VIII, line 1h)		Prior Year		Current Year						
<u>o</u>	8 Co	ontributions		<u> </u>	485,		369,944.						
eun	9 Pr	rogram servi	ce revenue (Part VIII, line 2g)	·	3,208,		3,285,701.						
Revenue			come (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>		298.	455.						
-			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	• •		356.	71,896.						
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,767,	361.	3,727,996.						
			milar amounts paid (Part IX, column (A), lines 1-3)										
			to or for members (Part IX, column (A), line 4)		0 277	770	2 410 600						
es			r compensation, employee benefits (Part IX, column (A), lines 5-10)		2,377,	2 / 0 .	2,418,602.						
Expenses			undraising fees (Part IX, column (A), line 11e)										
Хp			ing expenses (Part IX, column (D), line 25) ► 53, 942										
_			es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,146,		1,248,986.						
	<b>18</b> To	otal expense	s Add lines 13-17 (must equal Part IX, column (A), line 25)	• •	3,524,		<u>3,667,588.</u>						
8		evenue less	expenses. Subtract line 18 from line 12	• •	243,	756.	60,408.						
Net Assets or Fund Balance				Begin	ning of Curre		End of Year						
Aese Bai	<b>20</b> To		Part X, line 16)	• •	3,156,		3,254,251.						
det,	<b>21</b> To	otal liabilities	(Part X, line 26)	••-	1,977,		2,014,324.						
			fund balances Subtract line 21 from line 20	• •	1,179,	519.	1 <u>,2</u> 39,927.						
Pa	rt II	Signatur	e Block										
Unde	r penalties	of perjury, I dec	lare that I have examined this return, including accompanying schedules and statements, and to the er jother than officer is pased on all information of which preparer has any knowledge	best of my kn	nowledge and be	elief, it is tru	ue, correct, and						
			Stran Douglas	<del>.</del>		1221							
O:-		Sugriatur	e bf officer		Date 6	10	77						
Sig He	in ro		is thughton Hoad of Sch	الاء									
ne	e	Type or	print name and title	<u> </u>		<u>-</u>	<del> </del>						
			reparer's name Preparer's signature Date		Ob a sta	12 16	PTIN						
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Pai			d N Deal, CPA 05/1		self-employ	rea )	P01272835						
	parer Only						100000						
	- Ciliy	Firm's addre			Firm's EIN		1820983						
Mari	the IDC	dinguine 45	Statesboro GA 30459		Phone no	(912							
			return with the preparer shown above? (see instructions)			• • • •	. X Yes No						
DA/	or Pa	aperwork R	eduction Act Notice, see the separate instructions.	TEEA0101 1	1/08/13		Form <b>990</b> (2013)						

Form	990			h Academy						58-1	11972	26	Pag	ge <b>2</b>
Part	: 111					omplishmer	its							$\overline{}$
		Chec	k if Schedule	O contains a i	response or n	ote to any line in	this Part III						. <u>.</u>	
1	Brief	ly descr	be the organ	ization's missi	on									
	Col	lege	Prepara	tory Day	School						. <b>.</b>			<b>-</b>
	Bul	loch	Academy	, Inc. 15	s a full	service c	ollege							
				Part III, Line 1 (										
				- <b>-</b>	<b>-</b> -									
2	Did t	he orga	nization unde	rtake any sign	ıficant prograi	n services durin	g the year w	vhich were no	ot listed on	the pnor				
	Form	1990 or	990-EZ?								🗍	Yes	X I	No
	If 'Ye	s,' desc	ribe these ne	w services on	Schedule O								_	
3	Did t	he orga	nization ceas	e conducting,	or make signi	ficant changes ıг	how it cond	ducts, any pr	rogram ser	/ices?	] .	Yes	X I	No
	If 'Ye	s,' desc	ribe these ch	anges on Sche	edule O									
4	Desc	ribe the	organization	's program ser	vice accompli	shments for eac	h of its three	e largest pro	gram servi	ces, as measu	red by e	xpenses	3	
	other	on 501( s. the to	(c)(3) and 501 otal expenses	i (c)(4) organiza s. and revenue.	ations and sec . If anv. for ea	ction 4947(a)(1) ch program serv	trusts are re ice reported	equirea to rep 1	port the am	ount of grants	and allo	cations	ю	
		•			, <b>., ,</b>	<b>р 3</b>	•							
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4 d	Othe	r progra	m services (	Describe in Sc	hedule O )									
		enses	\$			grants of \$			) (Revenue	<b>\$</b>			)	
				xpenses >						:				

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		Х
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		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, VIII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	Х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		х
,	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	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		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
12	a 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	12 b		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	Х	
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16	_	Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
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
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
í	b if 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

<u>. a</u>	Terv Oneckingt of Reduired Octredules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2º If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		x
24	a 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 Śchedule K If 'No,'go to line 25a	24a 24b		X
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25	a 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		X
	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 pnor 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, 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	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
;	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
١	b A family member of a current or former officer, director, trustee, or key employee? If Yes, complete Schedule L, Part IV	28b		Х
•	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		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	ļ	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 sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes, complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O	38	x	

#### Form **990** (2013) 58-1119726 Page 5 Bulloch Academy, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V . . . . . . . . . . . . . . . . Yes No 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . 1 a 0 b Fnter the number of Forms W-2G included in line 1a Enter -0- if not applicable . . . . . . . . . 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х 1 c (gambling) winnings to prize winners? 2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . . X 2 h b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... 3 a **b** If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O....... 3 b 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Χ financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . 4 a **b** If 'Yes,' enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22.1 Report of Foreign Bank and Financial Accounts Х 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?...... X 5 b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7 a Χ b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? . . . . . . . 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Χ 7 c d If 'Yes,' indicate the number of Forms 8282 filed during the year . . . . . . . . . . e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.... 7 e Χ Х f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. . . 7 f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 q h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 7 h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business Х 8 Sponsoring organizations maintaining donor advised funds. X a Did the organization make any taxable distributions under section 4966? . . . . . .

Par	t 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.	7		
		Check if Schedule O contains a response or note to any line in this Part VI			. X
Soc	tion /	A. Governing Body and Management			11
Sec	lion /	4. Soversing body and management		Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year			
	If ther	e are material differences in voting rights among members			
	of the	governing body, or if the governing body delegated broad rity to an executive committee or similar committee, explain in Schedule O.			
h		the number of voting members included in line 1a, above, who are independent			
		ny officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-		r, director, trustee or key employee?	2		X
3	Did th	e organization delegate control over management duties customarily performed by or under the direct supervision cers, directors or trustees, or key employees to a management company or other person?	3		х
4		e organization make any significant changes to its governing documents			
_		the prior Form 990 was filed?	4		X
5		e organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did th	e organization have members or stockholders?	6		<u> </u>
7 a	Did th	bers of the governing body?	7 a		Х
		The state of the s	- "	-	<del></del>
b	Are a	ny governance decisions of the organization reserved to (or subject to approval by) members, holders, or other persons other than the governing body?	7 b		Х
_		The state of the s			$\overline{\Box}$
8		e organization contemporaneously document the meetings held or written actions undertaken during the year by llowing:	ļ		
а		overning body?	8 a	X	
		committee with authority to act on behalf of the governing body?	8 b	Х	
9		re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organ	ızation's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		X
Sec	tion I	B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	<u>.                                    </u>
		·		Yes	No
		ne organization have local chapters, branches, or affiliates?	10 a		X
b	ıf 'Yes, operatı	' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their ions are consistent with the organization's exempt purposes?	10 b		
11 a	Has the	e organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
t	Desci	ribe in Schedule O the process, if any, used by the organization to review this Form 990			
		ne organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	<u> </u>
	to cor	officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	12 b	Х	
c		ne organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in dule O how this was done	12 c	х	
13	Did th	ne organization have a written whistleblower policy?	13	Х	
14		ne organization have a written document retention and destruction policy?	14	X	
15	Did th	ne process for determining compensation of the following persons include a review and approval by independent ons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a		organization's CEO, Executive Director, or top management official	15 a	X	
		officers of key employees of the organization	15 b	Х	
		s' to line 15a or 15b, describe the process in Schedule O. (See instructions )			
16 a	Did th	ne organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a le entity during the year?	16a		X
		s,' did the organization follow a written policy or procedure requiring the organization to evaluate its	"		
	partic	injustion in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the injustion's exempt status with respect to such arrangements?	16 b		
Sec	tion	C. Disclosure			
17		ne states with which a copy of this Form 990 is required to be filed Georgia			
18	Section	on 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available iction. Indicate how you make these available. Check all that apply	for pu	blic	
		Own website Another's website X Upon request Other (explain in Schedule O)			
19	Descri the pu	be in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements availab blic during the tax year	le to		
20		the name, physical address, and telephone number of the person who possesses the books and records of the organization	u.		
	N <u>an</u>	cy Stephens 873 Westside Road Statesboro, GA 30458 (93	<u> [2]</u>		0702
BAA	١	TEEA0106 07/02/13	rorm	990 (	2013)

Form <b>9'90</b> (20	013)	Bulloch	Academy.	Tnc

58-1119726

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

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

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

- 1 a 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

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

		(C)				·				
(A) Name and Title	(B) Average hours per week (list	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Leisa Houghton	40.00									
HeadMaster		Х			Х			134,302.	0.	0.
(2) Laura Marsh	0.00									
Chairman		Х		Х						
_(3) Joey Cowart	0.00									
Vice Chair	1	X	_	Χ			<u> </u>			
_(4) Mike_Anderson	0.00.									
Secretary		Х		Х		_	<u> </u>			
_(5) Kristie Crooms	0.00									
Treasurer	<u> </u>	X	<u>L</u>	Х						<u> </u>
_(6) Lucy Brinson	0.00	]						1		
Board of Trustees	<u> </u>	Х	<u> </u>	_			<u> </u>		<u> </u>	
_(7)_Brad_David	0.00									
Board of Trustees		Х	<u> </u>				<u> </u>	<u> </u>		
_(8) Shannon Hodges	0.00		l							
Board of Trustees		X			_		ļ			<u> </u>
_(9) Bill Howard	000									
Board of Trustees		Х	<u> </u>							<u> </u>
(10) Kyle NeSmith	0.00			ĺ			ĺ			
Board of Trustees		Х	<b> </b>				<u> </u>			
(11) Hoke Reeves	0.00	ļ								
Board of Trustees	<del> </del> _	X	<u> </u>	<u> </u>	<u> </u>		<u> </u>			ļ
(12) Marie Wall	0.00						ļ			
Board of Trustees		X	<u> </u>	_			┝-			
(13) Jennifer Wyles	0.00									1
Board of Trustees	<del> </del>	Χ	<u> </u>	<u> </u>	_		ـــــ	l		
(14) Jeff Tysinger	000									
Board of Trustees		Х	l		1		1			

Part VII   Section A. Officers, Directors, Trus		<u>Key</u>	En			es,	and	d Highest Con	pensated Emp	oyee	S (cont	ınued)
(A) Name and title	Average hours per week (list any	verage (do not ch hours box, unless per officer and			rson i	s both or/truste	an ee)	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	amo	(F) strmated ount of oth	ner
	hour for related organiza below dotted line)  hour for related organiza below dotted line)								(W-2/1099-MISC)	org ar	rom the ganization of related ganization	) 
(15) Mark Howell  Board of Trustees	0.00	X										
(16) Jack Conner  Board of Trustees	0.00	X										
(17)												
(18)									<u> </u>	_		
(19)	<del> </del>					_		<u> </u>		_		
(20)										_		
(21)		<u> </u>								_		
(22)												
(23)											-	
(24)												
(25)												
1 b Sub-total			٠.	• •	٠.		<b>&gt;</b>	134,302.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)		<u>.</u>					<b>&gt;</b>	134,302.	0.			0 .
2 Total number of individuals (including but not limited from the organization ► 1	to those	listed	abo	ove)	who	rece	eive	d more than \$100,	000 of reportable cor	npensa	ation	
3 Did the organization list any former officer, director,	or truste	e ke	/ em	nlov	/ee	or his	nhes	st compensated er	nolovee		Yes	No
on line 1a? If 'Yes,' complete Schedule J for such inc.  4 For any individual listed on line 1a, is the sum of repo	lividual			٠.	٠.	• •				3	<del> </del>	X
the organization and related organizations greater the	an \$150,	0007	' If 'Y	es'	com	plete	Sci	hedule J for		. 4		Х
5 Did any person listed on line 1a receive or accrue co for services rendered to the organization? If 'Yes,' co										. 5	<u> </u>	Х
Section B. Independent Contractors  1 Complete this table for your five highest compensate compensation from the organization. Report compensation from the organization.	d indepe	nder	it co	ntra	ctors	that	rec	eived more than \$	100,000 of organization's tax ve	 ar		_
(A)	compensation from the organization. Report compensation for the calendar year ending  (A)  Name and business address							Description of	)	(C) Compensation		
		-										
Total number of independent contractors (including both)	out not lin	nited	to th	nose	liste	ed ab	ove	) who received mo	re than	-		
\$100,000 of compensation from the organization	<u> </u>	_						<del></del>				

	m 990 (2013) Bulloch Academy, Inc.				58-1119726	Page
Pa	rt VIII Statement of Revenue					Г
	Check if Schedule O contains a response of	r note to any line	in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	ta Federated campaigns	600 600	369,944. 2,866,484. 147,268. 62,986. 208,963.	2,866,484. 147,268. 62,986. 208,963.	0. 0. 0.	0 0 0
8	f All other program service revenue g Total, Add lines 2a-2f		0.005.701			
	3 Investment income (including dividends, intere other similar amounts)	est and	3,285,701.	455.	0.	0
OTHER REVENUE	c Net income or (loss) from fundraising events.  9 a Gross income from gaming activities See Part IV, line 19	(II) Other				
	11a Other611	600	71,896.	71,896.	0.	0
	b c d All other revenue					

e Total. Add lines 11a-11d .

71,896

3,358,052

3,727,996

0.

#### 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 res	(A)	(B)	(C)	(D)
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	140,552.	0.	140,552.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	2,051,136.	1,846,022.	164,091.	41,023.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	71,521.	64,369.	5,722.	1,430.
10	Payroll taxes	155,393.	139,854.	12,431.	3,108.
11	Fees for services (non-employees)				
a	Management	}			
k	Legal				
c	: Accounting	11,705.	0.	11,705.	
	Lobbying				
€	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	74,642.	74,642.	0.	0.
12	Advertising and promotion	26,333.	0.	26,333.	0.
13	Office expenses	6,298.	6,298.	0.	0.
14	Information technology	102,270.	102,270.	0.	0.
15	Royalties				
16	Occupancy	94,541.	94,541.	0.	0.
17	Travel				<u>.                                    </u>
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,607.	3,607.	0.	0.
20	Interest	24,100.	0.	24,100.	0.
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	225,177.	225 <b>,</b> 177.	0.	0.
	Insurance	<u>26,882.</u>	<u></u> _2 <u>6,8</u> 82.	0.	0.
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)				
а	K4 Expenses	56,024	56,024.	0.	0 .
	Lunchroom Expense	152,794.	152,794.	0.	0.
	Classroom Supplies	68.086.	68,086.	0.1	0.
	Athletic Expenses	153,840.	153,840	0.	0.
	All other expenses	222,687.	199,425.	14,881.	8,381.
25	Total functional expenses Add lines 1 through 24e.	3,667,588.	3,213,831.	399,815.	53,942.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or note to any line in this Part X	· · · · · · · · · · · · · · · · · · ·		<u></u>
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash — non-interest-bearing	497,301.	1	770,368.
	2	Savings and temporary cash investments		2	·
	3	Pledges and grants receivable, net	53,900.	3	28,680.
	4	Accounts receivable, net	358,313.	4	348,529.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
A	7	Notes and loans receivable, net		7	
ASSETS	8	Inventories for sale or use		8	
Ţ	9	Prepaid expenses and deferred charges	9,981.	9	9,465.
	10 a	Land, buildings, and equipment cost or other basis  Complete Part VI of Schedule D			
	6	Less accumulated depreciation	2,237,091.	10 c	2,097,209.
	11	Investments – publicly traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	· · · · · · · · · · · · · · · · · · ·	3,156,586.	16	3,254,251.
_	17	Total assets. Add lines 1 through 15 (must equal line 34)	99,304.	17	88,327.
	18	Grants payable		18	
	19	Deferred revenue	1,322,125.	19	1,475,699.
L	20	Tax-exempt bond liabilities		20	
A	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
BILIT	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons.  Complete Part II of Schedule L		22	
į	23	Secured mortgages and notes payable to unrelated third parties	<u></u>	23	5,647.
Š	24	Unsecured notes and loans payable to unrelated third parties	555,638.	24	444,651.
	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	
	26	Total liabilities. Add lines 17 through 25	<u>1,977,067.</u>	26	2,014,324.
Ę		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete			
, A		lines 27 through 29, and lines 33 and 34.			
ASSETS	27	Unrestricted net assets	1,058,069.	27	1,075,244.
Ĕ	28	Temporarily restricted net assets	121,450.	28	164,683.
	29	Permanently restricted net assets		29	
R F		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
FUZD	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ļ	32	Retained earnings, endowment, accumulated income, or other funds		32	
<b>BALAZCES</b>	33	Total net assets or fund balances	1,179,519.	33	1,239,927.
Š	34	Total liabilities and net assets/fund balances	_3,156,586.	34	3,254,251.
BA	Α				Form 990 (2013)

Forn	990 (2013) Bulloch Academy, Inc. 58-	1119726	5	Pa	ge <b>12</b>
Pai	rt-XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,7	27,9	96.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,6	67 <b>,</b> 5	88.
3	Revenue less expenses Subtract line 2 from line 1	3		60,4	08.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,1	79,5	19.
5	Net unrealized gains (losses) on investments	5			
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,2	<u>39,9</u>	27.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			-	
ł	Were the organization's financial statements audited by an independent accountant?		2 b	Χ	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:				
	X   Separate basis				
(	lf 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit review, or compilation of its financial statements and selection of an independent accountant?	i, 	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
t	of Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au	dıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA			Form	990 (	2013)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

#### **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

2013

Open to Public Inspection

Employer identification number

Bulloch Academy, Inc. 58-1119726 Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives. (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Functionally integrated Type III - Non-functionally integrated Type I Type II С d By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box . . a Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization? . . . . 11 g (ii) A family member of a person described in (i) above? . . . . . . . A 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) Provide the following information about the supported organization(s) h (ii) EIN (vii) Amount of monetary (i) Name of supported (iii) Type of organization (described on lines 1-9 (iv) is the (v) Did you notify (vi) Is the organization in olumn (I) listed in the organization in column (i) of your organization organization in support above or IRC section (see instructions)) column (i) organized in the US? your governing support Yes No Yes No Yes No (A) (B) (C) (D) (E) Total Schedule A (Form 990 or 990-EZ) 2013

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

### 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	tion A. Public Support				<u> </u>		
	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			_			
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4					-	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						<u></u>
12	Gross receipts from related activiti	es, etc (see instrui	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s	s for the organizati	on's first, second,	third, fourth, or fifth	n tax year as a sect	ion 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support F	Percentage				
	Public support percentage for 201	•	•				
15	Public support percentage from 20	012 Schedule A, Pa	art II, line 14			15	%
16 a	a 33-1/3% support test — 2013. If and stop here. The organization of						
t	o 33-1/3% support test — 2012. If the and stop here. The organization of	he organization did qualifies as a publi	d not check a box of cly supported orga	on line 13 or 16a, a inization	and line 15 is 33-1/3	3% or more, check	this box
17 a	10%-facts-and-circumstances te or more, and if the organization me the organization meets the 'facts-a	eets the 'facts-and	-circumstances' te	st, check this box a	and stop here. Exp	olain in Part IV how	
t	o 10%-facts-and-circumstances te or more, and if the organization me organization meets the 'facts-and-	eets the 'facts-and	-circumstances' te	st, check this box a	and stop here. Exp	lain in Part IV how	the
18	Private foundation. If the organiz	ation did not check	a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instruction	ns ▶ 🗍

Part III	Support Schedu	ule for Organizations Described in Section 509(a)(2)
	/ C   - 4	

(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)

Sec	tion A. Public Support							
Caler	dar year (or fiscal yr beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) T	Total
1	Gifts, grants, contributions and membership fees received (Do not include any unusual grants ')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				-			
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .							
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge.							
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)							
Sec	tion B. Total Support				-			
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f)	Total
9	Amounts from line 6							
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b	·					-	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total Support. (Add Ins 9,10c, 11 and 12)							
14		for the organization	on's first, second,	third, fourth, or fifth	n tax year as a sec	tion 501(c)(3)		
Sec	tion C. Computation of Pul	blic Support P	ercentage					
15	Public support percentage for 2013	3 (line 8, column (f	) divided by line 13	3, column (f))		[	15	용
	Public support percentage from 20						16	용
<u>Sec</u>	tion D. Computation of Inv	estment Incor	ne Percentag	е				
17	Investment income percentage for	2013 (line 10c, co	lumn (f) divided by	line 13, column (f	n) <del></del>	[	17	용
18	Investment income percentage from	m <b>2012</b> Schedule	A, Part III, line 17			[	18	ક
	33-1/3% support tests — 2013. If is not more than 33-1/3%, check the	nis box and stop h	ere. The organiza	tion qualifies as a	publicly supported	organization		
	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%, o	check this box and	stop here. The or	rganızatıon qualıfie	es as a publicly sup	ported organi	ızatıon	
20	Private foundation. If the organization	ation did not check	a box on line 14,	19a, or 19b, check	k this box and see	instructions		▶ []

Schedule A	(Form 990 of 990-EZ) 2013 Bulloch Academy, Inc.	58-1119726	Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	Part II, line 17a	
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#### SCHEDULE D (Form 990)

#### Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number 58-1119726 Bulloch Academy, Inc Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Aggregate contributions to (during year) . . . Aggregate grants from (during year) . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit? . Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2 h c Number of conservation easements on a certified historic structure included in (a) . . . . . . . . d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Nο and section 170(h)(4)(B)(ii)? . . . . . . . . . . . . . . In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: 

▶ \$

Schedule D (Form 990) 2013 Bullo	ch Academy,	Inc.		58-111		Page 2
Part III Organizations Maintai	ining Collections	s of Art, Histo	orical Treasures, or	Other Similar Ass	s <b>ets</b> (conti	inued)
Using the organization's acquisition items (check all that apply):	i, accession, and othe	er records, check	any of the following that a	are a significant use of it	s collection	
a Public exhibition		d Loan	or exchange programs			
b Scholarly research		e Other				
c Preservation for future generat	ions					
4 Provide a description of the organiz	zation's collections an	d explain how the	ey further the organization	n's exempt purpose in		
5 During the year, did the organization to be sold to raise funds rather than	on solicit or receive do n to be maintained as	nations of art, his part of the organ	storical treasures, or other	r sımılar assets	Yes	No
Part IV Escrow and Custodia	I Arrangements.	Complete if the	he organization ansv		990, Part	īV,
line 9, or reported an a	mount on Form 9	90, Part X, line	e 21.			
1 a Is the organization an agent, truste on Form 990, Part X?					Yes	No
<b>b</b> If 'Yes,' explain the arrangement in	Part XIII and complet	te the following ta	ble			
					Amount	
c Beginning balance				. 1c		
d Additions during the year				. 1 d		
e Distributions during the year				. 1 e		
f Ending balance				. 1f		
2 a Did the organization include an am	ount on Form 990, Pa	art X, line 21? .			Yes	No
b If 'Yes,' explain the arrangement in					<del>.</del>	. 🔲
Part V Endowment Funds. C	omplete if the org	ganization ans	wered 'Yes' to Form	990, Part IV, line 1	0.	
	(a) Current year	(b) Prior year			3	years back
1 a Beginning of year balance	``					
<b>b</b> Contributions						
c Net investment earnings, gains,	-					
and losses						
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance		1			<u> </u>	
2 Provide the estimated percentage	of the current year en	•	g, column (a)) held as:			
a Board designated or quasi-endowr	nent >	olo				
b Permanent endowment 🕨						
c Temporarily restricted endowment	·	<sup>%</sup>				
The percentages in lines 2a, 2b, ai	nd 2c should equal 10	00%.				
3 a Are there endowment funds not in	the possession of the	organization tha	t are held and administer	ed for the		
organization by	•	•			Ye	es No
(i) unrelated organizations					. 3a(i)	
(ii) related organizations					. 3a(ii)	
b If 'Yes' to 3a(II), are the related org	anizations listed as re	equired on Sched	ule R?		. 3b	
4 Describe in Part XIII the intended u					•	
Part VI Land, Buildings, and	Equipment.	•		*		·
Complete if the organiz		Yes' to Form 9	990, Part IV, line 11a	a. See Form 990, Pa	art X, line	10.
Description of property	<del></del>	st or other basis	(b) Cost or other	(c) Accumulated	(d) Bool	
Description of property		nvestment)	basis (other)	depreciation	(3, 200)	
1a Land		•	60,000.			60,000.
<b>b</b> Buildings		-	4,774,962.	2,829,787.		45,175
• Leasehold improvements				_,,		

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		60,000.		60,000.
<b>b</b> Buildings		4,774,962.	2,829,787.	1,945,175.
c Leasehold improvements				
d Equipment		753,399.	661,365.	92,034.
e Other		123,993.	123,993.	0.
Total. Add lines 1a through 1e (Column (d) must equa	al Form 990, Part X, colu	mn (B), line 10(c) )		2,097,209.

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Schedule **D** (Form 990) 2013

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	value
) Financial derivatives	·		
Closely-held equity interests			
Other			
			_
) 			
)			
)			
)			
<u>)</u>			
tal (Column (b) must equal Form 990, Part X, column (B) line 12)			
art Viii Investments – Program Related.		- 1 N / 1	40
		Part IV, line 11c. See Form 990, Part X, line	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year mai	ket valu
1)		<del></del>	
2)		·	
3)		· · · · · · · · · · · · · · · · · · ·	
4)			
5)			
(6)			
			_
8)			
9)			
	_		
tal. (Column (b) must equal Form 990, Part X, column (B) line 13)			
tal. (Column (b) must equal Form 990, Part X, column (B) line 13)		Part IV. line 11d. See Form 990. Part X. lin	e 15.
tal. (Column (b) must equal Form 990, Part X, column (B) line 13)  art IX  Other Assets.  Complete if the organization answered		Part IV, line 11d. See Form 990, Part X, lin	e 15.
tal. (Column (b) must equal Form 990, Part X, column (B) line 13)  art IX Other Assets. Complete if the organization answered  (a) De	Yes' to Form 990, F	Part IV, line 11d. See Form 990, Part X, lin	e 15. ok value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13)  art IX Other Assets.  Complete if the organization answered (a) Definition	Yes' to Form 990, F	Part IV, line 11d. See Form 990, Part X, lin	e 15. ok value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13 )  art IX Other Assets.  Complete if the organization answered (a) De (1)	Yes' to Form 990, F	Part IV, line 11d. See Form 990, Part X, lin (b) Bo	e 15. ok value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13)  art IX Other Assets. Complete if the organization answered (a) De (1) (2) (3)	Yes' to Form 990, F	Part IV, line 11d. See Form 990, Part X, lin (b) Bo	e 15. ok value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13)  art IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5)	Yes' to Form 990, F	Part IV, line 11d. See Form 990, Part X, lin (b) Bo	e 15. ok value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13)  art IX Other Assets.  Complete if the organization answered  (a) December 13  (b) December 13  (c) December 14  (d) December 15  (e) December 15  (f) December 16  (g) December 16  (g) December 17  (g) December 17  (g) December 18  (g) December 19  (g) December 1	Yes' to Form 990, F	Part IV, line 11d. See Form 990, Part X, lin (b) Bo	e 15. ok value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13)  art IX Other Assets.  Complete if the organization answered  (a) December 11  (2)  (3)  (4)  (5)  (6)  (7)	Yes' to Form 990, F	Part IV, line 11d. See Form 990, Part X, lin (b) Bo	e 15. ok value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13)  art IX Other Assets.  Complete if the organization answered (a) Def(1) (2) (3) (4) (5) (6) (7) (8)	Yes' to Form 990, F	Part IV, line 11d. See Form 990, Part X, lin (b) Bo	e 15. ok value
And Column (b) must equal Form 990, Part X, column (B) line 13)  And IX Other Assets.  Complete if the organization answered  (a) December 1)  2)  3)  4)  5)  6)  7)  8)  9)	Yes' to Form 990, F	Part IV, line 11d. See Form 990, Part X, lin (b) Bo	e 15. ok value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13 )  art IX Other Assets.  Complete if the organization answered (a) De (1)  2)  3)  4)  5)  6)  7)  8)	Yes' to Form 990, Fescription	(b) Bo	e 15. ok value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13)  art IX Other Assets. Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) otal. (Column (b) must equal Form 990, Part X, column (B),	Yes' to Form 990, Fescription	(b) Bo	e 15. ok value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13)  art IX  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  100  otal. (Column (b) must equal Form 990, Part X, column (B), part X  Other Liabilities.	Yes' to Form 990, Fescription	(b) Bo	e 15. ok value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13)  art IX  Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (0)  otal. (Column (b) must equal Form 990, Part X, column (B), art X  Other Liabilities.  Complete if the organization answered 'Yes' to F	Yes' to Form 990, Fescription	(b) Bo	e 15. ok value
art IX Other Assets. Complete if the organization answered (a) De (a) De (b) Must equal Form 990, Part X, column (B) line 13)  1) (a) De (b) De (c) D	Yes' to Form 990, Fescription	(b) Bo	e 15. ok value
al. (Column (b) must equal Form 990, Part X, column (B) line 13)  art IX Other Assets. Complete if the organization answered (a) De  1) 2) 3) 4) 5) 6) 7) 8) 9) 0) tal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F  (a) Description of liability  1) Federal income taxes	Yes' to Form 990, Fescription	(b) Bo	e 15.
art IX Other Assets. Complete if the organization answered (a) Description of liability  1) 2) 3) 4) 5) 6) 7) 8) 9) 0) tal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities. Complete if the organization answered 'Yes' to F (a) Description of liability  1) Federal income taxes 2)	Yes' to Form 990, Fescription	(b) Bo	e 15. ok value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13)  art IX Other Assets.  Complete if the organization answered (a) Default (a) Default (b) Default (c) Default	Yes' to Form 990, Fescription	(b) Bo	e 15.
tal. (Column (b) must equal Form 990, Part X, column (B) line 13)  art IX Other Assets.  Complete if the organization answered (a) Defail (3) (4) (5) (6) (7) (8) (9) (0)  art X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Yes' to Form 990, Fescription	(b) Bo	e 15.
tal. (Column (b) must equal Form 990, Part X, column (B) line 13)  art IX  Other Assets.  Complete if the organization answered (a) De (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Io)  Iotal. (Column (b) must equal Form 990, Part X, column (B), art X  Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	Yes' to Form 990, Fescription	(b) Bo	e 15. ok value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13 )  art IX Other Assets.  Complete if the organization answered (a) December (b) December (b) December (c) Dec	Yes' to Form 990, Fescription	(b) Bo	e 15.
tal. (Column (b) must equal Form 990, Part X, column (B) line 13)  art IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  art X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Yes' to Form 990, Fescription	(b) Bo	e 15. ok valu
tal. (Column (b) must equal Form 990, Part X, column (B) line 13)  art IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  otal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Yes' to Form 990, Fescription	(b) Bo	e 15. ok valu
tal. (Column (b) must equal Form 990, Part X, column (B) line 13 )  art IX Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (0)  otal. (Column (b) must equal Form 990, Part X, column (B), art X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1)	Yes' to Form 990, Fescription	(b) Bo	e 15. ok valu
tal. (Column (b) must equal Form 990, Part X, column (B) line 13 )  art IX Other Assets.  Complete if the organization answered (a) De (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  9)  0)  art X Other Liabilities.  Complete if the organization answered 'Yes' to F  (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (9)  (9)  (1)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (9)	line 15)	(b) Bo	e 15. ok valu

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Schedule D (Form 990) 2013

Schedule D (Form 990) 2013 Bulloch Academy, Inc.	58-1119726	Page 5
Part XIII Supplemental Information (continued)		
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#### SCHEDULE E (Form 990 or 990-EZ)

**Schools** 

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48. ► Attach to Form 990 or Form 990-EZ. OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service Name of the organization

Bulloch Academy, Inc.

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

Open to Public Inspection

Employer identification number

58-1119726

Par	t1			
			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	X	
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	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe If 'No', please explain If you need more space, use Part II	3	×	
	Nondescriminatory policy statement included in newspaper			
	advertisements.			
			1	
	Does the organization maintain the following?	-		
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4 a	X	<u> </u>
b	Records documenting that scholarships and other financial assistance are awarded on a racially			
	nondiscriminatory basis?	4 b	X	<del> </del>
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with			1
	student admissions, programs, and scholarships?		<del></del> -	├
a	Copies of all material used by the organization or on its behalf to solicit contributions?	40	X	1
	If you answered 'No' to any of the above, please explain If you need more space, use Part II.			
			]	
5	Does the organization discriminate by race in any way with respect to			
	Students' rights or privileges?	5 a	, I	X
b	Admissions policies?	5 b	<u> </u>	Х
	Employment of faculty or administrative staff?	5 c		,,
С	Employment of faculty or administrative staff?	50	-	X
d	Scholarships or other financial assistance?	5 d	ı	l x
			<del>                                     </del>	<del>                                     </del>
е	Educational policies?	5 e		Х
		۱	}	1
t	Use of facilities?	51	-	X
а	Athletic programs?	5 9		X
9	Translate programs		1	<del>  ^</del>
h	Other extracurricular activities?	5 H	1	Х
	If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II			
				1
_			]	
	Does the organization receive any financial aid or assistance from a governmental agency?	6 a	+	<del>                                     </del>
D	Has the organization's right to such aid ever been revoked or suspended?	61	<u>'</u>	X
7	If you answered 'Yes' to either line 6a or line 6b, explain on Part II.  Does the organization certify that it has complied with the applicable requirements of sections			
•	4 01 through 4 05 of Rev. Proc 75-50, 1975-2 C.B 587, covering racial nondiscrimination? If			
	'No,' explain on Part II	1 7	l X	1

Part II Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as	
applicable. Also complete this part to provide any other additional information (see instructions).	
Line 6b The school's K-4 program is funded through the State of Georgia's	
Line 6bBright from the Start Program.	
	<del>-</del> -
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#### SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2013

Open to Public Inspection

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 58-1119726 Bulloch Academy, Inc Pt\_VI, Line 11b Form 990 is distributed via email to the executive committee. Pt\_VI, Line 12c \_ Signed statements are maintained by the school's management. Pt\_VI, Line 15b Compensation determined by the Board of Trustees. Pt\_VI, Line 19 Documents are available upon request. Pt\_VI, Line 15a Compensation determined by Board of Trustees.

1

Bulloch Academy, Inc.

58-1119726

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

day school whose mission is to challenge, teach and nurture

tomorrow's leaders today.