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Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

Open to Public

OMB No 1545-0047

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

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

Inspection

Α	For the	2015 calendar year, or tax year beginning JUL 1, 2015 and	enaing J	UN 30, 2010			
В	Check if applicabl	C Name of organization		D Employer identific	cation number		
	Addre	ACADEMY HILL SCHOOL, INC.	·				
L	Name chang	016860					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number	ione number			
	Final return.	1190 LIBERTY STREET		4137	880300		
	termin ated	1,620,889.					
Г	Amen	City or town, state or province, country, and ZIP or foreign postal code  SPRINGFIELD, MA 01104		G Gross receipts \$ H(a) Is this a group re			
F	lreturn ∏Applic	<sup>2</sup> Yes X No					
L-	Ition pendii						
			01104	H(b) Are all subordinates in			
_		empt status $X = 501(c)(3) = 501(c)(1)$ (insert no.) 4947(a)(1) of	or 527		list. (see instructions)		
		te: ► WWW.ACADEMYHILL.ORG		H(c) Group exemption			
		organization: X Corporation Trust Association Other	L Year	of formation: 1988 N	State of legal domicile: MA		
P	art I	Summary					
4)	1	Briefly describe the organization's mission or most significant activities ACADI	EMY HI	LL SCHOOL P	ROVIDES AN		
Activities & Governance		ENRICHED AND EDUCATIONALLY CHALLENGING LI					
'n	2	Check this box   if the organization discontinued its operations or dispose					
Ve.	3	Number of voting members of the governing body (Part VI, line 1a)		3	12		
ၓ	1 4			4	12		
≪	4	Number of independent voting members of the governing body (Part VI, line 1b)		•	54		
竖	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	60		
2	6	Total number of volunteers (estimate if necessary)					
چ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	•••	. <u>7a</u>	-2,092.		
0	b	Net unrelated business taxable income from Form 990-T, line 34		7b	-957 <u>.</u>		
				Prior Year	Current Year		
F.D. NOV	8	Contributions and grants (Part VIII, line 1h)		194,995.	115,009.		
뎔	9	Program service revenue (Part VIII, line 2g)		1,495,623.	1,484,161.		
್ಷೆ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,427.	1,819.		
TĘ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-1,070.	-2,092.		
$\leq$				1,691,975.	1,598,897.		
Ť		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		221,220.			
STANNE STANNE	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	•		252,150.		
¥3	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	1 074 600		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,068,850.	1,074,602.		
Sus	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	85-	<u>-</u>			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	I V EU	367,426.	334,738.		
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A)		<b>12</b> ,657,496.	1,661,490.		
	19	Revenue less expenses Subtract line 18 from line 12	1 2016	Ö 34,479.	-62,593.		
Or	3			ginaing of Current Year	End of Year		
Net Assets or	20	Total assets (Part X, line 16)		鱼,365,395.	1,318,393.		
ASS	21	Total liabilities (Part X, line 16)  OGDE	1 17	885,941.	901,606.		
iet Et	21		u, O	479,454.	416,787.		
	22 art II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		4/3,434.	410,707.		
_		<u> </u>					
	•	alties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is		
true	e, correc	ct, and complete Declaration of preparer (other than officer) is based on all information of wh	hich preparei	r has any knowledge.			
				119/ 24/14	<del></del>		
Sig	ın	Signature of officer		Date			
He	re	Amanda Andress, Treasurer					
		Type or print name and title					
		Print/Type preparer's name Preparer's synature	$\overline{}$	Date Check Check f	PTIN		
Pai	d	THOMAS TERRY		10 Z4 IL self-employ	P00062479		
	parer	Firm's name WHITTLESEY & HADLEY, P.C.	<i>-</i>	Firm's EIN	06-0903326		
	Only						
บระ	Omy	Firm's address 14 BOBALA RD		DE 4 1	2 526 2070		
		HOLYOKE, MA 01040		Phone no.41	3-536-3970		
<u>M</u> a	y the li	RS discuss this return with the preparer shown above? (see instructions)		<del> </del>	X Yes No		
532	001 12-1	6-15 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form <b>990</b> (2015)		

Ferm	1 99\$ (2015) ACADEMY HILL SCHOOL, INC.	04-3016860	Page 2
	rt 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		
•	ACADEMY HILL SCHOOL PROVIDES AN ENRICHED AND EDUCATIONAL	LLY CHALLENG	TNG
	LEARNING ENVIRONMENT FOR GIFTED AND HIGH-POTENTIAL STUDY		1110
	PRE-KINDERGARTEN THROUGH THE EIGHTH GRADE.	MID PROM	
	FRE KINDERGARIEM THROUGH THE EIGHTH GRADE.		
	Did the examplestion undertake any eignificant program convers during the year which were not listed on		
2	Did the organization undertake any significant program services during the year which were not listed on		X No
	the prior Form 990 or 990-EZ?	LJ Yes	NO LA
	If "Yes," describe these new services on Schedule O	г <del></del>	[ <del>12</del> ]
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	LYes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	3.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses,	and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$1, 376, 795. including grants of \$252, 150.) (Revenue	le \$ 1,484,	<u>161.</u> )
	ENRICHED AND INTELLECTUALLY CHALLENGING EDUCATIONAL		
	SERVICES AND PROGRAMS FOR CHILDREN.		
			<del></del>
			<del>- ,</del>
	· · · · · · · · · · · · · · · · · · ·		
		<del></del>	
4b	(Code) (Expenses \$) (Revenue	ıe\$	)
			<del></del>
4c	(Code) (Expenses \$	ue \$	)
		•	
	•		
	<del></del>		
			<del></del>
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
40	Total program service expenses ► 1.376.795.		

Form **990** (2015)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	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			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		7.7
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		77
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Α.
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		₩.
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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			
	assets reported in Part X, line 167 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 167 If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
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	7.	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	37
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> X</u>
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	446		v
4-	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	45		х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		- 21
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	,0		
"	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	• • •		
,,,	1e and Pa2 If "Vac " complete Schodule G. Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G. Part III	19		х
			990	

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?

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

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X

Pai	rt V	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V					
	· · · · · ·					Yes	No
1a	Enter 1	the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	4			
b	Enter t	the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the	e organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming			
	(gamb	oling) winnings to prize winners?			1c	X	
2a	Enter t	the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed fo	or the calendar year ending with or within the year covered by this return	2a	54			
b	If at le	ast one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	X	
	Note.	If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
За	Did th	e organization have unrelated business gross income of \$1,000 or more during the year?			За	X	
b	If "Yes	s," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b	X	
4a	At any	time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financ	al account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes	s," enter the name of the foreign country					
	See in	structions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR)			
5a	Was th	he organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did an	by taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
С	If "Yes	s," to line 5a or 5b, did the organization file Form 8886-T?			5c		L
6a	Does 1	the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anization solicit			
	any co	ontributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes	s," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
	were r	not tax deductible?			6b	ļ.,,,,,,	
7	Organ	nizations that may receive deductible contributions under section 170(c).					
а	Did the	e organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	rovided to the payor?	7a_	<u> </u>	X
b	If "Yes	s," did the organization notify the donor of the value of the goods or services provided?		-	7b		
С	Did th	e organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file	Form 8282?			7c	<u> </u>	X
d	If "Yes	s," indicate the number of Forms 8282 filed during the year	7d_				
е	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a personal benefit o	ontrac	et?	7e		X
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	act?		7f		X
g	If the	organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	99 as required?	7 <u>g</u>		L
h	If the	organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	ation fi	le a Form 1098-C?	7h	ļ	ļ
8	Spons	soring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	Э			
	spons	oring organization have excess business holdings at any time during the year?			8		
9	Spons	soring organizations maintaining donor advised funds.					
а	Did th	e sponsoring organization make any taxable distributions under section 4966?			9a_		ļ
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section	on 501(c)(7) organizations. Enter	ı				
а	Initiati	on fees and capital contributions included on Part VIII, line 12	10a	<del> </del>			
þ	Gross	receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u></u>			
11	Section	on 501(c)(12) organizations. Enter	ı	- •			
а		income from members or shareholders	11a				
þ		income from other sources (Do not net amounts due or paid to other sources against					1
		nts due or received from them.)	11b				1
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		,	12a		
b		s," enter the amount of tax-exempt interest received or accrued during the year	12b				
13		on 501(c)(29) qualified nonprofit health insurance issuers.			46	-	-
а		organization licensed to issue qualified health plans in more than one state?			13a	<del> </del>	<del> </del>
		See the instructions for additional information the organization must report on Schedule O					
b		the amount of reserves the organization is required to maintain by the states in which the	۱				
	_	ization is licensed to issue qualified health plans	13b				
C		the amount of reserves on hand	13c		44-	-	X
ı <del>4</del> a ⊢		e organization receive any payments for indoor tanning services during the tax year?			14a	<del> </del>	-

04-3016860 ACADEMY HILL SCHOOL, INC. Form 990 (2015) 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 1a 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 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X 3 of officers, directors, or trustees, or key employees to a management company or other person? Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 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 X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Νo Yes 10a Did the organization have local chapters, branches, or affiliates? 10a X 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? Х 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 Х 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 Х in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X Did the organization have a written document retention and destruction policy? 14 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 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 X taxable entity during the year? 16a 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 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed MA 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, address, and telephone number of the person who possesses the organization's books and records: 20

01104

ELIZABETH GIBBONS - 413-788-0300 1190 LIBERTY STREET, SPRINGFIELD,

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### ACADEMY HILL SCHOOL, INC.

04-3016860

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

Chack if Schodula O	contains a response or note to	any line in this Dart VII	
Check ii achedule O	Contains a response of note to	anvine in instrantivi	

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)			(C Posi	C) ition	ı		(D)	(E)	(F)	
Name and Title	Average hours per		not c	heck	more	than		Reportable compensation	Reportable compensation	Estimated amount of	
	week		cer ar					from	from related	other	
	(list any	ector						the	organizations	compensation	
	hours for	or director	g,			ated		organization	(W-2/1099-MISC)	from the	
	related organizations	nstee	trust		8	npeus		(W-2/1099-MISC)		organization and related	
	below	Individual trustee	Institutional trustee		Key employee	st cor	=			organizations	
	line)	Indiv	Institu	Officer	Keyer	Highest compensated employee	Former				
(1) BALAJI ATHREYA	1.00										
TRUSTEE		X						0.	0.	0.	
(2) JONATHAN BROOK	1.00				Ì						
TRUSTEE		X						0.	0.	0.	
(3) AMEE KANTESARIA	1.00	4						_	_	_	
TRUSTEE		X			_			0.	0.	0.	
(4) MARK TILLEY	1.00	4								_	
TRUSTEE		X	ļ					0.	0.	0.	
(5) MARIA GULLUNI	2.50										
CHAIRPERSON	1 00	X	-	Х		<u> </u>		0.	0.	0.	
(6) RONNY PRIEFER	1.00	٠.,								•	
VICE CHAIRPERSON	2.50	X		X		_		0.	0.	0.	
(7) AMANDA ANDRESS	2.50	₹.						0.	0.	0	
TREASURER	1.00	X	<u> </u>	X				U •	0.	0.	
(8) KRISTINA WEGRZYN	1.00	X		x				0.	0.	0.	
SECRETARY (0) FINE PARTIES	1.00	^	<del> </del>	^		-	-	0.	0.	<u> </u>	
(9) TARA BALISE TRUSTEE	1.00	x						0.	0.	0.	
(10) DEBRA CAUCHON	1.00	1						0.			
TRUSTEE	1.00	$\mathbf{x}$			_			0.	0.	0.	
(11) LAURIE FLYNN	1.00										
TRUSTEE		X						0.	0.	0.	
(12) DAVID WELLS	1.00					<b></b>			-		
TRUSTEE		X						0.	0.	0.	
(13) ROBERT ORLANDO	40.00										
HEAD OF SCHOOL		]		X				77,604.	0.	13,956.	
		1									
		_									
		-									
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Part VII Section A. Officers, Directors, Ti		ploye	ees,	and	High	est C	Compensated Employe	es (continued)	<del></del>			
(A) Name and title	Average hours per week	ours per (do not check more than one box, unless person is both an				oth an	(D) Reportable compensation from	(E)  Reportable  compensation  from related		ar	(F) stimate nount other	of
	(list any hours for related organizations below line)	Individual Irustee or director	Institutional trustee	Officer	Key employee Highest compensated	employee Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fr org an	pensa rom th janizat d relat anizati	e tion ted
										<u> </u>		
						-						
Sub-total     Total from continuation sheets to Part     Total (add lines 1b and 1c)	t VII, Section A					<b>&gt; &gt;</b>	77,604. 0. 77,604.		0.		3,9	0
2 Total number of individuals (including bu		iose l	liste	d ab	ove)	who r		0,000 of reportab		_	<u> </u>	
compensation from the organization								<del>.</del>			Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for		ıstee	, ke	y em	ploye	e, or	highest compensated e	mployee on		3		Х
4 For any individual listed on line 1a, is the	sum of reportable						•	the organization				
and related organizations greater than \$ 5 Did any person listed on line 1a receive of								idual for services		4		_X
rendered to the organization? If "Yes," c Section B. Independent Contractors	omplete Schedule	e J fo	or su	ch p	ersor	1				5		_X
Complete this table for your five highest									pens	ation f	rom	
the organization Report compensation (A)	for the calendar y	ear e	ndır	ig wi	th or	withir	the organization's tax (B)	year		(0	 >)	
Name and busine	ess address	NO	NE	}			Description of s	services	C	ompe	nsatio	<u> </u>
	<del></del>											
	.,											
O. Tatal average of the second	- C 1 - 1 - 1 - 1											
2 Total number of independent contractor \$100,000 of compensation from the ora:		ot lim	nited	to ti	nose N	listed	l above) who received m	nore than				

		Check if Schedule O cont	tains a response	or note to any lir	ne in this Part VIII			
	-				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts s	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1b					
S, E	С	Fundraising events	1c					
ar/ar/		Related organizations	1d					
s, G		Government grants (contribut	h———		Ī			
<u>P</u>		All other contributions, gifts, gran		· .	Ī			
the l		similar amounts not included abo	1 1	115,009.				
퉏	g	Noncash contributions included in lines	s 1a-1f \$					
ပ္ပိုင်္မ	h	Total. Add lines 1a-1f		<b></b>	115,009.			
				Business Code				
e l	2 a	TUITION		900099	1,397,736.	1,397,736. 86,425.		
Program Service Revenue	b	SCHOOL FEES / F	ROGRAMS	611710	86,425.	86,425.		
S E	С		-					
eve	d							
P. P.	е		_					
٦	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		<b></b>	1,484,161.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		<b>&gt;</b>	1,819.	:		1,819.
	4	Income from investment of ta	x-exempt bond ;	oroceeds <b>&gt;</b>				
	5	Royalties		<b>&gt;</b>				
			(i) Real	(ii) Personal				
	6 a	Gross rents	19,900.			į		
	b	Less rental expenses	21,992.					
	С	Rental income or (loss)	-2,092.					
	d	Net rental income or (loss)		<b>&gt;</b>	-2,092.		-2,092.	
	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory						
İ	b	Less cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
e	8 a	Gross income from fundraisin	g events (not					
		including \$	of					
eve		contributions reported on line	1c) See				-	
Other Reven		Part IV, line 18	а					
Ĕ	b	Less direct expenses	b				-	
١ -	С	Net income or (loss) from fund	draising events	<u> </u>			-	
	9 a	Gross income from gaming ad	ctivities. See				-	
		Part IV, line 19	а					
	b	Less direct expenses	b					
	С	Net income or (loss) from gam	ning activities					
	10 a	Gross sales of inventory, less	returns				-	
		and allowances	а					
	b	Less cost of goods sold	b					
	с	Net income or (loss) from sale	es of inventory	<b>&gt;</b>				
[		Miscellaneous Revenu	ıe	Business Code				
	11 a							
	b			1				
	С							
1	d	All other revenue					· · · · · · · · · · · · · · · · · · ·	
1	е	Total. Add lines 11a-11d		🕨				
	10	Total revenue See instructions		_	1 500 007	1 484 161	_2 002	1 210

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) (D) Fundraising Do not include amounts reported on lines 6b, Management and Program service 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 252,150. 252,150. individuals See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 107,592. 107,592. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 788,781. 687,967. 93,481. 7,333. Pension plan accruals and contributions (include 2,890. 26,561. 23,671. section 401(k) and 403(b) employer contributions) 81,513. 5,558. 87,071. 9 Other employee benefits 64,597. 50,020. 14,034. 543. Payroll taxes 10 Fees for services (non-employees) a Management 10,846. 10,846. Legal b 10,859, 10,859. Accounting С d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other (If line 11g amount exceeds 10% of line 25, 5,250. 5,250. column (A) amount, list line 11g expenses on Sch O.) 8,114. Advertising and promotion 8,114. 12 13,346. 3,628 9,718 Office expenses 13 Information technology 14 15 Royalties 84,738. 81,220. 2,932. 586. 16 Occupancy 11,200. 11,200. Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 24,891. 24,891. Interest 20 21 Payments to affiliates 42,800 42,800. Depreciation, depletion, and amortization 22 17.426. 17.426. 23 Insurance 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.) a **EDUCATIONAL** SUPPLIES 36,726. 36,726. 27,943. 27,943. FIELD TRIPS 16,623. 16,623. FUNDRAISING 8,394. 1,700. d MEMBERSHIP & FILING FEE 10,094. 13,882. 13,882. e All other expenses 1,376,795. 259,610. 25,085. 1,661,490. Total functional expenses Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Pai	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	370,059.	1	365,530.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	35,000.	3	2,500.
	4	Accounts receivable, net	41,663.	4	53,664.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ιχ		employees' beneficiary organizations (see instr) Complete Part II of Sch L.		6	
Assets	7	Notes and loans receivable, net		7	
¥	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	6,332.	9	6,248.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 1,429,934.			
	ь	Less accumulated depreciation 10b 569,859.	894,796.	10c	860,075.
	11	Investments - publicly traded securities .	17,545.	11	17,471.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	0.	15	12,905.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,365,395.	16	1,318,393.
	17	Accounts payable and accrued expenses	113,379.	17	115,677.
	18	Grants payable		18	
	19	Deferred revenue	250,548.	19	305,535.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Ĭ		key employees, highest compensated employees, and disqualified persons.			
Liabilıties		Complete Part II of Schedule L		22	<del></del>
_	23	Secured mortgages and notes payable to unrelated third parties	521,166.	23	479,546.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D .	848.		848.
	26	Total liabilities. Add lines 17 through 25	885,941.	26	901,606.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ \( \textstyle \te			
es		complete lines 27 through 29, and lines 33 and 34.			
ů	27	Unrestricted net assets	418,554.		384,350.
3ala	28	Temporarily restricted net assets	43,000.	28	14,537.
Net Assets or Fund Balances	29	Permanently restricted net assets	17,900.	29	17,900.
Fur		Organizations that do not follow SFAS 117 (ASC 958), check here		}	
ŏ		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
4ss	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et/	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	479,454.	33	416,787.
	34	Total liabilities and net assets/fund balances	<u> 1,365,395.</u>	34	<u>1,318,393.</u>

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI	orm	99b (2015) ACADEMY HILL SCHOOL, INC.	04-301	6860	Pag	<sub>le</sub> 12				
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 2 1, 661, 490. 3 Revenue less expenses Subtract line 2 from line 1 3 -62,593. 4 Not assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 479, 454. 5 Not unrealized gains (losses) on investments 5 -74. 6 Donated services and use of facilities 6 Investment expenses 7 Investment expenses 8 Prior period adjustments 9 Other changes in not assets or fund balances (explain in Schedule O) 9 O.  Not assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990 Cash X Accural Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  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 consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis consolidated basis or both Separate basis Consolidated basis Both consolidated and separate basis consolidated basis or both Separate basis Consolidated basis Both consolidated and separate basis Consolidated basis and selection of an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis consolidated basis and selection of an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis consolidated basis or both Separate basis Consolidated basis Both consolidated and separate	Pa	rt XI Reconciliation of Net Assets								
2 1, 661, 490. 3 Revenue less expenses Subtract line 2 from line 1 3 -52, 593. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Very strain of the changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Very strain of the changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Very strain of the changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Very strain of the changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Very strain of the strain of		Check if Schedule O contains a response or note to any line in this Part XI	·····							
2 1, 661, 490. 3 Revenue less expenses Subtract line 2 from line 1 3 -52, 593. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Very strain of the changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Very strain of the changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Very strain of the changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Very strain of the changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Very strain of the strain of										
3	1	Total revenue (must equal Part VIII, column (A), line 12)	1							
4 479,454.  Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))  4 479,454.  Net unrealized gains (losses) on investments  5 -74.  Donated services and use of facilities  7 Investment expenses  8 Prior period adjustments  9 Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  1 Accounting method used to prepare the Form 990	2		2							
5 Net unrealized gams (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Net x XIII Financial Statements and Reporting 12 Check if Schedule O contains a response or note to any line in this Part XII 13 Accounting method used to prepare the Form 990	3	Revenue less expenses Subtract line 2 from line 1								
6 Donated services and use of facilities 6 7 Investment expenses 7 7 8 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0 0.  Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 41.6,787.  Part XIII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990 Cash X Accrual Other 1 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization shanged its method of accounting from a prior year or checked "Other," explain in Schedule O.  2if "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 X Separate basis Both consolidated and separate basis.  consolidated basis, or both X Separate basis Both consolidated and separate basis.  consolidated basis, or both S Separate basis Consolidated basis Both consolidated and separate basis.  consolidated basis, or both S Separate basis Consolidated basis Both consolidated and separate basis.  consolidated basis, or both S Separate basis Consolidated basis Both consolidated and separate basis.  consolidated basis, or both S Separate basis Consolidated basis S Separate basis Consolidated D Separate basis Consolidated D Separate basis Consolidated D Separate basis Consolid	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	479						
7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Vet assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Vet assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Vet assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Vet assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 12 Vet assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 13 Vet assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 14 Vet assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 15 Vet assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 16 Vere the organization 's financial statements or note to any line in this Part XII 16 "Yes," check a box below to indicate whether the financial statements for the year were compiled or eviewed on a separate basis consolidated basis, consolidated basis, or both Separate basis Consolidated basis Separate basis Consolidated basis, or both Separate	5	Net unrealized gains (losses) on investments	5		'	<u>74.</u>				
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Yes No  1 Accounting method used to prepare the Form 990	6	Donated services and use of facilities .	6							
9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII    Yes   No	7	Investment expenses .	7							
Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))  Part XII Financial Statements and Reporting  Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990	8	Prior period adjustments	8							
column (B))  Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII  Accounting method used to prepare the Form 990	9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.				
Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Check if Schedule O contains a response or note to any line in this Part XII  Yes   No  Yes   No  Yes   No  Check if Schedule O contains a response or note to any line in this Part XII  The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  Zea   Were the organization's financial statements compiled or reviewed by an independent accountant?  Were the organization's financial statements audited by an independent accountant?  Both consolidated and separate basis  Consolidated basis, or both  Separate basis   Consolidated basis   Both consolidated and separate basis, consolidated basis, or both  Separate basis   Consolidated basis   Both consolidated and separate basis, consolidated basis, or both  Separate basis   Consolidated basis   Both consolidated and separate basis  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  Separate basis   Consolidated basis   Both consolidated and separate basis  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  Separate basis   Consolidated basis   Both consolidated and separate basis  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  Separate basis   Consolidated basis   Both consolidated and separate basis  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, or both   Separate basis   Separate basis   Separate basis   Separate basis   Separate basis   Separa	10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,								
Check if Schedule O contains a response or note to any line in this Part XII    Accounting method used to prepare the Form 990		column (B))	10	416	7,78	87.				
Accounting method used to prepare the Form 990	Pa	rt XII Financial Statements and Reporting								
Accounting method used to prepare the Form 990		Check if Schedule O contains a response or note to any line in this Part XII								
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.  2a Were the organization's financial statements compiled or reviewed by an independent accountant?  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  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  X Separate basis  Consolidated basis  Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  2c X  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b					Yes	No				
Were the organization's financial statements compiled or reviewed by an independent accountant?  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  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a X  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	1	Accounting method used to prepare the Form 990 Cash X Accrual Other								
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  Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  Separate basis Consolidated basis Consolidated basis Both consolidated and separate basis  If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  3a X  b if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.							
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?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both  X Separate basis Consolidated basis Both consolidated and separate basis  c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits  3b	2a									
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or audits, explain why in Schedule O and describe any steps taken to undergo such audits	h	···	ired audit							
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### 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.

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

2015

Open to Public Inspection

Name of the organization Employer identification number ACADEMY HILL SCHOOL, INC. 04-3016860 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) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2  $\mathbf{x}$ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 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 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 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. 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. Jype 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. 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 Provide the following information about the supported organization(s) iv) Is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of (i) Name of supported (ii) EIN listed in your (described on lines 1-9 organization support (see other support (see governing document? above (see instructions)) instructions) instructions)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
	Gifts, grants, contributions, and		,,	1-7					
	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								
Ŭ	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3				-		<del></del>		
	The portion of total contributions			···					
3	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)						<del></del>		
	Public support, Subtract line 5 from line 4								
	ction B. Total Support								
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
	Amounts from line 4								
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties	ļ							
	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 VI)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activities,	etc (see instruction	ons)			12			
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)			
	organization, check this box and stop	here							
Sec	tion C. Computation of Publi	c Support Per	rcentage						
14	Public support percentage for 2015 (li	ne 6, column (f) di	vided by line 11, o	olumn (f))		14	%		
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	%		
16a	33 1/3% support test - 2015. If the o	rganization did no	t check the box of	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and		
	stop here. The organization qualifies a						ightharpoons		
b	33 1/3% support test - 2014. If the o		-		i line 15 is 33 1/3%	or more, check th	is box		
	and stop here. The organization quali	-					ightharpoons		
17a	10% -facts-and-circumstances test		•	- ,	e 13. 16a. or 16b. a	and line 14 is 10%	or more.		
	and if the organization meets the "fact	-							
	meets the "facts-and-circumstances"			•	•	alo organ	<b>▶</b>		
h	10% -facts-and-circumstances test		•		•	 17a and line 15 :e:			
Ŋ		J				·	1070 01		
	more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.								
10	•		•			*** **	· <b>[</b>		
10	Private foundation. If the organization	ruiu not check a l	DOX OF HIRE 12 10	a, 100, 1/a, 01 1/1	u, check this box a	na see instructions			

# Schedule A (Form 990 or 990-EZ) 2015 ACADEMY HILL SCHOOL, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

Calendar year (or fiscal year beginning is)   (a) 2011   (b) 2012   (c) 2013   (d) 2014   (e) 2015   (f) Total membership bees received (Do not include any "unusual grants")   (a) 2014   (e) 2015   (f) Total membership bees received (Do not include any "unusual grants")   (a) 2014   (e) 2015   (f) Total membership bees received (Do not include any "unusual grants")   (a) 2014   (e) 2015   (f) Total and "any activity that a related to the organization's take exempt purpose of any activity that a related to the organization's take exempt purpose of any activity that a related to the organization's tender and either paid to or expended on its behalf   (f) The value of several and either paid to or expended on its behalf   (f) The value of several and either paid to or expended on its behalf   (f) The value of several and either paid to or expended on its behalf   (f) The value of several and either paid to or expended on its behalf   (f) The value of several and either paid to or expended on its behalf   (f) The value of several and either the paid to or expended on its behalf   (f) The value of several and either the several and eith	Se	qualify under the tests listed be ction A. Public Support	now, please com	piete Part II )			·	<del></del>
Circles grants, contributions, and membership feets received (10 not include any *unusual grants*)  2. Gross receipts from admission, mechanisms of the expendent of the expende		·	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
membership fees received (Do not include any funusual grant 1)  2 Gross receipts from admissions, mechanicies sold or services performed, or facilities furnished in any activity that is related to the organization's tax exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513  4 Tax revinues leves for the organization section 513  5 The value of services or activities that are not an unrelated trade or business under section 513  6 The value of services or activities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5  7 A Amounts included on lines 1, 2, and 3 received from disqualified persons between the section 513 and 3 received from disqualified persons between the section 513 and 51 received from disqualified persons between the section 51 received from the section 51 received from disqualified persons between the section 51 received from the section 51 received from 51 re		, , , , , , , , ,	(0) 2011	(0) 2012	(6) 2013	(u) 2014	(6) 2013	(i) iotai
include any "unusual grants"	•							
2. Gross receipts from admissions, merchandles sold or services per formed, or facilities surmained in any activity that is related to the organization's tax exempt purpose of Gross receipts from admissions that are not an unrelated trade or business under section 513  4. Tax revenues leved for the organization's benefit and either pad to or expended on its behalf  5. The value of services or afacilities furnated by a governmental unit to the organization without charge for Total. Add lines 1 through 5  7.a Amounts included on lines 1, 2, and 3 received from disqualified persons  b answarts related services and 3 received from disqualified persons  b answarts related services and 3 received from disqualified persons  b answarts related services and 3 received from disqualified persons  b Answarts related services and 3 received from disqualified persons  b Answarts related services and 3 received from disqualified persons  b Answarts related services and 3 received from disqualified persons  c Add lines 7 a and 7 b  9. Amounts from the gall of the tree services and a received from disqualified persons  b Unrelated bysons from the organization is to the type  Calledard year of fisted lyear beginning in)  9. Amounts from time 6  10. Gross anome from information of the tree services and income from mental sources and organization from the 10 for the services and income from mental sources and persons to the services and income from amounts of the services and income from included usiness activities not included in line 10 for the services and income from included usiness as regularly carried of in line 10 for the organization in line 10 for the organization of the services and income from amounts in								
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	20						-	

### Part IV **Supporting Organizations**

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Sect	ion	Δ	ΔII	Suppo	ortina	Oro	anizations	:

ec	tion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No" describe in Part VI how the supported organizations are designated. If designated by	ł		
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	Зс		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	1		
	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	ĺ	}	
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a_		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also	}		
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in	İ		
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with		1	
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more		-	
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described		-	
	ın section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a_		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings )

10b

Schedule A (Form 990 or 990-EZ) 2015 ACADEMY HILL SCHOOL, INC. 04-3016860 Page 5 Part IV | Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a b A family member of a person described in (a) above? 11b c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities of the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, 2 supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations No Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s) 2 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions): The organization satisfied the Activities Test, Complete line 2 below а The organization is the parent of each of its supported organizations. Complete line 3 below . The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions) C Activities Test Answer (a) and (b) below. Yes No 2 a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities 2a b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement 2b Parent of Supported Organizations Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. 3a

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in *Part VI* the role played by the organization in this regard

Sche	dule A (Form 990 or 990-EZ) 2015 ACADEMY HILL SCHOOL, IN	IC.		04-3016860 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970. See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	11		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_7_	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Mınımum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year).			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
_7_	Recoveries of prior-year distributions	7		
_8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5_	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly-integrate	d Type III supporting or	ganization (see

Schedule A (Form 990 or 990-EZ) 2015

instructions)

Schedule A (Form 990 or 990-EZ) 2015 ACADEMY HIP Part V Type III Non-Functionally Integrated	LL SCHOOL, INC.		4-3016860 Page
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accompl	ish exempt purposes		
2 Amounts paid to perform activity that directly furthers			
organizations, in excess of income from activity			
3 Administrative expenses paid to accomplish exempt p	purposes of supported organization	ns	
4 Amounts paid to acquire exempt-use assets	o possession of garmages		
5 Qualified set-aside amounts (prior IRS approval requir	ed)		
6 Other distributions (describe in Part VI) See instruction			
7 Total annual distributions. Add lines 1 through 6			
Distributions to attentive supported organizations to v	which the organization is responsive	<u></u>	
(provide details in Part VI) See instructions	viller the organization is responsive	•	
9 Distributable amount for 2015 from Section C, line 6			
		<del></del>	
10 Line 8 amount divided by Line 9 amount	(2)	(iii)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015			
(reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
С			
d From 2013			
e From 2014			
f Total of lines 3a through e		***************************************	
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
Carryover from 2010 not applied (see instructions)			
Remainder Subtract lines 3g, 3h, and 3i from 3f.			
Distributions for 2015 from Section D.			
line 7 \$			
::: `T.i			<del></del>
a Applied to underdistributions of prior years     b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, i			
any Subtract lines 3g and 4a from line 2 (if amount			
greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines	3h		
and 4b from line 1 (if amount greater than zero, see			
instructions)			
7 Excess distributions carryover to 2016. Add lines 3 <sub>j</sub>	-		
and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013		····	
d Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

'Schedule A	(Form 990 or 990-EZ) 2015	ACADEMY HILL	SCHOOL,	INC.	04-3016860 Page 8
Part VI	Supplemental Information Part IV. Section A. lines 1.	<b>nation.</b> Provide the exp 2, 3b, 3c, 4b, 4c, 5a, 6, 9 nes 2 and 3, Part IV. Sec	planations required a, 9b, 9c, 11a, 11 tion E. lines 1c, 2a	d by Part II, line 10, Part II, b, and 11c, Part IV, Section a, 2b, 3a and 3b, Part V, lin	line 17a or 17b, Part III, line 12, n B, lines 1 and 2, Part IV, Section C, e 1, Part V. Section B, line 1e, Part V.
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## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

Complete if the organization answered "Yes" on 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.gov/form990.

2015
Open to Public

Employer identification number Name of the organization ACADEMY HILL SCHOOL, 04-3016860 INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X ... .. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Sche		HILL SCHO								Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Histo	orical Tre	easures, c	or Othe	<u>er Simil</u>	ar Asse	ts(continu	ıed)
3	Using the organization's acquisition, accessi	on, and other record	ls, check a	any of the	following tha	t are a si	gnıficant	use of its	collection	items
	(check all that apply).									
а	Public exhibition	d		oan or excl	nange progra	ams				
b	Scholarly research	е		ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	ne organizati	on's exei	npt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of	r receive donations of	of art, hist	torical treas	sures, or oth	er sımılar	assets		_	
	to be sold to raise funds rather than to be ma								_ Yes	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the c	organizatioi	n answered '	"Yes" on	Form 99	D, Part IV,	line 9, or	
	<del></del>	<del></del>	d.a.a. fau a.							
18	Is the organization an agent, trustee, custod	ian or other intermed	lary for co	ontribution	s or other as	sets not	included	<u></u>	Yes	☐ No
_	on Form 990, Part X?		llaa. ta					<u> </u>	_l tes	NO
D	If "Yes," explain the arrangement in Part XIII	and complete the to	ollowing ta	ibie					Amount	
	Danis de la casa						4-		Amount	
c	Beginning balance Additions during the year						1c			
d	• •						1d			
e	Distributions during the year Ending balance	•					1e 1f	<del> </del>	<del></del> -	<del></del>
30	Did the organization include an amount on Fi	orm 990 Part Y line	21 for on	corow or cu	ictodial acco	unt kabil			Yes	No
2a	If "Yes," explain the arrangement in Part XIII		•				ity:		_ 162	<b>=</b> "
Par							IO.			
		(a) Current year		or year	(c) Two year			vears back	(e) Four y	vears back
1a	Beginning of year balance	17,900.	(12) 1 1.1	17 900.		7.900.	(4) 111100	17,900.	(6) . 66. )	17.900.
b	Contributions	17,500.		17,500.	***************************************	7,300.		17,500.		11,500.
c	Net investment earnings, gains, and losses									
d	Grants or scholarships			· · · · · · · · · · · · · · · · · · ·						
e	Other expenditures for facilities									
Ū	and programs									
f	Administrative expenses									
g	End of year balance	17 900		17.900.	1.	7.900.		17,900.		17.900.
2	Provide the estimated percentage of the curr		e (line 1a.			, <u>, , , , , , , , , , , , , , , , , , </u>			1	
а	Board designated or quasi-endowment	,	%	,	,,					
b	Permanent endowment	%	_							
С	Temporarily restricted endowment ▶	<del></del> %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
За	Are there endowment funds not in the posse		ation that	are held ar	nd administe	red for th	ne organi	zation		
	by	-					_		- T	Yes No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations								3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	red on Scl	hedule R?					3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment fu	ındş						
Par	t VI Land, Buildings, and Equipm	ent.	_							
	Complete if the organization answere	d "Yes" on Form 990	D, Part-IV,	line 11a S	ee Form 990	, Part X,	line 10			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	cumulate	ed	(d) Book	value
		basis (investr	nent) –	basis (	other)	dep	preciation			
1a	Land _		-	11	5,296.					,296.
b	Buildings			1,11	8,861.	4	119,8	18.	699	,043.
С	Leasehold improvements									
d	Equipment				1,319.	1	135,8		45	,503.
е	Other			1	4,458.		14,2	25.		<u>233.</u>
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, columr	n (B), line 1	0c.)				860	<u>,075.</u>

Part	X Other Liabilities.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 11e or 11f See Form	990, Part X, line 25
1.	(a) Description of liability.	(b) Book value	
(1)	Federal income taxes		
(2)	SECURITY DEPOSITS	848.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			

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

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

' Schedule D (Form 990) 2015 ACADEMY HILL SCHOOL, INC.			016860 Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per F	Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a	.,	
1 Total revenue, gains, and other support per audited financial statements		1	<u>1,368,665.</u>
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
a Net unrealized gains (losses) on investments	2a -74.	4	
b Donated services and use of facilities	2b	4	
c Recoveries of prior year grants	2c	- 1	
d Other (Describe in Part XIII.)	2d -230,158.	4	
e Add lines 2a through 2d		2e	-230,232.
3 Subtract line 2e from line 1		3	1,598,897.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b Other (Describe in Part XIII )	_4b	┦.	0
c Add lines 4a and 4b		4c	0. 1,598,897.
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XII Reconciliation of Expenses per Audited Financial Stater	ments With Evnenses per	Betur	
		netui	11.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a		1,431,332.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990. But IX line 35		1	1,431,332.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 20		
a Donated services and use of facilities	2a	-	
b Prior year adjustments	2b	1	
c Other losses	2c 230 150	1	
d Other (Describe in Part XIII )	2d -230,158.	7	220 150
e Add lines 2a through 2d		2e	<u>-230,158.</u>
3 Subtract line 2e from line 1	•	3	1,661,490.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1.	1.1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b Other (Describe in Part XIII.)	4b	-	•
c Add lines 4a and 4b		4c	0.
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		4c 5	0. 1,661,490.
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII Supplemental Information.		5	1,661,490.
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b and 2b, Part V, line	5	1,661,490.
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII Supplemental Information.	rt IV, lines 1b and 2b, Part V, line	5	1,661,490.
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b and 2b, Part V, line	5	1,661,490.
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Palines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional part XII, lines 2d and 4b.	rt IV, lines 1b and 2b, Part V, line	5	1,661,490.
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	rt IV, lines 1b and 2b, Part V, line	5	1,661,490.
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pallines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any address of the part V, LINE 4:	rt IV, lines 1b and 2b, Part V, line Iditional information	4, Part X	1,661,490.
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Palines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional part XII, lines 2d and 4b.	rt IV, lines 1b and 2b, Part V, line Iditional information	4, Part X	1,661,490.
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII   Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any address of the supplemental Part V, LINE 4:  THE ENDOWMENT FUNDS ARE INTENDED TO PRODUCE	rt IV, lines 1b and 2b, Part V, line Iditional information	4, Part X	1,661,490.
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pallines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any address of the part V, LINE 4:	rt IV, lines 1b and 2b, Part V, line Iditional information	4, Part X	1,661,490.
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c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pallines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any address and 4b.  PART V, LINE 4:  THE ENDOWMENT FUNDS ARE INTENDED TO PRODUCE  BOARD'S DISCRETION.	rt IV, lines 1b and 2b, Part V, line Iditional information	5 4, Part X	1,661,490.  (, line 2, Part XI,
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII   Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any address of the supplemental Part V, LINE 4:  THE ENDOWMENT FUNDS ARE INTENDED TO PRODUCE	rt IV, lines 1b and 2b, Part V, line Iditional information	5 4, Part X	1,661,490.  (, line 2, Part XI,
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII   Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any address of the Endowment Funds are intended to produce BOARD'S DISCRETION.  PART XI, LINE 2D - OTHER ADJUSTMENTS:	rt IV, lines 1b and 2b, Part V, line Iditional information	5 4, Part X	1,661,490.  (, line 2, Part XI,
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pallines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any address and 4b.  PART V, LINE 4:  THE ENDOWMENT FUNDS ARE INTENDED TO PRODUCE  BOARD'S DISCRETION.	rt IV, lines 1b and 2b, Part V, line Iditional information	5 4, Part X	1,661,490.  (, line 2, Part XI,
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any address and 4b.  PART V, LINE 4:  THE ENDOWMENT FUNDS ARE INTENDED TO PRODUCE BOARD'S DISCRETION.  PART XI, LINE 2D - OTHER ADJUSTMENTS:  RENTAL PROPERTY EXPENSES \$21,992 TUITION DISCRETAGE AND ADDRESS	rt IV, lines 1b and 2b, Part V, line Iditional information  INCOME TO BE USE	5 4, Part X	1,661,490.
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII   Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any address of the Endowment Funds are intended to produce BOARD'S DISCRETION.  PART XI, LINE 2D - OTHER ADJUSTMENTS:	rt IV, lines 1b and 2b, Part V, line Iditional information  INCOME TO BE USE	5 4, Part X	1,661,490.  (, line 2, Part XI,
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any address and 4b.  PART V, LINE 4:  THE ENDOWMENT FUNDS ARE INTENDED TO PRODUCE BOARD'S DISCRETION.  PART XI, LINE 2D - OTHER ADJUSTMENTS:  RENTAL PROPERTY EXPENSES \$21,992 TUITION DISCRETAGE AND ADDRESS	rt IV, lines 1b and 2b, Part V, line Iditional information  INCOME TO BE USE	5 4, Part X	1,661,490.
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any address and 4b.  PART V, LINE 4:  THE ENDOWMENT FUNDS ARE INTENDED TO PRODUCE BOARD'S DISCRETION.  PART XI, LINE 2D - OTHER ADJUSTMENTS:  RENTAL PROPERTY EXPENSES \$21,992 TUITION DISCRETAGE AND ADDRESS	rt IV, lines 1b and 2b, Part V, line Iditional information  INCOME TO BE USE	5 4, Part X	1,661,490.
c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pallines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional part V, LINE 4:  THE ENDOWMENT FUNDS ARE INTENDED TO PRODUCE BOARD'S DISCRETION.  PART XI, LINE 2D - OTHER ADJUSTMENTS:  RENTAL PROPERTY EXPENSES \$21,992 TUITION DISCRETATION (\$252,150)	rt IV, lines 1b and 2b, Part V, line Iditional information  INCOME TO BE USE	4, Part X	1,661,490.  (, line 2, Part XI,  THE  -230,158.
c Add lines 4a and 4b  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any address and 4b.  PART V, LINE 4:  THE ENDOWMENT FUNDS ARE INTENDED TO PRODUCE BOARD'S DISCRETION.  PART XI, LINE 2D - OTHER ADJUSTMENTS:  RENTAL PROPERTY EXPENSES \$21,992 TUITION DISCRETAGE AND ADDRESS	rt IV, lines 1b and 2b, Part V, line Iditional information  INCOME TO BE USE	4, Part X	1,661,490.  (, line 2, Part XI,  THE  -230,158.
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c Add lines 4a and 4b 5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)  Part XIII Supplemental Information.  Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pallines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any address of the Endowment Funds are intended to produce BOARD'S DISCRETION.  PART XI, LINE 2D - OTHER ADJUSTMENTS:  RENTAL PROPERTY EXPENSES \$21,992 TUITION DISCRETION (\$252,150)  PART XII, LINE 2D - OTHER ADJUSTMENTS:	INCOME TO BE USE	4, Part X	1,661,490.  (, line 2, Part XI,  THE  -230,158.

Schedule D (Form 990) 2015	ACADEMY HIL	L SCHOOL,	INC.	04-30	<u>16860 Page 5</u>
Schedule D (Form 990) 2015 Part XIII   Supplemental Info	rmation (continued)			· -	
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## SCHÉDULE Ę

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Schools**

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

➤ Attach to Form 990 or Form 990-EZ.

2015

Open to Public Inspection

Name of the organization

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

ACADEMY HILL SCHOOL, INC.

rm990. Inspection
Employer identification number

04-3016860

Par	T I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1_1_	X	ļ
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the		į.	
	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	
	SEE PART II			
			1	
4	Does the organization maintain the following?			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	Ì
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			
	admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain If you need more space, use Part II.			
5	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	5a		Х
	Admissions policies?	5b		Х
	Employment of faculty or administrative staff?	5c		Х
d	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		X
f	Use of facilities?	5f		X
g	Athletic programs?	5g		X
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" on 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	X	

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

Schedule E (Form 990 or 990-EZ) (2015)

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

Form 990, Part IV, line 21 or 22.

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

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,	Complete if the organization answered "Yes" on I	
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2015	Open to Public Inspection

OMB No 1545-0047

Name of	Name of the organization	Employer identification number
	ACADEMY HILL SCHOOL, INC.	04-3016860
Part	Part I General Information on Grants and Assistance	
1 Do	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	no
cut	intena used to award the grants or assistance?	X Yes

å

	(h) Purpose of grant or assistance							
	(g) Description of non-cash assistance							
	(f) Method of valuation (book, EMV, appraisal, other)							
Jed.	(e) Amount of non cash assistance							
ional space is need	(d) Amount of cash grant							ne line 1 table
be duplicated if additi	(c) IRC section if applicable							ganizations listed in the table
5,000 Part II can	(b) EIN							nd government org
recipient that received more than \$	1 (a) Name and address of organization or government							Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table
	recipient that received more than \$5,000 Part II can be duplicated if additional space is needed.	(f) Method of (g) Description of additional space is needed.  (b) EIN (c) IRC section (d) Amount of rapplicable cash grant assistance other)	(f) Method of if additional space is needed.  (b) EIN (c) IRC section if applicable cash grant assistance assistance if applicable cash grant assistance other)	(f) Method of if additional space is needed.  (b) EIN (c) IRC section if applicable cash grant assistance assistance other)	(f) Method of (g) Description of assistance (assistance assistance of applicable cash grant assistance other)	(b) EIN (c) IRC section (d) Amount of (e) Amount of radiation of assistance (f) Method of rash grant assistance (f) Method of rash assistance (g) Description of rach grant assistance (h) Method of rach grant as	(b) EIN (c) IRC section (d) Amount of assistance assistance assistance (e) Amount of assistance assistance other)	1 \$5,000 Part II can be duplicated if additional space is needed.  (b) EIN (c) IRC section (d) Amount of I applicable cash grant assistance ass

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

Schedule I (Form 990) (2015)

Schedule I (Form 990) (2015) ACADEMY HILL SCHOOL, INC.  Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed	SCHOOL, INC.	organization answe	red "Yes" on Form 5	90, Part IV, line 22.	04-3016860 Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
AID PROVIDED TO STUDENTS BASED ON FINANCIAL NEED	42	0	252,150,	FMV	TUITION REDUCTION
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information	quired in Part I, lin	e 2, Part III, column	(b), and any other ac	dditional information	
	-				
532102 10-28-15					Schedule I (Form 990) (2015)

## ' SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Employer identification number

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

Open to Public Inspection

OMB No 1545-0047

ACADEMY HILL SCHOOL, INC.	04-3016860
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
GIFTED AND HIGH-POTENTIAL STUDENTS FROM PRE-KINDERGARTEN	THROUGH THE
EIGHTH GRADE.	
FORM 990, PART VI, SECTION B, LINE 11:	
THE FORM 990 IS PRESENTED TO THE AUDIT AND FINANCE COMMIT	TEE OF THE BOARD
OF TRUSTEES WITH THE ANNUAL AUDITED FINANCIAL STATEMENTS.	THE FORM 990 IS
REVIEWED BY THE ENTIRE BOARD OF TRUSTEES PRIOR TO ITS FIL	ING.
FORM 990, PART VI, SECTION B, LINE 12C:	
ALL BOARD TRUSTEES ARE REQUIRED TO DISCLOSE POTENTIAL CON	FLICTS OF
INTEREST, INCLUDING RELATED PARTY TRANSACTIONS, AND TO SI	GN A CONFLICT OF
INTEREST POLICY ANNUALLY. THE HEAD OF SCHOOL MONITORS AND	ENFORCES
COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ON AN ON-	GOING BASIS
THOUGHOUT THE YEAR. THE ORGANIZATION DISCLOSES ANY RELATE	D PARTY
TRANSACTIONS IN THE ANNUAL FINANCIAL STATEMENTS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD REVIEWS AND APPROVES THE HEAD OF SCHOOL'S SALAR	Y DURING THE
ANNUAL BUDGETING PROCESS. THERE ARE NO OTHER COMPENSATED	OFFICERS AND NO
KEY EMPLOYEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND AUDITED FINANCIAL STATEMENTS AVAILABLE TO THE	PUBLIC UPON
WRITTEN REQUEST OF THE INTERESTED PARTY.	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Sched 532211 09-02-15	dule O (Form 990 or 990-EZ) (2015)

Name of the organization  ACADEMY HILL SCHOOL, INC.	Employer identification number 04-3016860
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PART 1, LINE 3	<u> </u>
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