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EXTENDED UNTIL MARCH 16, 2015

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.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning AUG 1, 2013 and ending JUL 31, 2014								
Вс	heck if pplicable	C Name of organization		D Employer identifi	cation number			
	Addre	columbus Educational Foundation, inc.						
	Name chang	Doing Business As HERTIAGE ACADEMY	64-0435248					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	e E Telephone numbe	r			
	Termir ated	625 MAGNOLIA LANE		662-	327-5272			
	Ameno	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,252,047.			
	Application pendir	COHOMBOS, MS 39701		H(a) Is this a group r				
	perion	F Name and address of principal officer DR . GREG CARLYLE		for subordinates	= =			
		MAGNOLIA LANE, COLUMBUS, MS 39701		H(b) Are all subordinates i				
		empt status X 501(c)(3)	or 52	-	list. (see instructions)			
		te: WWW.HERITAGEPATRIOTS.COM	1	H(c) Group exemption				
	orm of	organization: X Corporation	I L Yea	er of formation: 1964]	M State of legal domicile: MS			
LFG		55.7.6	ADV A	ND SECONDARY	FDIICATION			
Governance	1	(PRE K-12)						
r S	2	Check this box if the organization discontinued its operations or dispos	ed of mor	re than 25% of its net as				
Š	l	Number of voting members of the governing body (Part VI, line 1a)		. 3	12			
ص ھ	l .	Number of independent voting members of the governing body (Part VI, line 1b)		4	12			
ēs	ŀ	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	113			
Activities	l	Total number of volunteers (estimate if necessary)		6_	0.			
Act	l .	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
	D	Net unrelated business taxable income from Form 990-T, line 34	T	7b				
	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	Prior Year 86,074.	Current Year 43,380.			
Ē	9	Program service revenue (Part VIII, line 2g)	<u>-</u> -	2,762,931.	2,704,089.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,565.	56,783.				
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		205,994.	95,477.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,098,564.	2,899,729.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		22,500.	18,625.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,048,652.	2,055,577.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>_</u>	0.	0.			
ğ	b	Total fundraising expenses (Part IX, column (D), line 25)	97. L					
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	943,916.	814,721.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	3,015,068.	2,888,923.			
	19	Revenue less expenses Subtract line 18 from line (2)		83,496.	10,806.			
S OF		18 JAN 20 2015 S	<u> </u>	Beginning of Current Year	End of Year			
Assets	20	Total assets (Part X, time 16).	⊢	4,260,555. 3,326,360.	4,565,684. 3,643,549.			
≒≂	21	Total liabilities (Part X, Ilne 26) Net assets or fund palances Subtract the 21. from line 20	-	934,195.	922,135.			
	rt II	Signature Block			722,133.			
		ilties of perjury, I declare that I have examined this return, including accompanying schedules	and stater	ments, and to the best of m	v knowledge and helief it is			
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			y kilowidago alia bolici, it is			
1.00	, 00.100	L Gree (unlike	поп ргорал	1/43/	15			
Sig	n	Signature of officer	Date					
Her		DR. GREG CARLYLE, HEADMASTER						
		Type or print name and title						
		Print/Type preparer's name Preparer's name Preparer's name	CPA	Date Check [PTIN			
Paid	l	VIVIAN L. YEATMAN, CPA VIŬIAN L'AYEATMA	M, C	01/13/15 self-empto				
_	oarer	Firm's name T. E. LOTT & COMPANY, CPA S		Fırm's EIN ▶	64-0575804			
Use	Only	Firm's address ▶ PO BOX 471			0 000 5005			
_		COLUMBUS, MS 39703-0471		Phone no. 6 6	2-328-5387			
_		AS discuss this return with the preparer shown above? (see instructions)		·····	X Yes No			
3320	01 10-2	9-13 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.	· \(\nu\)	Form 990 (2013)			

orm	990 (2013) COLUMBUS EDUCATIONAL FOUNDATION, INC. 64-0435248 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission
	EDUCATION OF CHILDREN AND ADOLESCENTS IN GRADES K-12, APPROXIMATELY 501 STUDENTS
	JUL STUDENTS
2	Did the organization undertake any significant program services during the year which were not listed on
	the pnor Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
4	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
• -	revenue, if any, for each program service reported (Code) (Expenses \$ 2,835,272 · including grants of \$ 18,625 ·) (Revenue \$ 2,819,769 ·)
4a	(Code) (Expenses \$ 2,835,272. including grants of \$ 18,625.) (Revenue \$ 2,819,769.) PRIMARY AND SECONDARY EDUCATION (PRE K-12)
	TRIMIT AND BECONDARY BOOCATION (TRE R 12)
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code) (Expenses \$
	
4c	(Code) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses 2.835.272.

Form **990** (2013)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		1.00	
•	If "Yes," complete Schedule A	1	X	
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	_		
3	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			
4		4		x
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			 **
5		_		x
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		 ^
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	 	<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		^
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			ŀ
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			٠,
	If "Yes," complete Schedule D, Part IV .	9		X
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		X
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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
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			1
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u></u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			İ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	L
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		X
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,			
	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		X
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		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		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			Γ
. •	10 and 902 K N/C B accorded Oaked to O. Down	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			t —
	complete Schedule G, Part III	19		X
20:2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		┌╌

Form	990 (2013) COLUMBUS EDUCATIONAL FOUNDATION, INC. 64-043	5248	Р	age 4
Ра	rt IV Checklist of Required Schedules (continued)		Yes	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		res	No
	government on Part IX, column (A), line 1º 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 2? 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	ľ		
	Schedule J	23		X
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	İ		
	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 prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			Į .
	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			v
~~	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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20-		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		- 23
·	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
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
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Х Form 990 (2013)

36

37

X

X

36

If "Yes," complete Schedule R, Part V, line 2

Note. All Form 990 filers are required to complete Schedule O

Page 5

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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 113			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			3.7
_	any contributions that were not tax deductible as chantable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		,
7	Organizations that may receive deductible contributions under section 170(c).			Х
		7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
·	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		4
		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	L		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
D	Gross income from other sources (Do not net amounts due or paid to other sources against			
120	amounts due or received from them) 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	124		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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.			
ь	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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2013)

COLUMBUS EDUCATIONAL FOUNDATION, INC.

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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 12 1a Enter the number of voting members of the governing body at the end of the tax year 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. 12 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? Х b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X q organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Х 10a Did the organization have local chapters, branches, or affiliates? 10a 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 **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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website ____ Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization LONDA LEBRUN - 662-327-5272 39701 625 MAGNOLIA LANE, COLUMBUS,

_			
Form	990	(201)	13)

COLUMBUS EDUCATIONAL FOUNDATION, INC.

64-0435248

Page 7

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 an	viline 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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	, do	not c	Pos	ition	l than c	nne.	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson I	s both	an	compensation	compensation	amount of
	week		ceran	o a o	recto	r/trus	ree)	from	from related	other
	(list any	ecto			ŀ			the	organizations	compensation
	hours for	p io	8		l	ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		g	bens		(W-2/1099-MISC)		organization
	organizations below	ual tr	iona		gloy	t co				and related organizations
	line)	Individual trustee or director	nstitu	Officer	(ey en	Highest compensated employee	orme			Organizations
(1) KIRK HARDY	1.00									
TREASURER		Х		Х	ŀ			0.	0.	0.
(2) STEVAN BLACK	1.00									
DIRECTOR		X						0.	0.	0.
(3) JAMIE ANDERSON	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) TODD GALE	1.00									
DIRECTOR		X						0.	0.	0.
(5) CHIP GERBER	1.00									
DIRECTOR		X			<u> </u>			0.	0.	0.
(6) AMY ELLIS	1.00									
VICE-PRESIDENT		Х		X	L			0.	0.	0.
(7) ALLISON KIZER	1.00							_	_	_
DIRECTOR		Х			<u> </u>			0.	0.	0.
(8) LEAH ELLIS	1.00									
DIRECTOR		Х						0.	0.	0.
(9) PAM FOSTER	1.00							_	_	_
DIRECTOR		Х		L	L_			0.	0.	0.
(10) MICHELLE WHITTLE	1.00									_
DIRECTOR		Х		L	ļ.,	ļ		0.	0.	0.
(11) TRIP HAIRSTON	1.00								_	_
SECRETARY		Х		X	ļ	Ĺ	L	0.	0.	0.
(12) JEFF FARNHAM	1.00									
EX-OFFICER		_	Х	<u> </u>	ļ		<u>. </u>	0.	0.	0.
				 		_	<u> </u>			
	·				-					
										
		\vdash								
					L					
	<u></u>							L		

1b Sub-total

	the organization. Report compensation for the calendar year ending with or within the organization's tax year.								
	(A) Name and business address	NONE	(B) Description of services	(C) Compensation					
									
2	Total number of independent contractors (including but	not limited to those	listed above) who received more than						
	\$100,000 of compensation from the organization	0		1					

Check if Schedule O contains a response or note to any line in this Part VIII								
					(A)	(B)	(C)	(D) Revenue excluded
					Total revenue	Related or exempt function	Unrelated business	from tax under
1					<u> </u>	revenue	revenue	sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
	С	Fundraising events	1c		1			
	d	Related organizations	1d]			
양譜	е	Government grants (contribut	ions) 1e					1
ons,	f	All other contributions, gifts, gran	its, and					
돌혈		similar amounts not included abor	· I I	43,380.				
₫9	q	Noncash contributions included in lines	1a-1f \$		1			
ည်ရှိ	h	Total. Add lines 1a-1f			43,380.			
				Business Code				
φ.	2 a	INCOME-TUITION		900099	2,370,325.	2,370,325.		
[ځ	b	REGISTRATION FE	ES	900099	193,701.	193,701.		
Program Service Revenue	С	BUILDING FUND		900099	72,050.	72,050.		
E a	d	TECH FEE		900099	59,500.	59,500.		
βď	е	GATE RECEIPTS		900099	47,668.	47,668.		
P.	f	All other program service reve	enue	900099	-39,155.	-39,155.		
		Total. Add lines 2a-2f			2,704,089.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		•	43,109.	43,109.		
	4	Income from investment of tax	x-exempt bond p	roceeds			•	
	5	Royalties		•				
		•	(i) Real	(ii) Personal	7.		<i>Je 1</i>	
	6 a	Gross rents				/ · · · · ·		
	b	Less rental expenses						× 、
		Rental income or (loss)						
		Net rental income or (loss)		•				<u> </u>
	7 a	Gross amount from sales of	(i) Securities	(iı) Other				
		assets other than inventory		13,674.]			
i	b	Less: cost or other basis						
		and sales expenses		0.				
- 1	С	Gain or (loss)		13,674.	1			
		Net gain or (loss)			13,674.	13,674.		
	8 a	Gross income from fundraising	g events (not					
ã		including \$	of	1				
Other Revenu		contributions reported on line	1c). See					
Ě		Part IV, line 18	a	138,718.				
흁	b	Less direct expenses		102,138.	1			
Ò	С	Net income or (loss) from fund	draising events	•	36,580.			36,580.
		Gross income from gaming ac	_					
		Part IV, line 19	а					
	b	Less direct expenses	b		1			
	С	Net income or (loss) from gam	ning activities	. ▶				
		Gross sales of inventory, less	=					
		and allowances		292,188.				
	b	Less cost of goods sold		250,180.		İ		1
		Net income or (loss) from sale			42,008.	42,008.		
		Miscellaneous Revenu		Business Code				
	11 a	MISC. REVENUE-R	ELATED-	900099	16,889.	16,889.		
	b							
1	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		>	16,889.			
	12	Total revenue. See instructions.			2,899,729.	2,819,769.	0.	
33200 10-29	9 13							Form 990 (2013)

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		-	nplete column (A).	
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in	40.55			
	the United States See Part IV, line 22	18,625.	18,625.		
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		-		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1 060 050	1 062 052		·
7	Other salaries and wages	1,862,852.	1,862,852.		
8	Pension plan accruals and contributions (include	21 400		21 400	
_	section 401(k) and 403(b) employer contributions)	31,489. 12,923.		31,489.	
9	Other employee benefits	148,313.	148,313.	12,323.	
10	Payroll taxes	140,313.	140,313.		
11	Fees for services (non-employees)				
a	Management				
b	Legal Accounting	6,252.		6,252.	
c d	Lobbying	0,252.		0,232.	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	5,974.	2,987.	2,390.	597.
13	Office expenses	36,093.	36,093.		
14	Information technology	12,032.	12,032.		
15	Royalties				, <u>-</u>
16	Occupancy	260,883.	260,883.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	15,797.	15,797.		· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	230,095.	230,095.		,
23	Insurance	39,460.	39,460.		
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 0.)				
а	ATHLETICS	125,726.	125,726.		
b	COMPUTER MAINTENANCE	29,215.	29,215.		*
c	WORKBOOKS	20,043.	20,043.		· ·
d	DUES AND SUBSCRIPTIONS	12,032.	12,032.		
е	All other expenses	21,119.	21,119.		
25	Total functional expenses. Add lines 1 through 24e	2,888,923.	2,835,272.	53,054.	597.
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)				

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 77,901. 70,637. Cash - non-interest-bearing 1 662,504. Savings and temporary cash investments 2 901,349. 2 3 Pledges and grants receivable, net 3 1,095,814. 1,182,906. Accounts receivable, net 4 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete 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 Assets Notes and loans receivable, net 7 2,718. 4,262. Inventories for sale or use 8 17,367. 61,025. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 5,615,015. basis. Complete Part VI of Schedule D 10a 2,404,251. 3,269,510. 2,345,505. 10b 10c b Less: accumulated depreciation Investments - publicly traded securities 11 12 12 Investments - other securties See Part IV, line 11 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 4,260,555 4,565,684. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 318,782. 331,486. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 2,528,449. 2,818,862. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 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 32,881. 23 Secured mortgages and notes payable to unrelated third parties 23 446,248. 467,843. 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 0. 25,358. Schedule D 25 3,326,360. 3,643,549. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 28 Temporanly restricted net assets 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here X and complete lines 30 through 34. 0. 0. 30 Capital stock or trust principal, or current funds 0. 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 934,195. 922,135. 32 Retained earnings, endowment, accumulated income, or other funds 32 934,195. 922,135. 33 33 Total net assets or fund balances 4,260,555. 4,565,684. Total liabilities and net assets/fund balances 34

orm	990 (2013) COLUMBUS EDUCATIONAL FOUNDATION, INC.	64-04	35248	Pa	ge 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
					•
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,899		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,888		
3	Revenue less expenses. Subtract line 2 from line 1	3		_	<u>06.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	934	1,1	<u>95.</u>
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	-22	2,8	66.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	922	2,1	<u>35.</u>
Par	t XII Financial Statements and Reporting				
_	Check if Schedule O contains a response or note to any line in this Part XII	-			X
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C)			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		,	
	separate basis, consolidated basis, or both.				
	Separate basis Consolidated basis Both consolidated and separate basis				,
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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		1	`	
	X Separate basis Consolidated basis Both consolidated and separate basis				4.7
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	lule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audit			
	Act and OMB Circular A·133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		35		1

Form **990** (2013)

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

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.

Open to Public

OMB No 1545-0047

Internal Revenue Service Name of the organization

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

Inspection

				S EDUCATIONA						<u> </u>	4-0435	248
Pa	art T	Reason	for Public Chari	ty Status (All organiz	ations mus	st complet	e this part	.) See insti	ructions			
Πhe	organ	zation is not a	private foundation t	pecause it is. (For lines 1	through 1	1, check o	nly one bo	ox)				
1		A church, cor	nvention of churches	s, or association of churc	hes descri	ibed in se	ction 170	(b)(1)(A)(i)				
2	X	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E)							
3		A hospital or	a cooperative hospit	tal service organization of	lescribed ii	section	170(b)(1)(A)(iii).				
4		A medical res	search organization of	operated in conjunction v	with a hose	ortal descri	ibed in se	ction 170	(b)(1)(A)(iii). Enter	the hospital	's name,
Ī		city, and state			•					•		
5		•		benefit of a college or un	iversity ow	ned or op	erated by	a governm	ental unit	describe	ed in	
Ū	_	-	(b)(1)(A)(iv) . (Comple	-	,	•	,	J				
6				ent or governmental unit	described	ın sectio	n 170/b)/1	γΔγω				
7	\equiv	· ·	. •	eives a substantial part o					from the o	neneral d	oublic descri	bed in
•		-	b)(1)(A)(vi). (Comple		n no ouppe	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	90.0			go		
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)										
9	\Box	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from										
Ŭ	ليبيا	•	•	nctions - subject to certain					-		-	-
				exable income (less section								
			509(a)(2). (Complete		01101110	y nom bac		oquilou by	une organ	·zation a	inter danie de	, 1070.
10				perated exclusively to tes	t for public	safety S	ee sectio	n 509(a)(4	ı s			
11	H			perated exclusively for th	•	•			•	out the	nurnoses of	one or
•	ш	•		•		-			_		•	
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.											
		a Type I			ype III - Fur	_		,	I 🔲 Тур	e III - No	n-functionall	v integrated
e				t the organization is not	•	•	_				•	, ,
٠		, ,	•	nan one or more publicly		•	•	•	•	•		
f	•		•	ten determination from t	• •	•			•	,-,(-,	(-7(-7
•		•	rganization, check th				. , .,,,	.,,				
ç	1		*	rganization accepted an	v aift or ca	ntribution	from any o	of the follo	wina perso	ons?		<u></u>
=	•	•		rectly controls, either ale			-		• •			Yes No
		• •	_	upported organization?	J				`, `	,	11g(i)	
		_	• •	described in (i) above?					•		11g(ii)	
			•	person described in (i) o	r (iı) above	?		•			11g(iii)	
H	,		•	about the supported org								
·			.		,	,						
7.	\ Mama	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	organization	(v) Did voi	notify the	(vi) Is	the	(vu) Amount	of monetary
(1	•	inization	(11) E 114	(described on lines 1-9	in col. (i) lis			ion in col.	organizátio (i) organiz	on in col.	sup	-
	0. gc			above or IRC section	governing (document?	(i) of your	support?	Ü.S	.?		
				(see instructions))	Yes	No	Yes	No	Yes	No	1	
		-										
									<u> </u>		l	
									ļ	<u></u>		
								_				
								-				

Schedule A (Form 990 or 990-EZ) 2013 COLUMBUS EDUCATIONAL FOUNDATION, INC. 64-0435248 Page 2

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								
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants ")								
2	Tax revenues levied for the organ-			-					
	ization'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								
Ŭ	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			L	<u> </u>	<u> </u>			
	······	(a) 2000	(b) 2010	/a\ 2011	(4) 2012	(a) 2012	(f) Total		
	ndar year (or fiscal year beginning in)	(a) 2009	(0) 2010	(c) 2011	(d) 2012	(e) 2013	(I) Total		
_	Gross income from interest,			<u>'</u>		-			
8	·					[
	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)								
	Total support. Add lines 7 through 10				·				
	Gross receipts from related activities,	•				12			
13	First five years. If the Form 990 is for	-	first, second, thire	d, fourth, or fifth ta	x year as a sectior	1 501(c)(3)			
200	organization, check this box and storetion C. Computation of Publi	here C Support Per	centage			- <u> </u>	P		
									
	Public support percentage for 2013 (li		•	olumn (f))		14	%		
	Public support percentage from 2012					15	%		
16a	33 1/3% support test - 2013. If the c	_			14 is 33 1/3% or m	ore, check this box	and		
	stop here. The organization qualifies		_	• • • • • • • • • • • • • • • • • • • •			. ▶		
b	b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qualifies as a publicly supported organization								
17a	7a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization								
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
b	10% -facts-and-circumstances test	- 2012. If the org	anization did not d	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or		
	more, and if the organization meets the				•				
	organization meets the "facts-and-circ						▶□		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

(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

50/	qualify under the tests listed be tion A. Public Support	elow, please comp	лете Рап п.)						—
		(a) 2000	(b) 2010	(a) 2011	(4) 2012	1 .	N 2012	(f) Total	—
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	 	2013	(f) Total	—
1	Gifts, grants, contributions, and								
	membership fees received. (Do not include any "unusual grants")								
^	•				 	╁	-		
2	Gross receipts from admissions, merchandise sold or services per-								
	formed, or facilities furnished in								
	any activity that is related to the								
	organization's tax-exempt purpose	<u> </u>				 -			—
3	Gross receipts from activities that								
	are not an unrelated trade or bus-								
	iness under section 513					 			
4	Tax revenues levied for the organ-					}			
	ization's benefit and either paid to						İ		
	or expended on its behalf					<u> </u>			
5	The value of services or facilities					}			
	furnished by a governmental unit to				l .				
	the organization without charge					<u> </u>		=	
6	Total. Add lines 1 through 5				ļ. ———	<u> </u>			_
7 a	Amounts included on lines 1, 2, and								
	3 received from disqualified persons					ļ			
b	Amounts included on lines 2 and 3 received								
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year								
c	Add lines 7a and 7b	L				<u> </u>			
	Public support (Subtract line 7¢ from line 6)				<u> </u>	<u> </u>			
Sec	tion B. Total Support					,			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(2013	(f) Total	_
9	Amounts from line 6					ļ			
10 a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties				1				
	and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975				}				
c	Add lines 10a and 10b								_
11	Net income from unrelated business								_
	activities not included in line 10b,								
	whether or not the business is regularly carried on								
12	Other income Do not include gain								_
	or loss from the sale of capital								
13	assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12)				 	†			_
	First five years. If the Form 990 is for	the organization's	e first second thir	t fourth or fifth to	av vear as a sectio	n 501/c	·//3/ organiza	tion	_
14	check this box and stop here	uic organization	o mot, occoria, am	3, 10dru 1, 01 mar a	in your as a seeme	55	no organiza	on, ▶□	\neg
Sec	ction C. Computation of Publi	c Support Per	centage					····	
	Public support percentage for 2013 (I			olumn (fl)		15		·	%
	Public support percentage from 2012		•			16			<u>%</u>
	ction D. Computation of Inves					11	-		<u>~~</u>
	Investment income percentage for 20			e 13. column (fi)		17			<u>%</u>
	Investment income percentage from				•	18			/ 0 %
	33 1/3% support tests - 2013. If the			on line 14, and line	e 15 is more than :		6. and line 17	' is not	<u>~</u>
	more than 33 1/3%, check this box ar	-					., 17		7
,	33 1/3% support tests - 2012. If the	="	•				 n 33 1/3% a₁	► <u></u> nd	_
•	line 18 is not more than 33 1/3%, che	•						_	\neg
20	Private foundation. If the organization								₹
٧_	Tivate Ioginaduon, ii tile olyanizatto	ar did not dilect d	201 OIT III 10 14, 13	4, OF 130, GIRCH II	IIU DON AIRU SEE III	J. I JULIO			<u> </u>

Schedule A	(Form 990 or 990-EZ) 2013 COLUMBUS	EDUCATIONAL	FOUNDATION,	INC.	64-0435248 Page 4
Part IV	Supplemental Information. Provide	the explanations require	d by Part II, line 10, Par	t II, line 17a or 17	b, and Part III, line 12
	Also complete this part for any additional info	ormation (See instruction	ns)		
_ .	······································				
		 	<u>.</u>		
			 	 	
				· · · · · · · · · · · · · · · · · · ·	
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			·		
					
	· · · · · · · · · · · · · · · · · · ·				
			-		<u> </u>
		· 			
					
		<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.irs.com

13 Open to Public Inspection

Name of the organization

COLUMBUS EDUCATIONAL FOUNDATION, INC.

Employer identification number 64-0435248

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds or A	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 (dunng year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advised fu	nds
•	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor a		 ···
_	for charitable purposes and not for the benefit of the donor or		•
	impermissible private benefit?		Yes No
Par		ganization answered "Yes" to Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	real control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the c	ally important land area
	Protection of natural habitat	Preservation of a certified	• •
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of a c	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 stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	• •	
	listed in the National Register	,	2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	nization during the tax
	year >		
4	Number of states where property subject to conservation eas	ement is located >	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements during	the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during the y	rear > \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(l	B)(ı)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense state	ment, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes the o	rganization's accounting for
-	conservation easements		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8	····
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ubition, education, or research in furtherance o	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial gain	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

		S EDUCATIO						<u>043524</u>	
L	t III Organizations Maintaining C								
3	Using the organization's acquisition, accession	on, and other record	is, check	any of the f	ollowing that	tare a sı	gnificant use of	its collection	ı ıtems
	(check all that apply).								
а	Public exhibition	•			hange progra	ams			
b	Scholarly research	•	е 📙 (Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	-		-	_			Part XIII	
5	During the year, did the organization solicit or				•	er sımılaı	assets		
_	to be sold to raise funds rather than to be ma							Yes	No_
Par	t IV Escrow and Custodial Arrang		lete if the	organizatio	n answered	"Yes" to	Form 990, Part	IV, line 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for c	ontributions	s or other as:	sets not	included		<u>г</u>
	on Form 990, Part X?							Yes	L No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing ta	ıble			<u></u>		
								Amour	<u>nt</u>
	Beginning balance						1c		
	Additions during the year						1d		
e	Distributions during the year						1e		
T O	Ending balance	000 Dart V I	. 010						
	Did the organization include an amount on Fo) - 4 VIII		Yes	∐ No
Par	t V Endowment Funds. Complete in						0	****	
<u> </u>	Endowner: ando: Complete	(a) Current year		rior year	· ·		(d) Three years b	ack (a) Fou	r years back
10	Reginning of year balance	(a) Current year	(0) [1	ioi yeai	(C) TWO yea	15 Dack	(u) Three years b	ack (e) 100	I years back
	Beginning of year balance Contributions	 -	 						
D	Net investment earnings, gains, and losses								
c d									
	Other expenditures for facilities								• • • • • • • • • • • • • • • • • • • •
-	and programs								
•	Administrative expenses		<u> </u>					-	
g	End of year balance		1						
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1a	column (a)	\ held as				
~ a	Board designated or quasi-endowment		%	, 001011111 (4)	,				
	Permanent endowment	%	—··-						
	Temporarily restricted endowment	 %							
_	The percentages in lines 2a, 2b, and 2c shou								
За	Are there endowment funds not in the posses	•	ation that	are held an	id administer	red for th	ne organization		
	by	J					J		Yes No
	(i) unrelated organizations							3a(ı)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	n Schedu	ıle R?				3b	
4	Describe in Part XIII the intended uses of the	organization's endo	owment fu	ınds					
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" to Form 990), Part IV,	line 11a. Se	ee Form 990	, Part X,	line 10.		
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccumulated	(d) Boo	k value
		basis (invest		basis ((other)	de	preciation		
1a	Land .	155,							5,797.
b	Buildings	3,628,	179.			1,	975,808.	1,65	2,371.
С	Leasehold improvements								
d	Equipment .	1,831,	039.			1,	293,702.	53	7,337.
<u>e</u>	Other						<u>.</u>		
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. colum	n (B), line 10	O(c).)		>	2,34	5,505.

1.	(a) Description of liability		(b) Book value	
(1)	Federal income taxes			
(2)	NOTES PAYABLE - WELLS FARGO		11,156.	
(3)	APPLE COMPUTER LEASE		14,202.	
(4)				
(5)				
(6)				
(7)				
(8)		ì		
(9)		Ì		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 25.)	▶	25,358.	

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

Sche	edule D (Form 990) 2013 COLUMBUS EDUCATIONAL FOUNDA			0435248 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per Re	eturn.	
	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	2,899,729.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
а	Net unrealized gains on investments	2a	4	
b	Donated services and use of facilities	2b	-l	
С	Recoveries of prior year grants	2c	-	
d	Other (Describe in Part XIII.)	2d	+	^
e	Add lines 2a through 2d		2e	2,899,729.
3	Subtract line 2e from line 1		3	2,033,123.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4- 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	┨ ┃	
b	Other (Describe in Part XIII.) Add lines 4a and 4b	40 [4c	0 .
С 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	2,899,729.
	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per I	Returi	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a			
1	Total expenses and losses per audited financial statements	 	1	2,888,923.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b]	
С	Other losses	2c]	
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,888,923.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1 1	
b	Other (Describe in Part XIII)	4b	\sqcup	_
С	Add lines 4a and 4b		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	2,888,923.
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part I		1; Part X	K, line 2, Part XI,
lines	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any addit	tional information.		
PAI	RT X, LINE 2:			
EXI	PLANATION: THE FOUNDATION FOLLOWS THE GUIDA	NCE OF FASB TOPI	C AS	SC 740,
				
AC(COUNTING FOR UNCERTAINTY IN INCOME TAXES.	AS OF JULY 31, 2	014	, THE
FOU	JNDATION HAD NO UNCERTAIN TAX POSITIONS THA	T QUALIFY FOR DI	SCL	OSURE IN
TH1	FINANCIAL STATEMENTS. THE FOUNDATION FIL	ES AN ANNUAL FOR	M 99	O WITH
THI	E INTERNAL REVENUE SERVICE, AND ITS TAX RET	URNS FOR THE FIS	CAL	YEAR 2011
		mo ====================================		
ANI	SUBSEQUENT YEARS REMAIN OPEN AND SUBJECT	TO EXAMINATION E	3Y T2	
א דדר	RUAD TIMTE C			
AU.	THORITIES.			
				
	······································			

SCHEDULE E

(Form 990 or 990-EZ)

Schools
Complete if the organization answered "Yes

➤ 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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

COLUMBUS EDUCATIONAL FOUNDATION, INC

Employer identification number 64-0435248

Pal				
			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	<u>L</u> .
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	<u> </u>
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	X	
	NONDISCRIMINATION POLICY IS STATED IN ADVERTISEMENTS AND ON			
	THE PROMISSORY NOTE FOR SCHOOL TUITION.			
	Described to the fellows 0			
4	Does the organization maintain the following?	<u> </u>	v	
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	ļ
b		4b	Λ	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	١.	х	
	admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	4c	X	
a	If you answered "No" to any of the above, please explain If you need more space, use Part II	4d	Λ	
			,	
			٠	,
5	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	5a		X
b	Admissions policies?	5b		Х
С	Employment of faculty or administrative staff?	5c		X
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		X
f	Use of facilities?	5f		<u> </u>
g	Athletic programs?	5g		Х
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	X	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of			
	Rev Proc. 75-50, 1975-2 C B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	Х	

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

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

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.											
LINE 6 -	EXP	LANATI(ON OF	GOVERNM	ENT F	INAN	CIAL A	ID:			·
EXPLANAT	ION:	7,250	WAS	RECEIVE	FROM	THE	STATE	OF	MISSISSIPPI	FOR	THE
DRIVERS'	EDU	CATION	PROG	RAM							
					· -						
									· · · · · · · · · · · · · · · · · · ·		
				<u>-</u>							
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			_								

SCHEDULE G

(Form 990 or 990-EZ)

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

Department of the Treasury Internal Revenue Service

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

Inspection

vame of the organization COLUMBU	S EDUCATIONAL FOUNI	DAT]	ON,	INC.	64-0435	248
Part I Fundraising Activities required to complete this par	Complete if the organization answert	red "Y	es" to	Form 990, Part IV, II	ne 17 Form 990-EZ	filers are not
Indicate whether the organization rais	sed funds through any of the following e Solicitat s f Solicitat g Special or oral agreement with any individual eart VII) or entity in connection with prividuals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-go goven ising e ing off onal fu	overnment grants nment grants events ficers, directors, trus indraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(iı) Actıvıty	(iii) fundr have cu or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			>			
3 List all states in which the organization or licensing	on is registered or licensed to solicit c	ontnb	utions	or has been notified	it is exempt from re	gistration
						
						

	edu I rt	3 -,	e organization answered	d "Yes" to Form 990, Part	IV, line 18, or reported r	
		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000
			(a) Event #1	(b) Event #2	(c) Other events	(d) Takal aventa
	j			FOOTBALL		(d) Total events
				FUND RAISING	8	(add col. (a) through
			(event type)	(event type)	(total number)	col (c))
æ			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts		53,041.	85,677.	138,718.
α						
	2	Less. Contributions	 			
	3	Gross income (line 1 minus line 2)		53,041.	85,677.	138,718.
	4	Cash pnzes		1		
		,				
	5	Noncash prizes				
es						
ens	6	Rent/facility costs				
Direct Expenses		·				
<u></u>	7	Food and beverages				
ĕ	•	1 ood and beverages		<u> </u>		
Δ	_	Fata da a sa at				
	8	Entertainment		21 (26	70 510	100 100
	9	Other direct expenses	<u> </u>	31,626.	70,512.	102,138.
	10	Direct expense summary Add lines 4 through	* *		•	102,138.
-		Net income summary Subtract line 10 from li				36,580.
Pa	irt I	II Gaming. Complete if the organization a	answered "Yes" to Form	990, Part IV, line 19, or re	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
•			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Ĕ			(a) bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Revenue						
ď	1	Gross revenue				
	2	Cash prizes				
ses	_	Cash phizos				
Expenses	_	Nameskames				
꼾	3	Noncash prizes				
ಕ						
Dire	4	Rent/facility costs				
Ц						
	5	Other direct expenses				
			Yes %	☐ Yes %	Yes %	
	6	Volunteer labor	No No	□ No	☐ No	
	7	Direct expense summary Add lines 2 through	5 in column (d)		•	
	ľ					
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	0	Net garning income summary. Subtract line I	monthine 1, column (a)	· · · · · · · · · · · · · · · · · · ·		
_						
		ter the state(s) in which the organization operat				
а	ls t	the organization licensed to operate gaming ac	tivities in each of these s	states?		Yes No
b	If "	No," explain				
						
10a	We	ere any of the organization's gaming licenses re	voked, suspended or te	rminated during the tax ve	ear?	Yes No
		Yes," explain:	·	J , ,	••	
~						
	_					
	_					

Sch	edule G (Form 990 or 990 EZ) 2013 COLUMBUS EDUCATIONAL FOUNDATION, INC. 64-	0435248	Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity operated in.		
	The organization's facility	13a	%
	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records.	<u></u>	•
• •	The file half and address of the person time propulse the organization of gaming opening books and records.		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	: If "Yes," enter name and address of the third party		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
			
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make chantable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	∏ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	lines 9, 9b, 10b	o, 15b,
	100, 10, and 110, as applicable 200 complete this part to provide any additional miorination (see instructions).		· ·

			<u> </u>

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

Part I

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

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

2013 OMB No 1545-0047

Open to Public Inspection

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

8 • Employer identification number 64-0435248 X Yes 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 INC. FOUNDATION, COLUMBUS EDUCATIONAL General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

2 Des	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	oring the use of grant t	funds in the United	States			
Part II	Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Sovernments and	I Organizations in the	United States. C	omplete if the orga	nization answered "Ye	ss" to Form 990, Part IV	, line 21, for any
	recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	5,000 Part II can	be duplicated if additic	onal space is neede	þ			
1 (2)	4 (a) Name and address of organization	NIE (Y)	(c) IBC section	section (a) Amount of (a) Amount of	(a) Amount of	(f) Method of	to notaring of	(h) Purpose of grant

recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	5,000 Part II can	be duplicated if additic	onal space is neede	þe			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	of government org	janizations listed in the table	e line 1 table				

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

Schedule I (Form 990) (2013)

Page 2 Schedule I (Form 990) (2013) (f) Description of non-cash assistance 64-0435248 (e) Method of valuation (book, FMV, appraisal, other) Schedule I (Form 990) (2013) COLUMBUS EDUCATIONAL FOUNDATION, INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed. Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance 。 18,625, (c) Amount of cash grant (b) Number of recipients 22 (a) Type of grant or assistance TUITION ASSISTANCE 332102 10-29-13

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

COLUMBUS EDUCATIONAL FOUNDATION, INC.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 **Employer identification number** 64-0435248

FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: THE HEADMASTER REVIEWS THE 990 PRIOR TO SIGNING.
FORM 990, PART VI, SECTION B, LINE 15:
EXPLANATION: THE FINANCE COMMITTEE IS RESPONSIBLE FOR REVIEWING THE
CONTRACTS OF ALL EMPLOYEES AND DETERMINING FUTURE COMPENSATION SUBJECT TO
BOARD APPROVAL.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: DOCUMENTS AVAILABLE AT OFFICE UPON REQUEST
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
PRIOR PERIOD ADJUSTMENT FOR DEPRECIATION -22,866.
FORM 990, PART XII, LINE 2C:
EXPLANATION: NO CHANGE.

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

Business or activity to which this form relates

990

Identifying number

COLUMBUS EDUCATIONAL FO	וחדיים	N. TNC.	FOR	м 9	90 F	PAGE 10		64-0435248		
Part I Election To Expense Certain Property							/ hefore v			
Maximum amount (see instructions)	7 011201 00011011 11	o itala. II yo	iu nave any ns	iteu pri	operty.	complete rait	1	500,000.		
2 Total cost of section 179 property placed	d in service (see	instructions)					2	1,001.		
3 Threshold cost of section 179 property b	•	•				-	3	2,000,000.		
4 Reduction in limitation Subtract line 3 fr			ът -О-				4	0.		
5 Dollar limitation for tax year Subtract line 4 from line 1				- netructio	ne		5	500,000.		
6 (a) Description of prop		<u></u>	(b) Cost (busin			(c) Elected	cost			
MATH TEXTBOOKS				2,0	03.	1	,001.	1		
							<u> </u>	1		
								1		
7 Listed property Enter the amount from the	ine 29				7					
8 Total elected cost of section 179 proper	ty Add amounts	ın column (c), lines 6 and	7			8	1,001.		
9 Tentative deduction. Enter the smaller of	of line 5 or line 8						9	1,001.		
10 Carryover of disallowed deduction from I	ine 13 of your 20	012 Form 450	62				10			
11 Business income limitation. Enter the sm	aller of business	income (not	less than zero	o) or lu	ne 5		11	500,000.		
12 Section 179 expense deduction Add line	es 9 and 10, but	do not enter	more than lin	e 11			12	1,001.		
13 Carryover of disallowed deduction to 20	14 Add lines 9 a	ınd 10, less lı	ne 12		13					
Note: Do not use Part II or Part III below for	isted property Ir	nstead, use P	Part V.							
Part II Special Depreciation Allowance and Other Depreciation (Do not Include listed property)										
14 Special depreciation allowance for qualif	ied property (oth	er than listed	d property) pla	aced in	service	e dunng				
the tax year							14			
15 Property subject to section 168(f)(1) elec	tion .						15			
16 Other depreciation (including ACRS) 16								71,082.		
Part III MACRS Depreciation (Do not include listed property) (See instructions.)										
Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2013 17 15 7										
17 MACRS deductions for assets placed in service in tax years beginning before 2013										
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System										
Section B - Assets F	· · · · · · · · · · · · · · · · · · ·			Jsing t	the Ger	neral Deprecia	tion Syste	em T		
(a) Classification of property	(b) Month and year placed in service	(business/ir	r depreciation ivestment use instructions)		Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction		
19a 3-year property										
b 5-year property										
c 7-year property]									
d 10-year property										
e 15-year property										
f 20-year property			·····	<u> </u>						
g 25-year property				2	5 yrs		S/L			
h Residential rental property	/			27	7 5 yrs	MM	S/L			
The siderital rental property	/		······································	27	⁷ 5 yrs.	MM	S/L			
i Nonresidential real property	/			3	9 yrs	MM	S/L			
	/	<u> </u>		L		MM	S/L			
Section C - Assets PI	aced in Service	During 2013	3 Tax Year Us	ing th	e Alter	native Depreci	ation Sys	tem		
20a Class life		ļ					S/L			
b 12-year		ļ		1	2 yrs		S/L			
c 40-year	/			4	0 yrs	MM	_ S/L	<u> </u>		
Part IV Summary (See instructions)							 -	,		
21 Listed property Enter amount from line						••	21			
22 Total. Add amounts from line 12, lines 1. Enter here and on the appropriate lines of	-							220 202		
			ad C ac			-				
23 For assets shown above and placed in s	-		-	ions - s	see inst	<u>r</u>		229,292.		

Fo	rm 4562 (2013)	COL	UMBUS E	DUCA	TION	AL F	OUND	ATIC	ON, I	NC.		64-	0435	248	Page 2	
	art V Listed Proper										d for en					
_	amusement)															
	Note: For any through (c) of S	vehicle for wi Section A. all	nich you are us of Section B.	sing the and Sec	standard tion C if	i mileagi aoolicat	e rate or ole.	deduc	ting leas	e expens	e, compl	ete oni	y 24a, 24	ib, colun	nns (a)	
			on and Other					nstruct	tions for i	ımıts for	passena	er auton	nobiles.)			
24	a Do you have evidence to s						es 🗌	No		es," is t				Yes [No	
-	(a)	(b)	(c)		(d)	T	(e)		(f)	T '	(g)	Ĭ	(h)		(i)	
	Type of property	Date	Business/		Cost or		us for depre		Recovery		thod/	I -	eciation	Ele	cted	
	(list vehicles first)	placed in service	investment use percentag		ther basis	(Du	siness/inve use only		period	Con	vention	ded	uction		n 179 Ost	
25	Special depreciation alle				nlaced	in servic	e durina	the ta	v vear an		1	†			,51	
س	used more than 50% in	•		эгоролгу	piaceo	iii sci vic	c during	uic ta	A year ar	u	25		0.			
26				SS 11SB	-					•		<u> </u>				
20	1 Toporty asca more tha	1 3070 111 4 40		6						1		1			-	
	·	 								-		 				
_				6						+		∤				
	D . 1500/ 1		·	6						ــــــــــــــــــــــــــــــــــــــ		<u> </u>				
<u>27</u>	Property used 50% or le	ess in a qualit								T						
		ļ		6						S/L ·		<u> </u>				
_		ļ	9	6						S/L ·						
_		ļ ,	. 9	6						S/L·						
28	Add amounts in column	(h), lines 25	through 27 E	nter here	e and on	line 21,	page 1				28]				
<u>29</u>	Add amounts in column	(i), line 26 E	nter here and	on line	7, page	1							29			
			S	ection	B - Infor	mation	on Use	of Veh	icles							
Со	mplete this section for ve	hicles used b	oy a sole prop	rietor, pa	artner, o	r other "	more tha	an 5% d	owner," c	r related	person	If you p	rovided v	ehicles		
to	your employees, first ans	wer the ques	tions in Section	n C to s	ee if you	ı meet a	n except	tion to	completi	ng this s	ection fo	r those v	vehicles			
		•			•		•		·							
				(a)	(b)		(c)	1 6	d)	(e)	(f)	
30	Total business/investment	miles driven di	uring the	l	hicle		nicle	Ιv	'ehicle	1	hicle		hicle	_	Vehicle	
year (do not include commuting miles)									701							
31 Total commuting miles driven during the year																
	Total other personal (no			-		 	· · · · ·			 						
32	·	ricommunity)) filles													
	driven			-		<u> </u>				+			- d			
33	Total miles driven dunn															
	Add lines 30 through 32			<u></u>	1	<u> </u>	T		T	+	T .	ļ	1			
34	Was the vehicle availab	le for persona	al use	Yes	No_	Yes	No	Yes	No	Yes	No	Yes	No_	Yes	No_	
	during off-duty hours?				<u> </u>		ļ			 	<u> </u>	ļ	ļ			
35	Was the vehicle used p	rımarıly by a r	more	ļ									1			
	than 5% owner or relate	ed person?		ļ	ļ											
36	Is another vehicle availa	ble for perso	nal	İ		:]	ļ	1			
	use?			l						<u> </u>	<u> </u>	<u> </u>				
		Section C	- Questions f	or Emp	loyers W	/ho Prov	vide Veh	icles f	or Use b	y Their E	Employe	es				
An	swer these questions to	determine if y	ou meet an ex	ception	to com	pleting S	Section E	for ve	hicles us	ed by en	ployees	who a	re not m	ore than	5%	
ow	ners or related persons															
37	Do you maintain a writte	en policy stat	ement that pro	ohibits a	ll persor	nal use o	f vehicle	s, ınclı	uding coi	nmuting,	by your			Yes	No	
	employees?															
38	Do you maintain a writte	en policy stat	ement that pro	ohibits p	ersonal	use of v	ehicles,	except	commut	ına, by y	our					
	employees? See the ins			•												
39	Do you treat all use of v					,	,								<u> </u>	
	Do you provide more th	-				nformati	on from	VOUL A	molovaa	about				 -	†	
70	the use of the vehicles,			•		morriali	OII II OIII	your e	Inployee	about						
								,							 	
41	Do you meet the require										-			 	Ц	
Г	Note: If your answer to	37, 38, 39, 40	1. or 41 is "Yes	do no	nt compl	ete Sect	ion B for	the co	vered ve	nicles.				Д		
Ц	art VI Amortization			(b)	Т	1-1		<u> </u>	/_A	Т	4_1			16		
	(a) Description o	f costs	Date	(b) amortization		(C) Amortizat	ole	-	(d) Code	- 1	(e) Amortuz		Ar	(f) nortization		
_				begins	<u> </u>	amount	t .		section		period or pe		fo	r this year		
	Amortization of costs th									1						
<u>L</u> :	IBRARY MANAGE	R SOFT	WARE 12	<u> 1713</u>	↓	3	<u>,610</u>	<u>-</u>							<u>303.</u>	
_				_	<u> </u>											
43	Amortization of costs th	at began bef	ore your 2013	tax yea	r							43				

803.

44

44 Total. Add amounts in column (f) See the instructions for where to report

Form **8868**

(Rev January 2014)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Internal Reve	enue Service	► Information about Form 886	8 and its	instructions is at www irs gov/form	n8868 .		
• If you a	are filing for an Aut	omatic 3-Month Extension, complet	e only Pa	rt I and check this box			X
• If you a	are filing for an Add	litional (Not Automatic) 3-Month Ext	ension, c	omplete only Part II (on page 2 of	this form)		
Do not co	omplete Part II unles	ss you have already been granted a	n automa	tic 3-month extension on a previous	ly filed For	m 8868	
		u can electronically file Form 8868 if y	ou need a	3-month automatic extension of tin	ne to file (6	months for a corp	oration
	, ,	or an additional (not automatic) 3-mor					
•	•	ns listed in Part I or Part II with the exc		•		•	
	•	which must be sent to the IRS in paper	•	•			
		ick on e-file for Charities & Nonprofits.	(•,
Part I		3-Month Extension of Time.	Only s	submit original (no copies ne	eded).		
A corpora	ation required to file	Form 990-T and requesting an autom	atic 6-mo	nth extension - check this box and o	complete		
Part I onl	у					•	▶ □
All other	corporations (includ	ling 1120-C filers), partnerships, REMI	Cs, and tn	usts must use Form 7004 to request	an extens	on of time	
to file ınc	ome tax retums.			·	Enter file	er's identifying nu	mber
Type or	Name of exempt	t organization or other filer, see instruc	tions		Employe	r identification num	nber (EIN) or
print							
Cila bu sha	COLUMBUS	EDUCATIONAL FOUNDA	TION,	INC.		64-04352	48
File by the due date for	Number, street,	and room or suite no. If a P.O. box, se	e instruct	ions	Social se	curity number (SS	N)
filing your return See	C/O T. E	. LOTT & COMPANY -	PO BO	X 471			
instructions		st office, state, and ZIP code For a fo	reign addi	ress, see instructions			
Enter the	Return code for the	e return that this application is for (file	a separat	e application for each return)			0 1
Applicati	on		Return	Application			Return
Is For Code Is For C							
Form 990 or Form 990-EZ 01 Form 990-T (corporation)							
Form 990)-BL		02	Form 1041-A			08
Form 472	0 (individual)		03	Form 4720 (other than individual)			09
Form 990	PF		04	Form 5227			10
Form 990)-T (sec 401(a) or 4	08(a) trust)	05	Form 6069			11
Form 990	-T (trust other than		06	Form 8870			12
		LONDA LEBRUN					
		of ► 625 MAGNOLIA LA	NE -	COLUMBUS, MS 39701	_		
Teleph	none No ➤ <u>662</u>	-327-5272		Fax No 🕨			
• If the	organization does n	ot have an office or place of business	in the Uni	ted States, check this box		•	▶ □
If this	is for a Group Retu	rn, enter the organization's four digit G	Group Exe	mption Number (GEN)	If this is fo	r the whole group,	check this
box	. If it is for part	of the group, check this box	and atta	ch a list with the names and EINs of	all memb	ers the extension is	s for
1 l re	•	3-month (6 months for a corporation	required t	o file Form 990-T) extension of time	untıl		
	MARCH 15	, 2015 , to file the exempt	organiza	tion return for the organization name	ed above	The extension	
ıs f	or the organization'						
>	calendar year						
	X tax year begin	ning AUG 1, 2013	, an	d ending <u>JUL 31, 2014</u>		<u> </u>	
2 If th	ne tax year entered	ın line 1 ıs for less than 12 months, ch	neck reaso	on Initial return	Final retur	'n	
	Change in accor	unting period					
3a If th	nis application is for	r Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			
noi	nrefundable credits	See instructions			3a	\$	0.
b If ti	nis application is for	r Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
est	ımated tax paymen	ts made. Include any prior year overpa	ayment all	owed as a credit.	3b	\$	0.
c Ba	lance due. Subtrac	t line 3b from line 3a. Include your pay	yment witl	n this form, if required,			
by	using EFTPS (Elect	ronic Federal Tax Payment System). S	ee instruc	ctions.	3c	\$	0.
Caution.	If you are going to	make an electronic funds withdrawal (dırect deb	oit) with this Form 8868, see Form 8	453-EO an	d Form 8879-EO fo	or payment
instructio	ns						