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990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2014

Open to Public Inspection

► Do not enter social security numbers on this form as it may be made public.

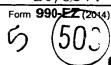
Department of the Treasury

Internal Revenue Service ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. A For the 2014 calendar year, or tax year beginning , 2014, and ending 20 Name of organization D Employer identification number COPTIC ACADEMY INC Address change COPTSPHERE 46-5540360 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite Initial return E Telephone number Final return /terminated 990 BARNHILL DR 847-942-1623 City or town, state or province, country, and ZIP or foreign postal code Amended return F Group Exemption MUNDELEIN IL 60060-Number ▶ X Cash G Accounting Method: Accrual Other (specify) ▶ H Check▶ If the organization is not I Website: ▶ required to attach Schedule B J Tax-exempt status (check only one) -|X| 501(c)(3)| 501(c)( ◄ (insert no.) 4947(a)(1) or (Form 990, 990-EZ, or 990-PF). K Form of organization X Corporation Association Other L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . 28,700. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) SCANNED Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 2 3 Membership dues and assessments 28,700. 3 ပ္တ Investment income 4 5 a Gross amount from sale of assets other than inventory 2 7 2015 b Less: cost or other basis and sales expenses 5 b c Gain or (loss) from sale of assets other than inventory (Subtract line) 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000) 6 b c Less: direct expenses from gaming and fundraising events 6c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7 a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold 7 b c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 7 c Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 28,700. 10 Grants and similar amounts paid (list in Schedule O) 10 11 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 8,143. Other expenses (describe in Schedule O) 16 8,143. 17 Total expenses. Add lines 10 through 16 17 20,557. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) . 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return). 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 20.

For Paperwork Reduction Act Notice, see the separate instructions.

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2age 2

(A) Beginning of year (B) End of year 22 20,557  23 Land and buildings 23  24 Other assets (describe in Schedule O) 25  25 Total assets 25 20,557  26 Total labilities (describe in Schedule O) 26  27 Net assets or fund balances(line 27 of column (B) must agree with line 21) 27 20,557  Part III Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III. Sexpenses (Required for section 501(cX) and 501(	Check if the organization used Schedule C	•	stion in this Part II			
23   Land and buildings   23   24	\	, , -1		_		
23   Land and buildings   23   24   25   75   25   25   25   25   25   26   25   26   26	22 Cash, savings, and investments			<del></del>	22	20,557
25 Total assets 26 Total liabilities (describe in Schedule O) 27 Not assets or fund balances (line 27 of column (8) must agree with line 21) 27 20,557  27 Not assets or fund balances (line 27 of column (8) must agree with line 21) 27 20,557  28 CHRISTIAN EDUCATION  Check if the organization used Schedule O to respond to any question in this Part III.					23	
26 Total liabilities (describe in Schedule O)   27   20,557					24	
28 Total liabilities (describe in Schedule O)   27   20,557   201   11   12   12   12   13   13   14   15   15   15   15   15   15   15	25 Total assets				25	20,557
27   Net assets or fund balances (line 27 of column (8) must agree with line 21)					26	
Check if the organization used Schedule O to respond to any question in this Part III.					27	20,557
What is the organization's primary exempt purpose? CHRISTIN EDUCATION  recovered by expenses, in a dear and condete manner of each of its lives largest program services, as precised by expenses, in a dear and condete manner of each of its lives largest program services, as provided by expenses, in a dear and condete manner of each of its lives largest program services.  (Grants \$ ) If this amount includes foreign grants, check here.     28a   8 , 143 .    (Grants \$ ) If this amount includes foreign grants, check here.     30a    (Grants \$ ) If this amount includes foreign grants, check here.     30a    (Grants \$ ) If this amount includes foreign grants, check here.     31a    31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here.     31a    32 Total program service expenses (add lines 28a through 31a)   32   8 , 143 .    PERILLY List of Officers, Directors, Trustees, and Key Employees, (list each one even if not compensated -see the instructions for Part IV Check (if the organization used Schedule O to respond to any question in this Part IV Check (if the organization used Schedule O to respond to any question in this Part IV Check (if the organization used Schedule O to respond to any question in this Part IV Check (if the organization used Schedule O to respond to any question in this Part IV Check (if the organization used Schedule O to respond to any question in this Part IV Check (if the organization used Schedule O to respond to any question in this Part IV Check (if the organization used Schedule O to respond to any question in this Part IV Check (if the organization used Schedule O to respond to any question in this Part IV Check (if the organization used Schedule O to respond to any question in this Part IV Check (if the organization used Schedule O to respond to any question in this Part IV Check (if the organization used Schedule O to respond to any question in this Part IV Check (if the organization used Schedule O to respond to any questio	Part III Statement of Program Service Acco	mplishments (see t	he instructions for	Part III)	T	
Describe the organization's program service accomplishments for each of its three largest program services, as a despress, in a dear and concise manner, describe the services provided, the number of persons betweened, which is a manual concentration of each program like.  28 CHRISTIAN EDUCATION IN SUPPORT OF CHILDRENS ACTIVITIES  (Grants \$ ) If this amount includes foreign grants, check here.				<u> D</u>	}	•
mossured by expenses. In a dear and condes manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.  (Grants \$ ) If this amount includes foreign grants, check here.	What is the organization's primary exempt purpose? CHR	ISTIAN EDUCAT	ION			
Benefited, and other relevant information for each program site.   282   CHRISTIAN EDUCATION IN SUPPORT OF CHILDRENS ACTIVITIES	Describe the organization's program service accomplishmen	nts for each of its three largering the services provide	gest program service:	s, as		
(Grants \$ ) If this amount includes foreign grants, check here	benefited, and other relevant information for each program	title			<u> </u>	
(Grants \$ ) If this amount includes foreign grants, check here	28 CHRISTIAN EDUCATION IN SUPPO	ORT OF CHILDR	ENS ACTIVIT	ries_		
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(Grants \$ ) If this amount includes foreign grants, check here						
(Grants \$ ) If this amount includes foreign grants, check here . ▶ □ 30a    Grants \$   If this amount includes foreign grants, check here . ▶ □ 30a   Grants \$   If this amount includes foreign grants, check here . ▶ □ 31a   Total program service expenses (add lines 28a through 31a)	(Grants \$ ) If this amount indu	des foreign grants, check	here	▶	28a	<u>8,143.</u>
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Grants \$   If this amount includes foreign grants, check here	(Grants \$ ) If this amount inclu	ides foreign grants, check	here	▶	29a	
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31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here				<del></del>		
31 Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here						
Grants \$   if this amount includes foreign grants, check here     31a   32   32   3   143   32   32   32   32   33   32   33   32   33   33   34   32   32	(Grants \$ ) If this amount inclu	ides foreign grants, check	here	▶ 📗	30a	
Part V   List of Officers, Directors, Trustees, and Key Employees. (list each one even if not compensated - see the instructions for Part IV)   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization used Schedule O to respond to any question in this Part IV   Check if the organization in this Part IV   Check if the organization is described to provide the organization used Schedule O to respond to any question in this Part IV   Check if the organization is described to provide the organization of the organization is described to provide the organization of the organization o	31 Other program services (describe in Schedule O)					
Part IV List of Officers, Directors, Trustees, and Key Employees. (list each one even if not compensated - see the instructions for Part IV)  Check if the organization used Schedule O to respond to any question in this Part IV  (a) Name and title  (b) Average (-Preparable of position of the Part IV)  (c) Name and title  (d) Health benefits of the Contributions to any question in this Part IV  (e) Reportable of the Part IV  (e) Health benefits of the Contributions to any question of the Part IV  (e) Estimated amount of other compensation.  (e) Estimated end of the Part IV  (e) Reportable of the Part IV  (e) Health benefits of the Part IV  (e) Estimated end other of the Part IV  (e) Estimated end other of the Part IV  (e) February  (e) Health benefits of the Part IV				▶ 📘	31a	·
Check if the organization used Schedule O to respond to any question in this Part IV  (a) Name and title (b) Average hours per week devoted to position (c) Preportable or project per week devoted to position (d) California (d) California (d) California (e) Estimated amount of other compensation  (e) Preportable (c) Color (c) Color (d) Col						
(a) Name and title (b) Average hours per week devoted to position (c) Reportable of permission (f or peak, externed comp.  GEORGE MITRY  PRESIDENT  MICHIEL S HANA  DIRECTOR  DANIEL M YOUSEF  DIRECTOR  5 0  (c) Reportable of the peak, externed comp.  (d) Contributions to part of the peak, externed comp.  (e) Estimate of the			•		e the ins	tructions for Part IV)_
GEORGE MITRY PRESIDENT S O MICHIEL S HANA DIRECTOR DANIEL M YOUSEF DIRECTOR S O O O O O O O O O O O O O O O O O O	Check if the organization used Schedule (		estion in this Part IV		henefite	
GEORGE MITRY PRESIDENT  MICHIEL S HANA DIRECTOR  DANIEL M YOUSEF  DIRECTOR  5 0  0  0  0  0  0  0  0  0  0  0  0	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	lemplovee l	penefit pla	ins amount of
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DANIEL M YOUSEF DIRECTOR 5 0	MICHIEL S HANA				<del></del>	
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	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Pa	art V.	<u></u>	
,			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the			
	amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O			
	(see instructions)	34		X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes", to line 35a, has the organization filed a Form 990-T for the year? If "No", provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		}
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?			
	If "Yes," complete applicable parts of Schedule N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions >   37a		W.T	
b	Did the organization file Form 1120-POL for this year?	37b	AS III N	2000
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	-	ant of	
-	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	ATUINE	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	100	200	W.
39	Section 501(c)(7) organizations. Enter:			19 18 18 18 18 18 18 18 18 18 18 18 18 18
а	Initiation fees and capital contributions included on line 9		The same	and on the
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
→va	section 4911► ; section 4912► ; section 4955►			(C. )
<b>h</b>	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit		Tara da la Cara da la	
b		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ASSET ALE	1
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on	40b		Х
_	any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	503.3		22
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization		1	
	managers or disqualified persons during the year under sections 4912, 4955, and 4958	7 42 43 43 5	Marie Sales	in the same
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by			5 TO 1
_	the organization		s) 	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	400	यान्य	€3121.1.1 • • • • • • • • • • • • • • • • • • •
	If "Yes," complete Form 8886-T	40e		<u>X</u>
41	List the states with which a copy of this return is filed. ► IL			
42a	The organization's books are in care of ►SAME  Located at ►  ZIP + 4 ►			
D	At any time dunng the calendar year, did the organization have an interest in or a signature or other authority	í	V	NI-
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42h	Yes	
	account)?	42b		X লেগ্ডেম
	If "Yes," enter the name of the foreign country:	( )	. * * }	10.
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	f"."	1	
	Financial Accounts (FBAR).	السَّفَةُ لَمِينَا	- 14 1 <u>8</u>	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
• -	If "Yes," enter the name of the foreign country.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	•	•	<b>-</b>
	and enter the amount of tax-exempt interest received or accrued during the tax year		1	
			Yes	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	وتريق ا	NO.
	Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	22		Lind
	of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?.	44c		Χ
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	52 77		ر با دست د
	explanation in Schedule O	44d	_	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
	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," Form 990 and Schedule R may need to be completed instead of	.		
	Form 990-EZ (see instructions)	45b		X
BCA		m 990	)-EZ	(2014)

40 '150								res	NO
	the organization engage, directly or ind		_				46		
Part V	didates for public office? If "Yes," comp		<del>····</del>	· · · · · ·	· · · · ·	· · · · · · ·	46	<u>'</u>	T X
rait v	Section 501(c)(3) organiza All section 501(c)(3) organiza		question	c 47 40b a	nd 52 on	nd complete	the tabl	oo for	. 1:
	50 and 51.	Lations must answer	question	5 41-490 ai	iu oz, an	d complete	ti le tabl	52 IOI	nnes
		ad Cabadula O ta ra	anand ta	anı, aaatia	_ :_ +b:_	Dod \/I			$\Box$
	Check if the organization us	ed Schedule O to re	spona to	any questio	n in this	Part VI ·	<u> </u>	· · · ·	<del>;                                    </del>
47 Did	the executation engage in labbiling on	divition es bour a contins l	501/h) alaa		41 4			Yes	No
	the organization engage in lobbying ac				-		47	,	X
	r? If "Yes," complete Schedule C, Part							+	$\frac{1}{X}$
	he organization a school as described in							<del></del>	X
	the organization make any transfers to	· · · · · · · · · · · · · · · · · · ·		_				<del></del>	
	Yes," was the related organization a sec	=					49		┸—
	mplete this table for the organization's fi	_					and key er	npioye	es)
wnc	each received more than \$100,000 of	compensation from the of	rganization	. It there is nor					
4-3	Name and Alle of each ample of	(b) Average		Reportable	(d) Health benefits, contributions to employee				
(a)	Name and title of each employee	hours per week devoted to position		pensation I-2/1099-MISC)	benefit plan	ns, and deferred bensation	of other o	compens	sation
NONE			<u> </u>	<u> </u>	·				
NONE	<u>.</u>	_					Ì		
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f Tota	al number of other employees paid over	r \$100,000 ▶ _							
	mplete this table for the organization's fi		ındependei	nt contractors v	who each re	eceived more	than \$100,	,000 of	
con	npensation from the organization. If the	re is none, enter "None."	<del></del>			· · · · · · · · · · · · · · · · · · ·	<del></del>		
(a) Nam	ne and business address of each independent	t contractor		(b) Type o	of service		(c) Comper	nsation	
NONE		<del> </del>							
NONE									
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d Tota	al number of other independent contract	tors each receiving over	\$100,000	. •					
<b>52</b> Did	the organization complete Schedule A	? Note. All section 501(c)	(3) organız	ations must at	tach a				
com	npleted Schedule A					▶	X Yes		No
Under pena	alties of perjury, I declare that I have examine	d this return, including accom	panying sche	edules and stater	nents, and to	the best of my	knowledge a	ind	
belief, it is t	true, correct, and complete. Declaration of pre	eparer (other than officer) is ba	ased on all in	formation of whice	h preparer h	as any knowled	ge.		
	1 Ce	,							
O:	N				03	3/15/20	15		
Sign	Signature of officer N				Da			-	
Here	▲ GEORGE MYTRY PRESIDENT								
	Type or print name and title				_				
	Print/Type preparation	- Prepared signat	100	Date		Check X	if PTIN		
Paid	BARRY WARTZ	Preparer's signation BARRY A SV	vare Varz			15 self-employ		0057	4 n a
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	IRS discuss this return with the pre	parer snown above? S	ee instruc	aons	<u></u>	· · · · · ·	► X Ye		No
BCA							Form <b>9</b> 9	/U-EZ	(2014)

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

`Department of the Treasury

#### **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.

OMB No 1545-0047

2014

Open to Public Inspection

Internal Revenue Service Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number COPTIC ACADEMY INC 46-5540360 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II ) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d | Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations . . . . . . . g Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (v) Amount of monetary (III) Type of organization (iv) Is the (vi) Amount of From: 2014 IRS L Swartz Financial Management

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COPTIC ACADEMY INC Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) 🥏 Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support (a) 2014 Calendar year (or fiscal year beginning in) (a) 2010 (a) 2011 (a) 2013 (a) 2012 (a) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 28700. 28700. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge . . . 28700. 6 Total, Add lines 1 through 5 . 28700. 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) 28700. Section B. Total Support (a) 2012 (a) 2010 Calendar year (or fiscal year beginning in) (a) 2011 (a) 2013 (a) 2014 (a) Total 28700 9 Amounts from line 6 28700. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,1975 . . . Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 13 Total support. (Add lines 9, 10c, 11, and 12) 28700. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 0.00 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2013 Schedule A, Part III, line 15 0.00 16 % Section D. Computation of Investment Income Percentage 0.0017 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) Investment income percentage from 2013 Schedule A, Part III, line 17 . . . 18 0.0019a 331/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization 331/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

# SCHEDULE 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.

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

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2014
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Employer identification number Name of the organization COPTIC ACADEMY INC 46-5540360 ELEARNING STRATEGY EXPENSES 5000 1000 LEARNING MGMT SYSTEMS EXPENSES LEGAL-ACCOUNTING 1060 SET UP FEES 585 30 VIDEO SUBSCRIPTIONS MATERIALS-SUPPLIES 150 COMPUTER SUPPLIES 318 8143 TOTALS