efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

For the 2015 calendar year, or tax year beginning 07-01-2015

DLN: 93493054006267

Open to Public

Inspection

2015

OMB No 1545-0047

Department of the 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)

- ▶ 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

, and ending 06-30-2016

C Name of organization D Employer identification number Check if applicable Columbus School for Girls Address change 31-4379452 Name change Doing business as Initial return Final E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 56 S Columbia Avenue return/terminated (614) 252-0781 Amended return City or town, state or province, country, and ZIP or foreign postal code Application pending Columbus, OH 43209 G Gross receipts \$ 17,714,524 Name and address of principal officer **H(a)** Is this a group return for Jennifer Ciccarelli subordinates? 56 S Columbia Avenue Nο Columbus, OH 43209 H(b) Are all subordinates Tax-exempt status included? 4947(a)(1) or If "No," attach a list (see instructions) Website: ▶ www.columbusschoolforgirls.org Group exemption number ▶ L Year of formation 1898 M State of legal domicile OH Part I Summary 1 Briefly describe the organization's mission or most significant activities Columbus School for Girls, a college preparatory school founded in 1898, is dedicated to girls' intellectual, social, and ethical growth from infancy through twelfth grade. The school is characterized by challenging academics, enriching arts and athletics supportive relationships, and a range of diversity. We encourage girls and young women to discover their distinctive potential and to Activities & Governance strive for excellence amid the challenges and opportunities of a global and dynamic world 2 Check this box ▶ ┌─ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 29 Number of independent voting members of the governing body (Part VI, line 1b) 29 4 323 Total number of individuals employed in calendar year 2015 (Part V. line 2a) 5 Total number of volunteers (estimate if necessary) . 6 210 7a 0 Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** 1,477,092 1,761,847 8 Contributions and grants (Part VIII, line 1h) . 12,443,940 9 Program service revenue (Part VIII, line 2g) . 11,913,592 1,926,748 915,858 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	80,136	67,372
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,397,568	15,189,017
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,600,565	1,683,950
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines $5-10$)	8,978,883	9,077,959
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶640,026		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,882,177	4,811,465
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	15,461,625	15,573,374
	19	Revenue less expenses Subtract line 18 from line 12	-64,057	-384,357
Assets or Balances			Beginning of Current Year	End of Year
sse 3afa	20	Total assets (Part X, line 16)	49,318,524	46,800,054
Net A	21	Total liabilities (Part X, line 26)	9,877,665	8,791,475
žΞ	22	Net assets or fund halances. Subtract line 21 from line 20	39 440 859	38 008 579

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

		*****			2017-02-14				
Sign		Signature of officer		Date					
Here		Julie Eikenberry Chief Financial Officer							
		Type or print name and title							
Paid		Print/Type preparer's name Rachel Spurlock	Preparer's signature Rachel Spurlock	Date	Check If self-employed	PTIN P00520729			
	۵r	Firm's name ► CROWE HORWAT	Н ШР		Firm's EIN ► 3	Firm's EIN ► 35-0921680			
Preparer Use Only		Firm's address ▶ 10 West Broad St Suite 1700 Columbus, OH 4			Phone no (614) 469-0001			

Par	t IV Checklist of Required Schedules			
			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 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? ${\bf 2}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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	Yes	
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11 b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11 c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11 d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14 b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
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		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Par	t IV	Chec	klist	of Red	quire	d S	che	edul	es	(cont	inu	ed)
	D . J 41					41	4 -	000				- 4-1

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

Pa	rt IV Checklist of Required Schedules (continued)	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's	

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV,

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

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?

an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . .

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations

sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family

Yes

23

24a

24b

24c

24d

25a

25b

26

27

28a

28b

28c

29

30

31

32

33

34

35a

35b

36

37

38

Yes

Yes

Yes

Yes

Yes

Form 990 (2015)

Νo Yes

	Page	4
Т	NIo	

Νo

Νo

Νo

Nο

Νo

Νo

Νo

Nο

Νo

Nο

Nο

Nο

Νo

Nο

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 I	art \	<u> </u>	• •	Yes	. No
1a	Enter	the number reported in Box 3 of Form 1096 Enter -0 - if not applicable	1a	67		165	NO
		the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did th	e organization comply with backup withholding rules for reportable payments to	vend	lors and reportable			
	gamın	g (gambling) winnings to prize winners?	• .		1 c	Yes	
2a	Tax S	the number of employees reported on Form W-3, Transmittal of Wage and tatements, filed for the calendar year ending with or within the year covered s return	2a	323			
b	If at le	east one is reported on line 2a, did the organization file all required federal empl If the sum of lines 1a and 2a is greater than 250, you may be required to e-file	loyme	ent tax returns?	2b	Yes	
3a		e organization have unrelated business gross income of \$1,000 or more during		′	3a		No
		s," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanatio		1	3b		
4a	over,	y time during the calendar year, did the organization have an interest in, or a sig a financial account in a foreign country (such as a bank account, securities acc nt)?			4a		No
b	If "Ye See in (FBA R	s," enter the name of the foreign country structions for filing requirements for FinCEN Form 114, Report of Foreign Bank 3)	and f	- Inancial Accounts			
5a	Wast	he organization a party to a prohibited tax shelter transaction at any time during	g the	tax year?	5a		No
b	Dıd ar	ny taxable party notify the organization that it was or is a party to a prohibited to	ax sh	elter transaction?	5b		Νo
С	If"Ye	s," to line 5a or 5b, did the organization file Form 8886-T?					
					5 c		
	organ	the organization have annual gross receipts that are normally greater than \$10 ization solicit any contributions that were not tax deductible as charitable contributions.	ributio	ons?	6a		No
	were r	s," did the organization include with every solicitation an express statement the not tax deductible?	at sud	ch contributions or gifts	6 b		
	_	ilizations that may receive deductible contributions under section 170(c). e organization receive a payment in excess of \$75 made partly as a contribution		d partly for goods and	7a		No
	servic	e organization receive a payment in excess of \$75 made partry as a contribute ses provided to the payor?			7a 7b		
		e organization sell, exchange, or otherwise dispose of tangible personal propert		ŀ	75		
	file Fo	rm 8282?	•		7 c		
d	If"Ye	s," indicate the number of Forms 8282 filed during the year	7d				
e	Did th	e organization receive any funds, directly or indirectly, to pay premiums on a pe	erson	al benefit contract?	7e		No
f	Did th	e organization, during the year, pay premiums, directly or indirectly, on a perso	nal be	enefit contract?	7f		Νo
g	If the requir	organization received a contribution of qualified intellectual property, did the or ed?	ganız	ation file Form 8899 as	7 g		
h	Form	organization received a contribution of cars, boats, airplanes, or other vehicles 1098-C?	, dıd t •	the organization file a	7h		
8	Did a	oring organizations maintaining donor advised funds. donor advised fund maintained by the sponsoring organization have excess bus i the year?	iness	holdings at any time	8		
9a	Did th	e sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did th	e sponsoring organization make a distribution to a donor, donor advisor, or rela	ted p	erson?	9 b		
10	Section	on 501(c)(7) organizations. Enter					
а	Initiat	tion fees and capital contributions included on Part VIII, line 12	10a				
b	Gross facilit	· ' ' · · · · · · · · · · L	10 b				
11		on 501(c)(12) organizations. Enter	ا بد				
		F	11a				
D		income from other sources (Do not net amounts due or paid to other sources st amounts due or received from them)	11b				
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990	ın lıe	u of Form 1041?	12a		
	year	L	12 b				
13	Section	on 501(c)(29) qualified nonprofit health insurance issuers.					
а		organization licensed to issue qualified health plans in more than one state? No onal information the organization must report on Schedule O	ote. S	ee the instructions for	13a		
b		the amount of reserves the organization is required to maintain by the states chithe organization is licensed to issue qualified health plans	13b				
c		the organization is need sea to issue qualified nearth plans	13c				
14a	Did th	L e organization receive any payments for indoor tanning services during the tax		·	14a	j	No
		s," has it filed a Form 720 to report these payments? <i>If "No," provide an explanat</i>	•	ŀ	14b		

orm	990 (2015)						Page
Par		See ii	nstructions.				_
			<u> </u>				🗸
Se	ction A. Governing Body and Management					1	
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		29			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O						
b	Enter the number of voting members included in line 1a, above, who are independent	1 b		29			
2					2		No
3		,			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was		4		No
5	Did the organization become aware during the year of a significant diversion of the o	rganız	ation's assets? .		5		No
6	Did the organization have members or stockholders?				6		No
7a	check if Schedule O contains a response or note to any line in this Part VI A. Governing Body and Management The the number of voting members of the governing body at the end of the tax are material differences in voting rights among members of the governing body delegated broad authority to an executive committee milliar committee, explain in Schedule O rethe number of voting members included in line 1a, above, who are pendent any officer, director, trustee, or key employee have a family relationship or a business relationship with any rofficer, director, trustee, or key employee? any officer, director, trustee, or key employee have a family relationship or a business relationship with any rofficer, director, trustee, or key employee? any officer, director, trustee, or key employees to a management company or other person? the organization delegate control over management duties customarily performed by or under the direct ervision of officers, directors or trustees, or key employees to a management company or other person? the organization make any significant changes to its governing documents since the prior Form 990 was? the organization become aware during the year of a significant diversion of the organization's assets? the organization have members or stockholders? the organization have members, stockholders, or other persons who had the power to elect or appoint one or emembers of the governing body? any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or by the following		7a		No		
b	, , , , , , , , , , , , , , , , , , , ,		,	,	7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ui	ndertaken during the	9			
а	The governing body?				8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	_		_	8b	Yes	

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 Νo Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No **10a** Did the organization have local chapters, branches, or affiliates? . 10a Νo If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing **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 . . . Yes **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Yes c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c Yes Did the organization have a written whistleblower policy? Yes Did the organization have a written document retention and destruction policy? . . . Yes 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? **a** The organization's CEO, Executive Director, or top management official . 15a Yes 15b Yes If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a Νo **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

Section C. Disclosure

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain in Schedule O)

organization's exempt status with respect to such arrangements?

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

▶Julie Eikenberry 56 S COLUMBIA AVENUE Columbus, OH 43209 (614) 453-4503

16b

Part VII

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

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, or 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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion i han o	one I both	box, and	heck unless officer stee)	:	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC)		organization and related organizations
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more t	tion (han d in is	ne t both	ox, and	heck unless officer stee)	i	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
Con Additional Date Table	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
See Additional Data Table										
1b Sub-Total	 sto Part VII S	 ection A		-		. •				
d Total (add lines 1b and 1c) .				•	· .	•		597,418	0	110,382
Total number of individuals (in \$100,000 of reportable compe						d abov	e) wh	no received more th	ian	

			-	110
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Name and business address	Description of services	Compensation
SAGE DINING SERVICES	FOOD SERVICE	715,428
1402 YORK ROAD LUTHERVILLE, MD 21093		
OHIO CUSTODIAL MAINTENANCE INC	CUSTODIAL MAINTENANCE	221,882
1291 S HIGH STREET COLUMBUS, OH 43206		
VAT Transportation	Transportation	120,143
2047 Leonard Ave Columbus, OH 43219		
		_

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 3

Ves No

Form 99		15)						Page 9
Part V	Ш	Statement o						
		Check If Schedu	ule O contains a respor	ise or note to any lin	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s ts	1a	Federated camp	paigns 1a	0				
Grants smounts	b	Membership du	es 1b	0				
Ę.	с	Fundraising eve	ents 1 c	193,534				
ifts. ar ∡	d	Related organiz	ations 1d	7,700				
	e	Government grants	s (contributions) 1e	197,452				
ions r Si	f		ons, gifts, grants, and 1f	1,363,161				
ibut	g		ons included in lines	73,631				
Contributions, Giffs, Grants and Other Similar Amounts	h	1a-1f \$ Total. Add lines	s 1a-1f		1,761,847			
				Business Code				
ᠴ	2a	Tuition		611600	11,163,644	11,163,644		
4. Y.	ь	Auxiliary		611600	870,031	870,031		
υ. E	С	Summer Programs		611600	311,719	311,719		
₽ ₹	d	Fees	_	611600	98,546	98,546		
ው ው	e				0	0		
Program Service Revenue	f	All other progra	im service revenue		0	0	0	0
Ğ	g	Total. Add lines	s 2a-2f		12,443,940			
	3		ome (including dividendar amounts)		390,264			390,264
	4		tment of tax-exempt bond		0			0
	5	Royalties		•	0			0
	6a	Gross rents	(ı) Real 43,318	(II) Personal				
	b	Less rental	6,230					
	_	expenses Rental income	37,088	0				
	С	or (loss)	·	0	37,088			37,088
	d	Net rental inco	me or (loss) (I) Securities	▶ (II) Other	37,000			37,000
	7a	Gross amount from sales of assets other than inventory	3,003,743	(II) O thei				
	b c	Less cost or other basis and sales expenses Gain or (loss)	2,478,149 525,594	0				
	d	Net gain or (los	s)		525,594			525,594
Other Revenue	8a	*	luding ,534 reported on line 1c)					
her	h	Local direction	a penses b	10,620				
ŏ			[loss] from fundraising	41,128 events •	-30,508			-30,508
			rom gaming activities					
			a	0				
	Ь		penses b [loss) from gaming activ	0 Vities	0	0		
				▶				
	10a	Gross sales of returns and allo	wances .	0				
	b	less costofa	a oods sold b	0				
		5	loss) from sales of inve		0	0		
		Miscellaneous	· · · · · · · · · · · · · · · · · · ·	Business Code				
	11a	Miscellaneous		900099	29,760	29,760		
	b	Athletics		611600	16,632	16,632		
	С	Transportation		611600	14,400	14,400		
	d	All other revenu	ι		0	0	0	0
	е	Total. Add lines	s 11a-11d	•	60,792			
	12	Total revenue.	See Instructions .	•	15,189,017	12,504,732	0	922,438

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)

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0	0		
2	Grants and other assistance to domestic individuals See Part IV, line 22	1,683,950	1,683,950		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	449,619		359,695	89,924
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	6,331,084	5,037,780	986,945	306,359
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	442,923	361,756	60,742	20,425
9	Other employee benefits	1,306,536	1,065,664	180,349	60,523
10	Payroll taxes				
		547,797	411,396	105,226	31,175
11	Fees for services (non-employees)				
а	Management				
Ь	Legal	51,178		51,178	
c	Accounting	66,530		66,530	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	57.000		57.000	
f	Investment management fees	57,003		57,003	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	361,194	222,203	138,991	0
12	Advertising and promotion	188,473	150,778	0	37,695
13	Office expenses	1,168,790	791,119	377,671	0
14	Information technology	209,196	104,598	83,678	20,920
15	Royalties				
16	Occupancy	268,379	134,190	107,352	26,837
17	Travel	213,426	206,378	7,048	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	21,166	2,116		19,050
20	Interest	144,559		144,559	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,025,378	615,227	410,151	0
23	Insurance	89,413		89,413	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Summer School	307,102	307,102		
b	Student Activities	338,064	338,064		
c	After Hours Program	92,249	92,249		
d	Faculty Development	38,008	35,144	2,055	809
e	A II other expenses	171,357	92,700	52,348	26,309
25	Total functional expenses. Add lines 1 through 24e	15,573,374	11,652,414	3,280,934	640,026
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► if following SOP 98-2 (ASC 958-720)				

14.248

134,913

26.338.458

18,494,798

94,639

901,966

1,365,201

122,272

4.679.817

1,475,000

247.219

8,791,475

17,074,295

5.767.276

15,167,008

38.008.579

46.800.054

Form 990 (2015)

0

0

0

46,800,054

0

15,214

162, 127

26,992,453

20,649,542

94,639

896,561

1,389,947

108,534

5.098.205

2,230,000

154.418

9,877,665

15, 136, 734

8.222.633

16.081.492

39,440,859

49.318.524

49,318,524

41, 145, 754

14,807,296

7

8

9

10c

11

12 0

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

Part X	Balance She
	Check if Sched

7

8

9

11 12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

Net Assets or Fund Balances

eet dule O contains a response or note to any line in this Part X . . . (A) (B) Beginning of year End of year 219,965 1,038,785 1 Cash-non-interest-bearing 1 2 27.583 2 128,446 Savings and temporary cash investments 1.084.675 458,102 3 Pledges and grants receivable, net 3 4 72,326 4 97,665 Accounts receivable, net . . 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)II of Schedule L

voluntary employees' beneficiary organizations (see instructions) Complete Part Notes and loans receivable, net . Inventories for sale or use

10a Complete Part VI of Schedule D b

Intangible assets . . .

Tax-exempt bond liabilities

Complete Part X of Schedule D

Unrestricted net assets

Grants payable

Deferred revenue

Other assets See Part IV, line 11

Accounts payable and accrued expenses

Prepaid expenses and deferred charges Less accumulated depreciation

Land, buildings, and equipment cost or other basis Investments—publicly traded securities

10a 10b Investments—other securities See Part IV, line 11 Investments-program-related See Part IV, line 11

Total assets. Add lines 1 through 15 (must equal line 34)

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow SFAS 117 (ASC 958), check here ▶

Organizations that do not follow SFAS 117 (ASC 958), check here >

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building or equipment fund

and other liabilities not included on lines 17-24)

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Total liabilities.Add lines 17 through 25

lines 27 through 29, and lines 33 and 34.

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

complete lines 30 through 34.

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L

Other liabilities (including federal income tax, payables to related third parties,

Part XIII Financial Statements and Reporting

1 Accounting method used to prepare the Form 990

a separate basis, consolidated basis, or both

Single Audit Act and OMB Circular A-133?

Schedule O

Schedule O

Separate basis

✓ Separate basis

basis, consolidated basis, or both

Check if Schedule O contains a response or note to any line in this Part XI		
Total revenue (must equal Part VIII, column (A), line 12)		
Total expenses (must equal Part IX, column (A), line 25)	2	
Revenue less expenses Subtract line 2 from line 1	3	
Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	
Net unrealized gains (losses) on investments	5	
Donated services and use of facilities	6	
Investment expenses	7	

Cash Accrual Other

Both consolidated and separate basis

Both consolidated and separate basis

Page **12**

15,189,017

15,573,374

39,440,859

-384,357

-930,510

-117,413

No

Νo

Nο

Form 990 (2015)

38,008,579

Yes

Yes

Yes

2a

2b

2c

3a

3b

6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	

7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate

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?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

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 either its oversight process or selection process during the tax year, explain in

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

Software ID: 15000238 **Software Version:** 2015v3.0

EIN: 31-4379452

Name: Columbus School for Girls

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

week (list person is both an officer from the from related compensation any hours and a director/trustee) organization (W- organizations (W- from the	Compensated Employees, an	Compensated Employees, and Independent Contractors												
Board Chair		Average hours per week (list any hours for related organizations below	more t perso and a	tion (han c on is l a dire	do none both	oox, an c	unles officer stee)	r	Reportable compensation from the organization (W-	Reportable compensation from related organizations (W-	Estimated amount of other compensation from the organization and related			
Vice Chair X X X 0 0 Tim Miller 10 X X 0 0 Secretary X X X 0 0 Bemie Ostrowski 10 X X 0 0 Treasurer X X 0 0 0 Board Member(Partial Year) X 0 0 0 0 Lynne Smith 10 X 0 0 0 0 0 Board Member X 0			×		x				0	0	0			
Secretary	·		х		x				0	0	0			
Treasurer			x		x				0	0	0			
Board Member(Partial Year)			х		×				0	0	0			
Sharfin Shar	-		х						0	0	0			
Note	,		X						0	0	0			
National 21d Sainti		1 0	X						0	0	0			
X 0 0			х						0	0	0			
			х						0	0	0			
Michael Glimcher X 0 0 0 Board Members			×						0	0	C			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Emp Compensated Employees, and Independent Contractors (A) (C) (B) (D) (E) (F) Name Average Position (do not check Reportable Reportable Estimated and Title amount of hours per more than one box, compensation compensation week (list unless person is both an from the from related other any hours officer and a organization organizations compensation director/trustee) for related (W-2/1099-(W-2/1099from the organizations MISC) MISC) organization Officer Highest compensated employee or director 3 Individual trustee below In stituti chal Trustee and related dotted line) employee organizations Glenda 10 Harnson Χ 0 0 Board Member Kate Carlın 10 Giller Χ 0 0 Board Member Rocky 10 Robins Χ 0 Board Member Susan 10 Merryman Χ 0 Board Member Jeff 10 Henderson Х 0 0 Board Member Cecily 10 Alexander Χ 0 0 Board Member Nancy 10 Jeffrey Х 0 0 Board Member Webb Vorvs 10 0 0 Х Board Member Jonathon 10 Feibel Х 0 0 Board Member Carne Birch 10 Χ Board Member

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Empl Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name and Position (do not check Average Reportable Reportable Estimated Title hours per more than one box, compensation compensation amount of week (list unless person is both an from the from related other any hours officer and a organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the organizations MISC) MISC) organization Officer Contract key employee Highest compensated employee Former Individual trustee below and related Institutional Trustee director dotted line) organizations Elizabeth Zımmerman 10 Donaldson Χ 0 0 Board Member Jill Levy 10 Χ 0 0 Board Member Chris Graham 1.0 0 0 Х Board Member David 10 Paragas Χ 0 Board Member Dr Robert 10 Polite Х 0 Board Member John Sokol 10 Х 0 0 Board Member Samatha 10 Elliot Χ 0 0 Board Member Elizabeth 10 Siemer X 0 0 Board Member ⊔sa Young 10 Χ Board Member Steve Falk 10 Χ 0

Board Member

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Emp Compensated Employees, and Independent Contractors (A) (B) (C) (D) (E) (F) Name Average Position (do not check Reportable Reportable Estimated and Title more than one box, hours per compensation compensation amount of week (list unless person is both an from the from related other officer and a any hours organization organizations compensation for related director/trustee) (W-2/1099-(W-2/1099from the MISC) MISC) organizations organization Officer Former or director Individual trustee emplovee Highest compensa Institutional Trustbelow and related dotted line) organizations employee

		1		E-G			
Jennifer Ciccarelli Head of School	40 0		х		241,583	0	61,952
Julie Eikenberry Chief Financial	40 0		x		139,518	0	3,519

Financial Officer							
Perry Rogers							
Assistant Head of School for Special Academic	40 0			x	109,182	0	26,899

Perry Rogers							
Assistant Head of School for Special Academic	40 0			X	109,182	0	26,899

Head of				v	109,182	٥	26,899
School for				^	109,102	١	20,093
Special Academic							
Academic							
Programs							
Jennifer							

Biehn 40 0

107,135 18,01

Director of

Admissions

Financial Aid

and

efile GRAPHIC p	orint -	DO NOT	PROCESS	As Filed	Data

hospital's name, city, and state

170(b)(1)(A)(iv). (Complete Part II)

SCHEDULE A

(Form 990 or

Internal Revenue Service Name of the organization

Columbus School for Girls

990EZ)

Part I

⊽

1

2

Treasury

Department of the

DLN: 93493054006267 OMB No 1545-0047

Employer identification number

31-4379452

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Open to Public

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

A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii).(Attach Schedule E (Form 990 or 990-EZ))

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

Inspection

7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)							
8		A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)							
9	İ-	An organization that normally receives (1) more than 331/3% 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 331/3% 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 organi		•		•			
11	Γ	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							
а		Type I. A supporting o supported organization organization You mus i	n(s) the power	to regularly appoint o	r elect a majóri				
b	Γ	Type II. A supporting management of the su must complete Part IV	organization s pporting orgar	upervised or controlle	d in connection				
С	Г	Type III functionally i supported organization	integrated. A s	supporting organizatio				grated with, its	
d	Γ	Type III non-functiona not functionally integra (see instructions) You	ated The orga	inization generally mu	st satisfy a dist	rıbutıon requir			
е	Γ	Check this box if the o integrated, or Type III					ıs a Type I, Type II, T	ype III functionally	
f	Ente	r the number of supporte	ed organizatio	ns			<u></u>		
g		Provide the following ii	nformation abo	out the supported orga	inization(s)				
(i) Name of supported organization		(ii)EIN	(iii) Type of organization (described on lines 1 - 9 above (see instructions))	(iv) Is the organization Iisted in your governing document?		(v) A mount of monetary support (see instructions)	(vi) A mount of other support (see instructions)		
					Yes	No			
Tota	I								

15,746,063

61.614.901

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.)

	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f) Total
(or	fiscal year beginning in)	(4)2011	(6)2012	(6)2015	(d)2014	(6)2013	(1)1 otal
1	Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)	2,888,174	4,177,577	2,698,292	1,477,092	1,761,847	13,002,982
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1 through 3	2,888,174	4,177,577	2,698,292	1,477,092	1,761,847	13,002,982
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						21,679
6	Public support. Subtract line 5						12,981,303
	from line 4						
S	ection B. Total Support						
(or	Calendar year fiscal year beginning in) ▶	(a)2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	A mounts from line 4	2,888,174	4,177,577	2,698,292	1,477,092	1,761,847	13,002,982
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	578,993	530,515	529,973	472,185	433,582	2,545,248
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part	86,103	86,350	0	14,760	10,620	197,833

through 10 Gross receipts from related activities, etc (see instructions) 12

VI)

11

Total support. Add lines 7

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

Section C. Computation of Public Support Percentage

- Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) 14 82 44 % Public support percentage for 2014 Schedule A, Part II, line 14 15 86 39 %
- 16a 33 1/3% support test 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ 🗸 b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this
- box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain
 - in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶┌ b 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line
 - 15 is 10% or 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
- Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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	ı faıls to qualıfı	<u>, under the tes</u>	ts listed below,	, please comple	ete Part II.)	
Se	ction A. Public Support			ı			
	Calendar year	(a) 2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f)Total
(or t	iscal year beginning in) ► Gifts, grants, contributions, and						1
-	membership fees received (Do	ı					
	not include any "unusual grants")	ı					
2	Gross receipts from admissions,						
	merchandise sold or services	İ					
	performed, or facilities furnished	İ					
	in any activity that is related to	İ					
	the organization's tax-exempt purpose	İ					
3	Gross receipts from activities						
•	that are not an unrelated trade or	İ					
	business under section 513	_					
4	Tax revenues levied for the	1					
	organization's benefit and either	İ					
_	paid to or expended on its behalf						
5	The value of services or facilities	İ					
	furnished by a governmental unit to the organization without charge	İ					
6	Total. Add lines 1 through 5						
	A mounts included on lines 1, 2,	·					
, u	and 3 received from disqualified	İ					
	persons						
b	A mounts included on lines 2 and	İ					
	3 received from other than	İ					
	disqualified persons that exceed	İ					
	the greater of \$5,000 or 1% of the amount on line 13 for the year	İ					
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
•	from line 6)	ı					
Se	ction B. Total Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d)2014	(e) 2015	(f)Total
(or f	iscal year beginning in) 🕨	(a)2011	(0)2012	(6)2013	(d)2014	(e)2013	(I)I otal
9	A mounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable						
	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years.If the Form 990 is form	or the organization	n'e firet second	third fourth or f	l fifth tay vear as a	section 501(c)	(3) organization
	check this box and stop here	or the organization	on a mac, accond,	, cilira, loarcii, or i	michicax year as a	3000001 301(0)	
Se	ection C. Computation of Pub	lic Sunnort P	ercentage				
15	Public support percentage for 2015			12 column (f))		4=	
	· · · · · -	·		13, column (1))		15	
16	Public support percentage from 201					16	
	ection D. Computation of Inv			<u> - </u>	(5)		
17	Investment income percentage for 2				nn (f))	17	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2015. If the	_					
	more than 33 1/3%, check this box						▶ [
D	33 1/3% support tests—2014. If the 18 is not more than 33 1/3%, check	-					_
	TO IS HOLIHOTE CHAIL 33 1/370, CHECK	. LIIIS DUX dilu SEC	princie. I lie oldd	mzation qualines	us a publicly SUL	porteu urgalliza	CIOII 📂

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

Part IV Supporting Organizations

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

Se	I, complete Sections A and D, and complete Part V) action A. All Supporting Organizations			
	caton of an eappointing 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 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		
3а	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," evaluation in Part V7 what controls the organization put in place to ensure such use.	3 c		
4a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use 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		
c	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 $170(c)(2)(8)$ purposes	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," 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		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5 c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	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 II of Schedule L (Form 990)	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 in 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 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9 b		
С	Did a disqualified person (as defined in line 9(a)) 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 .	9 c		
0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b 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)	10 b		
1	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11 b		
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	11 c		

Part IV Supporting Organizations (continued)

Section B.	Type	I Supportina	Organizations

	,, ,, ,,			
			Yes	No
1	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. If 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		
2	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, supervised or controlled the supporting organization	2		
Se	ection C. Type II Supporting Organizations			
			Yes	No
1	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)	1		
	· · · · · · · · · · · · · · · · · · ·			
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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		
3	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 supported organizations played in this regard	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satis	fy the Integral Part Test during the year (see instructions)

- **a** The organization satisfied the Activities Test Complete **line 2** below
- b 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)

	Activities Test Answer (a) and (b) below.		Yes
а	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
- 3 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*
 - **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*

3b

2b

No

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Suppor	ting C	rganizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying ti	rust on	Nov 20, 1970 See inst i	ructions. All other
	Type III non-functionally integrated supporting organizations must complete S	Sections	A through E	
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
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		
	Section B - Minimum 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)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
c	Fair market value of other non-exempt-use assets	1 c		
d	Total (add lines 1a, 1b, and 1c)	1 d		
e	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		
	Section 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-functionally-instructions)	integrat	ed Type III supporting c	organization (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Se	ection D - Distributions			Current Year			
1	A mounts paid to supported organizations to accom	plish exempt purposes					
2	A mounts paid to perform activity that directly furthe excess of income from activity						
3	Administrative expenses paid to accomplish exemp	ot purposes of supported orga	anızatıons				
4	A mounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval rec	quired)					
6	Other distributions (describe in Part VI) See instru	uctions					
7	Total annual distributions. Add lines 1 through 6						
	Distributions to attentive supported organizations t details in Part VI) See instructions	to which the organization is re	esponsive (provide				
9	Distributable amount for 2015 from Section C, line	6					
10	Line 8 amount divided by Line 9 amount						
	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 requiredsee instructions)						
3	Excess distributions carryover, if any, to 2015						
a							
b							
C	From 2013						
	From 2014						
	Total of lines 3a through e						
	Applied to underdistributions of prior years						
	Applied to 2015 distributable amount						
i	Carryover from 2010 not applied (see instructions)						
_	Remainder Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2015 from Section D, line 7 \$						
a	Applied to underdistributions of prior years						
b	Applied to 2015 distributable amount						
С	Remainder Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2015, if 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 3j and 4c						
8	Breakdown of line 7						
<u>a</u>							
b							
c	Excess from 2013						
d	From 2014						
е	From 2015						

Return Reference	Explanation

Return Reference Explanation

Schedule A, Part II, Line 10 Other Income DESCRIPTION - OTHER, COLUMN A - 86103 0, COLUMN B - 86350 0, COLUMN C - , COLUMN D - 14760 0, COLUMN E - 10620 0, COLUMN F - 197833 0,

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

SCHEDULE D (Form 990)

Department of the

Treasury

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 <u>www.irs.gov/form990</u>.

OMB No 1545-0047

DLN: 93493054006267

Open to Public Inspection

Na	ume of the organization lumbus School for Girls				oyer identification number
Pa	Organizations Maintaining Donor Complete if the organization answere				or Accounts.
	Complete it the organization answers	(a) Donor advised funds	277 11110 01	(b)	Funds and other accounts
L	Total number at end of year	(a) b shor davisod fands		(-)	
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
1	Aggregate value at end of year				
5	Did the organization inform all donors and donor a funds are the organization's property, subject to t			radvis	sed Yes No
5	Did the organization inform all grantees, donors, a used only for charitable purposes and not for the conferring impermissible private benefit?	penefit of the donor or donor ad	visor, or for an	y other	☐ Yes ☐ No
Рa	rt II Conservation Easements. Comple	te if the organization answ	ered "Yes" or	n Forn	n 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by th	e organization (check all that a	pply)		
	Preservation of land for public use (e.g., recreeducation)		servation of an	histor	ically important land area
	Protection of natural habitat	Pre	servation of a c	ertifie	d historic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization he easement on the last day of the tax year	neld a qualified conservation co	ntribution in th	e form	of a conservation
			-		Held at the End of the Year
а	Total number of conservation easements		-	2a	
b	Total acreage restricted by conservation easeme			2b	
c	Number of conservation easements on a certified	·	` F	2 c	
d	Number of conservation easements included in (c historic structure listed in the National Register) acquired after 8/17/06, and r	not on a	2d	
3	Number of conservation easements modified, tran	isferred, released, extinguished	d, or terminated	by the	e organization during the
	tax year ▶				
1	Number of states where property subject to conse	ervation easement is located 🕨		_	
5	Does the organization have a written policy regard violations, and enforcement of the conservation e		spection, hand	ling of	☐ Yes ☐ No
5	Staff and volunteer hours devoted to monitoring, i year	nspecting, handling of violatior	ns, and enforcin	ig cons	ervation easements during the
	-				
7	A mount of expenses incurred in monitoring, inspe \$	cting, handling of violations, ar	nd enforcing co	nserva	tion easements during the year
3	Does each conservation easement reported on Iir (B)(I) and section $170(h)(4)(B)(II)$?	ie 2(d) above satisfy the requir	ements of sect	ion 17	0 (h)(4)
•	In Part XIII, describe how the organization report balance sheet, and include, if applicable, the text the organization's accounting for conservation ea	of the footnote to the organizat			*
aı	Organizations Maintaining Collect Complete if the organization answere			r Oth	er Similar Assets.
la	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide, in Part XIII, the text of the footr	AS 116 (ASC 958), not to repeases held for public exhibition	ort in its reveni in, education, o	r resea	arch in furtherance of public
b	If the organization elected, as permitted under SF works of art, historical treasures, or other similar service, provide the following amounts relating to	AS 116 (ASC 958), to report i assets held for public exhibitio	n its revenue s	tateme	ent and balance sheet

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

(i) Revenue included on Form 990, Part VIII, line 1

Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Par	it IIII Organizations Maintaini (continued)	ng Collections of	Art, Hi	istori	cal 1	Treasures,	or Otl	her Similar A	sset	S	
3	Using the organization's acquisition, collection items (check all that apply		ecords, c	heck a	ny o	f the following	that are	e a significant us	se of it	s	
а	Public exhibition	,	d		Loa	n or exchange	progra	ms			
b	Scholarly research		e	· -	O th	ner					
_											
c	Preservation for future generation						. ,				
4	Provide a description of the organizat Part XIII	ion's collections and e	xplain ho	ow they	turti	ner the organiz	ation's	exempt purpose	e in		
5	During the year, did the organization								-		
Pa	assets to be sold to raise funds rathe IT IV Escrow and Custodial A		u as part	orthe	orga	IIIZation's Cone	CLIOII	Ye	S	No	
	Complete if the organization Part X, line 21.		on Form	990,	Part	IV, line 9, o	r repo	rted an amour	nt on	Form	1 990,
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or other inte	ermediar	y for co	ontrib	outions or othe	rasset	rs not	s [✓ No	
b	If "Yes," explain the arrangement i	n Part XIII and comple	ete the fo	ollowing	g tab	le		An	ount		
c	Beginning balance						1 c				
d	Additions during the year						1 d				
e	Distributions during the year						1e				
f	Ending balance						1 f				
2a	Did the organization include an amou	nt on Form 990, Part X	, line 21	, for es	c ro w	or custodial a	ccount	liability? √ Ye	s [— _{No}	
_											
ь	11 Tes, explain the arrangement in i									•	✓
Fa	art V Endowment Funds. Com	(a)Current year		or year		es" to Form b (c)Two years b		Three years back		ULL VAS	ırs back
1a	Beginning of year balance	21,361,535	(5)(1)	24,133,	_	25,615,		23,282,692	(C)i c		,012,901
b		656		1,	445	19,	622	42,023		-	47,859
c	Net investment earnings, gains, and	20.470				2.225					
a	losses Cranto er cabalarabuna	-89,172 2,041,645		1,051,	-	3,995, 		3,229,777 939,49 1			185,026 963,094
d	Grants or scholarships	2,011,013		1,031,				333,131			303,031
е	Other expenditures for facilities and programs			2,600,	000	4,500,	000				
f	Administrative expenses				0						
g	End of year balance	19,231,374		21,361,	535	24,133,	460	25,615,001		23	,282,692
2	Provide the estimated percentage of	LL the current year end ba	alance (lı	ıne 1a,	colu	mn (a)) held as					
а	Board designated or quasi-endowmen	t ▶ 0 %	•	5,		` '/'					
ь	Permanent endowment ► 82 81 %	%									
С	Temporarily restricted endowment ▶	17 19 %									
	The percentages on lines 2a, 2b, and	2c should equal 100%	6								
3a	Are there endowment funds not in the	possession of the orga	anızatıon	n that a	re he	ld and adminis	tered f	or the	_		
	organization by (i) unrelated organizations							3:	-	Yes Yes	No
	(ii) related organizations			٠					a(ii)	-	
b									3b		
4	Describe in Part XIII the intended us		s endowr	ment fu	nds						
Pa	Complete if the organization		. Form 9	99N P	art I	V line 11a 9	See Fo	rm 990 Part)	(line	10	
	Description of property	on answered res to		(a	a)	(b)		Accumulated		1) Book	value
				ost or of (invest				(c)depreciation			
	Land					1,	498,638			1	,498,638
b	Buildings					35,	506,443	11,605,02	.7	23	,901,416
c	Leasehold improvements		. 🗀				660,446	598,57	_		61,876
d	Equipment		.			3,	480,227	2,603,69	9		876,528
e	Other										
Tota	al. Add lines 1a through 1e (Column (d)		art V col	umn /P) line	10(c)			-	26	330 450
1012	al. Add lines ta through te (Column (d)	must equal Form 990, Pi	aιι λ, COII	umn (B,	, iine	: 10(c))		<u> </u>		26	,338,458

(a) Description of security or categor (including name of security)	У	(b) Book value	(c)Method of valuation Cost or end-of-year market valu
(1)Financial derivatives			, , , , , , , , , , , , , , , , , , , ,
(2)Closely-held equity interests (3)O ther			
otal. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
art VIII Investments—Program Related. Complete if the organization answere	ed 'Yes' on Form 9	90, Part IV, line 11c.c	ee Form 990 Part V June 13
(a) Description of investment		(b) Book value	(c) Method of valuation
			Cost or end-of-year market valu
			_
			+
	Jon answered 'Ves' o	a Form 000 Bart IV line	11d See Form 000 Part V line 15
	ion answered 'Yes' o	n Form 990, Part IV , line	11d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' o	n Form 990, Part IV, line	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' o	n Form 990, Part IV, line	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' o	n Form 990, Part IV , line	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' o	n Form 990, Part IV , line	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' o	n Form 990, Part IV , line	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' o	n Form 990, Part IV , line	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' o	n Form 990, Part IV , line	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' o	n Form 990, Part IV, line	
Part IX Other Assets. Complete if the organizat	ion answered 'Yes' o	n Form 990, Part IV, line	
Part IX Other Assets. Complete if the organizate (a) Des	ion answered 'Yes' o	n Form 990, Part IV, line	(b) Book value
Part IX Other Assets. Complete if the organizate (a) Des (a) Des Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organizate (a) Des	cription 2.15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organizate (a) Des	cription 2.15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization of liability (a) Description of liability	e 15) ganization answere		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the original See Form 990, Part X, line 25. 1. (a) Description of liability	e 15) ganization answer		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the original See Form 990, Part X, line 25. (a) Description of liability	e 15) ganization answere		(b) Book value
Cotal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the original part X, line 25. (a) Description of liability Federal income taxes Unrealized Loss on Swap Agreement	e 15) ganization answer		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the original part X, line 25. (a) Description of liability Federal income taxes Unrealized Loss on Swap Agreement	e 15) ganization answer (b) Book valu		(b) Book value
Cotal. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the original part X, line 25. (a) Description of liability Federal income taxes Unrealized Loss on Swap Agreement	e 15) ganization answer (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the original See Form 990, Part X, line 25. L. (a) Description of liability Federal income taxes Unrealized Loss on Swap Agreement	e 15) ganization answer (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the original See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Unrealized Loss on Swap Agreement	e 15) ganization answer (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the original See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Unrealized Loss on Swap Agreement	e 15) ganization answer (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the original See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Unrealized Loss on Swap Agreement	e 15) ganization answer (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the original See Form 990, Part X, line 25. 1. (a) Description of liability Federal income taxes Unrealized Loss on Swap Agreement	e 15) ganization answer (b) Book valu		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the order See Form 990, Part X, line 25.	e 15) ganization answer (b) Book valu	ed 'Yes' on Form 990, e 620	(b) Book value

1

12,406,371

1

2	A mounts included on line 1 bu	t not on Form 990, Part VIII, line 12					
а	Net unrealized gains (losses)	·		2a	-930,510		
b	Donated services and use of fa	acılıtıes	.	2b			
c	Recoveries of prior year grants	5	. 「	2 c			
d	Other (Describe in Part XIII)						
				2d	6,230		
e	Add lines 2a through 2d					2e	-924,280
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	13,330,651
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	· L	4a	57,003		
b	Other (Describe in Part XIII)			4b	1,801,363		
c	Add lines 4a and 4b					4 c	1,858,366
5	Total revenue Add lines 3 and	4c. (This must equal Form 990, Part I, I	line 1	2)		5	15,189,017
Part		xpenses per Audited Financial				s per	Return.
	·	nization answered 'Yes' on Form 99	00, Pa	art I	V, line 12a.	Π.	
1		raudited financial statements		•		1	13,838,651
2		t not on Form 990, Part IX, line 25	ı		I		
а	Donated services and use of fa	acılıtıes	·	2a		-	
b	Prior year adjustments			2b		1	
С			٠	2 c		1	
d	Other (Describe in Part XIII)		•	2d	6,230		
e	Add lines 2a through 2d			•		2e	6,230
3	Subtract line ${f 2e}$ from line ${f 1}$.					3	13,832,421
4	A mounts included on Form 99	0, Part IX, line 25, but not on line 1:					
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	· -L	4a	57,003		
b	Other (Describe in Part XIII)			4b	1,683,950		
c	Add lines 4a and 4b					4c	1,740,953
5	Total expenses Add lines 3 ar	nd 4c. (This must equal Form 990, Part I	I, line	18)	5	15,573,374
Prov Part		ormation Part II, lines 3, 5, and 9, Part III, lines lines 2d and 4b, and Part XII, lines 2d					ide any additional
	Return Reference	Explanation	n				
	ule D, Part IV , Line 2b nation of escrow agreement	The School holds funds in a custodial in not for use of the School When clubs a deposit The funds are deposited to the For clubs and groups that have regular statements are sent to the club adviso activity throughout the year, statement and using funds	and gr e Sch activ or Ift	oups ool's /ity, :he a	s collect funds they are of main checking account such as language clubs ccount is for a group tha	given t at Hu and sp it does	o the business office for ntington National Bank ports teams, monthly not have regular

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements . . .

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE E**

As Filed Data -

DLN: 93493054006267

OMB No 1545-0047

Open to Public **Inspection**

Schools

(Form 990 or 990-EZ)

Treasury

▶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.

Department of the Internal Revenue

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

Service Name of the organization **Employer identification number** Columbus School for Girls 31-4379452 Part I YES NO 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? Yes 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? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? Yes 4a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? Yes 4c d Copies of all material used by the organization or on its behalf to solicit contributions? Yes 4d If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? 5a Νo **b** Admissions policies? 5b Nο **5**c c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 54 Νo e Educational policies? Νo 5e f Use of facilities? Νo g Athletic programs? 5g Νo h Other extracurricular activities? 5h Νo 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? Yes 6a b Has the organization's right to such aid ever been revoked or suspended? 6b Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II

Yes

Page 2

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

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

any other additional information (see instructions)					
Return Reference	Explanation				
Schedule E, Part I, Line 3 RACIALLY NONDISCRIMINATORY POLICY	Columbus School for Girls administers its admission, financial aid, and employment policies without regard to race, religion, sexual orientation, creed, or national origin				
Schedule E, Part I, Line 6(a) FINANCIAL AID OR	Columbus School for Girls receives State Mandated Funds from the State of Ohio				

Schedule E, Part I, Line 6(a) FINANCIAL AID OR Columbus School for Girls receives State Mandated Funds from the State of Ohio ASSISTANCE FROM A GOVERNMENT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493054006267

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2015

Open to Public Inspection

Interr	nal Revenue Service	►Information about Sch				Z) and its instructions is a	twww.irs.go	ov/form990	Inspection
	e of the organization mbus School for Girls								ntification number
								31-4379452	
Pa		Activities. Comple ılers are not requır					on Form	n 990, Part IV	, line 17.
1	Indicate whether the or	ganization raised fund	s through	n any of th	he f	ollowing activities C	heck all t	hat apply	
а	Mail solicitations		_		e	Solicitation of n	on-goveri	nment grants	
b	Internet and email	solicitations			f	Solicitation of g			
с	Phone solicitations				g	Special fundrais	sing event	:S	
d	In-person solicitat	ions							
2a	Did the organization ha or key employees listed services?	ve a written or oral ag d in Form 990, Part V	reement (II) or enti	with any i ity in con	ndı nec	vidual (including offic tion with professiona	ers, direc Il fundrais	· · · · · · · · · · · · · · · · ·	es No
b	If "Yes," list the ten hi to be compensated at	ghest paid individuals least \$5,000 by the o	or entitie rganizatio	es (fundra on	ııse	rs) pursuant to agree	ements ur	nder which the f	undraiser is
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo cont contrib	Did ser have ody or rol of utions?	(1	iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col (i)	(vi) A mount paid to (or retained by) organization
1			Yes	No					
2									
3									
4									
5									
6									
7									
8									
9									
10									
Tota	ıl			•					
	ist all states in which th egistration or licensing	e organization is regi	stered or	licensed	to s	olicit contributions o	or has bee	n notified it is e	exempt from

Part II	Fundraising	Events

Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	receipts greater than \$5,000				rs with gross
		(a)Event #1 Scholarship Walk (event type)	(b)Event #2 Scholars Gala (event type)	(c)O ther events (total number)	(d) Total events (add col (a) through col (c))
е					
Revenue	1 Gross receipts	30,639	173,515		204,154
<u> </u>	2 Less Contributions	30,639	162,895		193,534
	Gross income (line 1 minus line 2)	0	10,620	0	10,620
	4 Cash prizes				
	5 Noncash prizes				
Ş	6 Rent/facility costs		9,986		9,986
Expenses	7 Food and beverages	3,117	17,674		20,791
Ě	8 Entertainment				
Direct	9 Other direct expenses	4,687	5,664		10,351
ã	10 Direct expense summary Add lines 4	r through 9 in column (d)		41,128
	11 Net income summary Subtract line 1	0 from line 3, column (d)		-30,508
Par	t III Gaming. Complete if the organization Form 990-EZ, line 6a.	answered "Yes" on F	Form 990, Part IV, line	e 19, or reported mor	e than \$15,000 on
Revenue		(a) Bıngo	(b) Pull tabs/Instant bingo/progressive bingo	(c)Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1 Gross revenue				
ses	2 Cash prizes				
Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor				
	7 Direct expense summary Add lines 2	2 through 5 ın column (d)		
	8 Net gaming income summary Subtra	ct line 7 from line 1, col	umn (d)		
9 a	Enter the state(s) in which the organizat		<u> </u>		Yes No
b	If "No," explain				
0-					
.0a b	Were any of the organization's gaming li If "Yes," explain		naed or terminated during	g the tax year?	Yes No

efile GRAPHIC print - DO NOT PROCESS | As Filed Data Schedule I
(Form 990) | Grants and O
Governments a

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

Department of the

Internal Revenue Service

Treasury

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

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

► Attach to Form 990.

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

OMB No 1545-0047

2015

DLN: 93493054006267

Open to Public Inspection

Schedule I (Form 990) 2015

Name of the organization						Employer identification	on number
Columbus School for Girls						31-4379452	
Part I General Information	n on Grants and	l Assistance					
Does the organization maintain in the selection criteria used to away Describe in Part IV the organiza Part II Grants and Other Assistant that received more than \$	ard the grants or ass tion's procedures fo nce to Domestic Org	sistance? r monitoring the use granizations and Dome	of grant funds in the Un	ited States		·	√ Yes N
(a) Name and address of organization or government	(b) EIN	(c) IRC section If applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance

Cat No 50055P

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

(a)Type of grant or assistance	(b)Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) TUITION REIMBURSEMENT	24	238,618			
(2) FINANCIAL AID	140	1,445,332			
Part IV Supplemental Inform	ation. Provide the infor	mation required in Pa	art I, line 2, Part III, o	column (b), and any other	addıtıonal ınformatıon.
	_				

ouppionicitai i	- The state and the state of th
Return Reference	Explanation
Procedures for monitoring use of grant funds	CSG's Admission and Development offices work closely together to award named scholarships to students. The parents submit a financial aid application and supporting tax forms online via the School and Student Services (SSS) module located on the National Association of Independent Schools website. Columbus School for Girls (CSG) receives a report based on parent income, expenses and the amount they are able to afford for independent school tuition. CSG's financial aid committee reviews the parent information and grants awards as needed. The Admission office notifies the student of their scholarship amount. These grants are entered into the Sr. System financial aid software, which flows into the accounts receivable module. The total financial aid is based on a budget number that is on CSG's financial statement. If, in the rare instance, CSG requested a student leave, that portion of the financial aid would be designated back into the financial aid funds. The Development office has the donor specifications for who should be awarded the scholarship. Once the student is chosen for the scholarship award, the Development office sends the donor a letter about the student.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule J (Form 990)

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

DLN: 93493054006267 OMB No 1545-0047

2015

reas	tment of the ury al Revenue Service	▶ Information about Schedule J (Form	990) and its instructions is at <u>www.irs.</u>			o Pul ectio	
Na	me of the organiz umbus School for Gir				Employer identificati	on nui	nber	
Con	ambus School for Gir	is .			31-4379452			
Pa	rt I Questi	ons Regarding Compensation		•				
							Yes	No
1a		opiate box(es) if the organization provide Section A , line 1a Complete Part III to p						
	First-clas	s or charter travel	~	Housing allowance or residence fo	r personal use		ļ	ļ
	Travel for	companions		Payments for business use of pers	onal residence	ļ	ļ	ļ
	Tax idemr	nification and gross-up payments	~	Health or social club dues or initia	tion fees	ļ	ļ	ļ
	Discretion	nary spending account	Γ	Personal services (e g , maid, cha	uffeur, chef)		 	
b		xes in line 1a are checked, did the organi or provision of all of the expenses descri				1b	Yes	
2	Did the organiz	ation require substantiation prior to reiml	burs	ing or allowing expenses incurred by	/ all			
	directors, trust	ees, officers, including the CEO/Executiv	e D	irector, regarding the items checked	I in line 1a?	2	Yes	
3	organization's (ıf any, of the following the filing organizat CEO/Executive Director Check all that a ed organization to establish compensatio	pply	Do not check any boxes for metho	ds			
	√ Compensa	ation committee	Γ	Written employment contract				
	Independe	ent compensation consultant	~	Compensation survey or study				
	Form 990	of other organizations	~	Approval by the board or compens	ation committee			
4	During the year or a related org	r, did any person listed on Form 990, Part anization	t V I :	I, Section A, line 1a with respect to	the filing organization			
а	Receive a seve	rance payment or change-of-control pays	men	t?		4a		Νo
b	Participate in, o	or receive payment from, a supplemental	none	qualified retirement plan?		4b		Νo
c	Participate in, o	or receive payment from, an equity-based	l cor	mpensation arrangement?		4c		Νo
	If "Yes" to any	of lines 4a-c, list the persons and provid	e th	e applicable amounts for each item	n Part III			
	Only 501(c)(3)	, 501(c)(4), and 501(c)(29) organizations	s mu	st complete lines 5-9.				
5		ted on Form 990, Part VII, Section A, lincontingent on the revenues of	e 1 a	, did the organization pay or accrue	any			
а	The organization	n?				5a		Νo
b	Any related org					5b		Νo
	If "Yes," on line	e 5a or 5b, describe in Part III						
6	,	ted on Form 990, Part VII, Section A, line contingent on the net earnings of	e 1 a	, did the organization pay or accrue	any			
а	The organization	n?				6a		Νo
b	Any related org	anization?				6b		Νo
	If "Yes," on line	e 6a or 6b, describe in Part III						
7		ted on Form 990, Part VII, Section A, line lescribed in lines 5 and 6? If "Yes," desc			on-fixed	7		No
8		nts reported on Form 990, Part VII, paid nitial contract exception described in Reg				8		No
9	If "Yes" on line	8, did the organization also follow the rel	butta	able presumption procedure describ	ed in Regulations			1

section 53 4958-6(c)?

Page 2

Schedule J (Form 990) 2015

(A) Name and Title	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable	(E) Total of columns	(F) Compensation in			
	Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	column(B) reported as deferred on prior Form 990			

11.531

50,421

303,535

16,890

(A) Name and Little		(B) Bre
		Ba (i) comper
Jennifer Ciccarelli Head of School	(i)	224,69

Schedule J (Form 990) 2015

Page 3

Schedule J (Form 990) 2015

ARRANGEMENT USED TO ITHE NATIONAL ASSOCIATION OF INDEPENDENT SCHOOLS (NAIS) ORGANIZATION NAIS PROVIDES HEAD OF SCHOOL SALARY DATA ESTABLISH THE TOP BASED ON NUMEROUS CRITERIA, SUCH AS SCHOOL ENROLLMENT, AND LOCATION OF THE SCHOOL, SUCH AS MIDWEST, EAST OR WEST MANAGEMENT OFFICIALS COAST, THE COMPENSATION COMMITTEE REVIEWS THE NAIS SALARY INFORMATION AND THE HEAD OF SCHOOL ANNUAL AND LONG-COMPENSATION ITERM GOALS IN ADDITION, THE COMMITTEE CONSIDERS THE APPROVED FACULTY, STAFF, AND ADMINISTRATOR'S SALARY INCREASE APPROVED BY THE BOARD AFTER DISCUSSION. THE COMMITTEE RECOMMENDS A SALARY TO THE BOARD OF TRUSTEES FOR APPROVAL THE BOARD OF TRUSTEES MEETS IN EXECUTIVE SESSION TO DISCUSS AND VOTE ON THE HEAD OF SCHOOL'S COMPENSATION FOR THE INEW SCHOOL YEAR

Schedule J, Part I, Line 1a Housing The Head of School is required to live on campus. This benefit is considered nontaxable pursuant to IRC Section 119. An estimated value of the benefit allowance or residence for personal was reported for Jennifer Ciccerelli in the amount of \$24,000

use

Schedule J, Part I, Line 1a Health or ITHE ORGANIZATION PAYS FOR THE DUES AND HOSPITALITY EXPENSES RELATED TO THE ROCKY FORK HUNT AND COUNTRY CLUB FOR THE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

- Al Al Al Al Al

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

Schedule L

(Form 990 or 990-EZ)

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

DLN: 93493054006267OMB No 1545-0047

2015

Open to Public Inspection

Name of the org Columbus School f								En	nploye	r identii	ficatio	numbe	ľ	
							(4), and 501(c)(29)		zations				
							25a or 25b, or					40b		
1 (a) Nam				•	cription	of	(d) Cor	rected?						
					or	ganization			transaction			Yes	No	
								+						
								+						
								+						
2 Enter the a 4958.	mount of tax	incur	rred by orga	nization ma	inagers or dis		ons during the	yearı	under	section				
		•							•	>				
3 Enter the a	imount of tax	t, if an	iy, on line 2	, above, reii	mbursed by th	he organizatio	n		•	> \$.				
Part II Lo	ans to and	d/or	From In	tarastad	Darsons									
						0-F7. Part V.	line 38a, or Fo	rm 99	0. Par	t IV . lın	e 26. d	rifthe		
					0, Part X, lin		304, 51 1 6	,,,,,	0,1 41	,	C 20, C			
(a) Name of	(b) Relation		(c)	(d) Loan i		(e)O riginal	(f) Balance	(g)	In	(h)		(i)Wr		
ınterested	with		Purpose of	I		principal	due	defa	ult?	Appro		agreen	nent?	
person	organizati	on	Ioan	organizatio	n?	inization?	amount				by boa			
				<u> </u>	1-	-				committee?		1	T	
				То	From			Yes	No	Yes	No	Yes	No	
		-									<u> </u>			
											ļ			
Total	•		▶ \$	•	•						•	•	•	
Part III Gra	ants or As	sista		efitina In	terested F	Persons.								
Cor	mplete if the	e ora	anızatıon	answered	"Yes" on Fo	orm 990, Pai	rt IV, line 27							
(a) Name of ı			Relationshi			ofassistance			stance	(e)	Purpos	se of ass	ıstance	
perso			rested pers		` '		` ' ' '			``				
			organiza	tion										
(1) SEE PART V						1,53	8							
(2) SEE PART V						21,17	5							
/2\ CEE 2 . 2						25 55	_							
(3) SEE PART V						35,538	۵							
							1			-				
		_								+				
							+							
							1							

		_	
Complete if the c	organization answe	ered "Yes" on Fori	<u>ກ 990, Part IV, line</u>
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description o transaction

Yes	No	
		-
		-
		•

Explanation

COLUMBUS SCHOOL FOR GIRLS OFFERS A 25% 3RD AND 4TH CHILD DISCOUNT ON TUITION

AND A LUNCH CREDIT FOR CHILDREN WHO HAVE TO BRING THEIR OWN LUNCH FOR SPECIAL

IDENTIFY INTERESTED PERSONS TO WHOM THEY PROVIDED SCHOLARSHIPS, FELLOWSHIPS, AND SIMILAR FINANCIAL ASSISTANCE THEREFORE, COLUMNS (A) AND (B) HAVE BEEN LEFT

DIET NEEDS THAT THE CAFETERIA MAY NOT OFFER CURRENTLY \$21,175 OF DISCOUNTED

TUITION AND \$1,538 OF LUNCH CREDIT ARE BEING RECEIVED BY FAMILY MEMBERS OF INTERESTED PERSONS COLUMBUS SCHOOL FOR GIRLS OFFER SCHOLARSHIPS FOR NEED BASED STUDENTS FAMILIES COMPLETE AN APPLICATION PROCESS AND EACH FILE IS REVIEWED BY THE FINANCIAL AID COMMITTEE CURRENTLY \$35,538 IN SCHOLARSHIP

FUNDS ARE BEING RECEIVED BY FAMILY MEMBERS OF INTERESTED PERSONS

AS PER IRS INSTRUCTIONS FOR 990 SCHEDULE L, SCHOOLS ARE NOT REQUIRED TO

Return Reference	
Provide additional informat	ion fo

Schedule L, Part III, Column (a)

Schedule L, Part III, Column (a)

Name of Interested Person

GRANTS OR ASSISTANCE

BENEFITING INTERESTED

PERSONS

28a, 28b, or 28c.

(e) Sharing Ωf lorganization's revenues?

Schedule L (Form 990 or 990-EZ) 2015

BLANK FOR THESE LINES

Part V Supplemental Information

r responses to questions on Schedule L (see instructions)

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE M

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

(Form 990)

Department of the Treasury

Internal Revenue Service

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

DLN: 93493054006267 OMB No 1545-0047

Open to Public Inspection

Types of Property (b) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		e of the organization hbus School for Girls				Emplo	yer identificat	ion nu	mber	
Types of Property Check Check Number of Contributions One contribution Nonceal C	Colui	ibus school for diffs				31-43	379452			
(a) Check Output Check of a contribution of applicable applicable applicable of items contributed applicable a	Pa	rt I Types of Property				-				
A Art—Historical treasures A Art—Fractuonal interests Boaks and publications Collating and household goads Coars and other vehicles Boats and plenes Intellectual property Boats and plenes Intellectual property Securities—Publicly traded Securities—Publicly traded Securities—Publicly traded Securities—Publicly traded Securities—Publicly traded Securities—Publicly traded Securities—Publicly traded Securities—Publicly traded Securities—Publicly traded Securities—Publicly traded Securities—Pathership, LLC, or trust interests It securities—Pathership, LLC, or trust interests Securities—Publicly traded Securities—Pathership, LLC, or trust interests It qualified conservation contribution—Historic structures Structures It qualified conservation contribution—Other Securities—Residential Real estate—Residential Real estate—Commercial Real estate—Commercial Real estate—Commercial Securities—Securities—Securities Other Forms and medical supplies Other Forms 2828 received by the organization during the tax year for contributions For which the organization completed Forms 2828, Part IV, Dance Acknowledgement To receive the organization completed Forms 2828, Part IV, Dance Acknowledgement To receive the organization have a gift acceptence policy that requires the review of any non-standard contributions? 30a No. To best the organization have a gift acceptence policy that requires the review of any non-standard contributions? 31 Yes Secretics—Secret			Check If	Number of contributions	Noncash contribution amounts reported on Form 990, Part VIII, line 1g		Method of d	- etermı	_	ts
3 Art—Fractional interests . 4 Books and publications . 5 Clothing and household goods	1	Art—Works of art	X	1	14,000	Cost				
### Books and publications										
5 Clothing and household goods										
goods										
6 Cars and other vehicles . 7 Boats and planes	5	. 2								
7 Boats and planes	6	5								
8 Intellectual property						+				
9 Securities—Publicly traded		•								
10 Securities—Closely held stock . 11 Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous 13 Qualified conservation contribution—Historic structures 14 Qualified conservation contribution—Other 15 Real estate—Residential										
11 Securities—Partnership, LLC, or frust intreests		•								
12 Securities—Miscellaneous		Securities—Partnership, LLC,								
contribution—Historic structures	12									
14 Qualified conservation contribution—Other	13	contribution—Historic								
15 Real estate—Commercial	14	Qualified conservation								
17 Real estate—Other	15									
18 Collectibles	16	Real estate—Commercial								
19 Food inventory	17	Real estate—Other								
Drugs and medical supplies . Taxidermy Historical artifacts Archeological artifacts See Additional Data Content ()	18	Collectibles								
Taxidermy	19	Food inventory								
22 Historical artifacts	20	Drugs and medical supplies .								
23 Scientific specimens	21	Taxidermy								
24 Archeological artifacts	22	Historical artifacts								
See Additional Data 26 Other ► ()	23	Scientific specimens								
Additional Data 26 Other ► () 27 Other ► () 28 Other ► () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		_								
27 Other ► (25	O ther ► ()	A dditional							
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	26	O ther ▶ ()								
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No Jesus 1 Jes	27	O ther ▶ ()								
for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No		,				Ļ				
During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	29					29				C
it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?									Yes	No
for exempt purposes for the entire holding period?	30a	During the year, did the organiza	ition receiv	e by contribution any prope	erty reported in Part I, line	s 1 thro	ough 28, that			
b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash		it must hold for at least three ye	ars from th	e date of the initial contribi	ution, and which is not requ	ired to	be used			
Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 Yes 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash		for exempt purposes for the enti	re holding p	period?				30a		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash	b	If "Yes," describe the arrangeme	ent in Part 1	II						
contributions?	31	Does the organization have a gif	t acceptano	ce policy that requires the	review of any non-standard	l contri	butions?	31	Yes	
	32a	=		ies or related organizations	to solicit, process, or sell	nonca	sh • •	32a		No
b If "Yes," describe in Part II	ь	If "Yes," describe in Part II								
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		If the organization did not report	: an amount	: in column (c) for a type of	property for which column	(a) is c	hecked,			
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 51227J Schedule M (Form 990) (2015)	For P		the Instruct	tions for Form 990.	Cat No 51227]	Schedule M	l (Form	9901 (2015

Also complete this part for any additional information.										
Return Reference	Explanation									
Schedule M. Part I Explanations of	Other - Agnes leffery Shedd Theater Graphics Number of contributions Other - Cool Scultning Skin									

reporting method for number of Care Consult and Products Number of Contributions Other - Two hunting experiences for four people Number of items contributed Other - One week stay at Burt Lake. MI lakefront house Number of contributions Contributions Other - orthodontic services Number of contributions Art - Works of art - number of contributions Other - 2 platiumun level Justin Bieber tickets, and swag Number of contributions package number of contributions Other - Various Auction Items Number of contributions

Schedule M (Form 990) (2015)

Other - 50 XO-4 Touch laptop computers number of contributions Other - Designer Denim Fitting Party number of contributions Other - Ritz Carlton Club 3 bedroom apartment, St Thomas, USVI Inumber of contributions Other - Treehouse Inumber of contributions Other - 24-Hour Tesla Experience Plus Assorted Gear number of contributions Other - Tiffany Believes in Unicorns

Page 2

Schedule M (Form 990) (2015)

Additional Data

Software ID: 15000238

Software Version: 2015v3.0

EIN: 31-4379452

Name: Columbus School for Girls

Part I, Types of Property, Lines 25-28

3	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
Other ▶ (Agnes Jeffery Shedd Theater Graphics)	Х	1	1,000	Cost
Other ► (Cool Scultping, Skin Care Consult and Products) ×	1	1,500	Cost
Other ► (Two hunting experiences for four people)	X	1	3,000	Cost
Other ▶ (One week stay at Burt Lake, MI lakefront house)	X	1	3,500	Cost
Other►(orthodontic services)	X	1	1,000	Cost
Other ► (2 platiumun level Justin Bieber tickets, and swag)	Х	1	1,000	Cost
Other ► (50 XO-4 Touch laptop computers)	Х	1	12,860	Cost
Other ► (Designer Denim Fitting Party)	X	1	1,500	Cost
Other ► (Ritz Carlton Club 3 bedroom apartment, St Thomas, USVI)	Х	1	8,000	Cost
Other►(Treehouse)	X	1	2,500	Cost

Property, Lines 25-28 (a) (b) (c) (d) Number of Noncash Method of contributions contribution determining applicable noncash or items amounts contributed reported on contribution Form 990, amounts

Part I, Types of

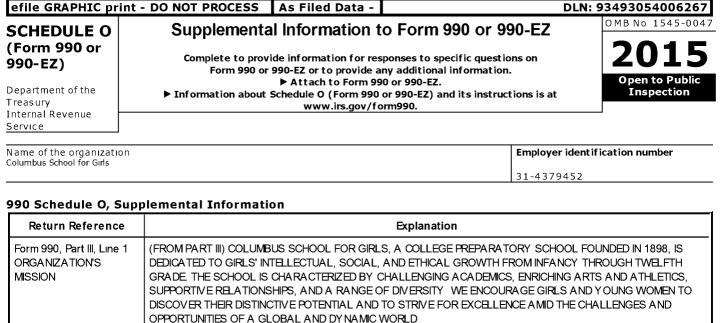
Various Auction Items

			line 1g	
Other▶(Х	1	1,000	Cost
24-Hour Tesla				
Experience Plus Assorted				
Coor				

Gear	21			
Other▶(Х	1	2,250	Cost
Tiffany Believes in				
11 a		1		

Other▶(X	1	2,250	Cost	
Tiffany Believes in					
Unicorns package)					

20,521 Cost Other ▶ (Х 121



Crow e Horw ath, independent accounting firm, will present the full 990 to Columbus School f

or Girls Finance committee in February 2017 The full 990 will then be sent to the Executi

ve and Board of Trustees for review prior to filing

Form 990, Part VI, Line

by governing body

11b Review of form 990

990 Schedule O, Supplemental Information Return Reference

management official

Form 990, Part VI, Line 12c Conflict of interest policy	All Board members annually complete a confidentiality/conflict of interest statement. If a conflict arises, it is noted and reviewed by the Board to determine if any action needs to be taken. Individuals with conflicts abstain from voting on such matters.
Form 990, Part VI, Line 15a Process to establish compensation of top	Columbus School for Girls CFO provides the Board of Trustees Compensation committee with s alary information from the National Association of Independent Schools (NAIS) organization

NAIS provides Head of School salary data based on numerous criteria, such school enrollm ent, and location of the school, such as Midwest, east or west coast. The independent Comp. ensation committee review s the NAIS salary information and the Head of School annual and I ong-term goals. In addition, the committee considers the approved faculty, staff, and administrator's salary increase approved by the Board After discussion, the committee recomme nds a salary to the Board of Trustees for approval The Board of Trustees meets in Executi ve session to discuss and vote on the Head of School's compensation for the new school year r This is documented in the board minutes and is conducted annually

Explanation

990 Schedule O, Supplemental Information

not available to the public

Return Reference

Required documents

available to the public

Form 990, Part VI, Line 15b Process to establish compensation of other employees	Officers compensation is based on an annual salary increase approved each year by the Board of Trustees. The salary increase is part of the school's budget process. This is documented in the board minutes and is conducted annually. As with the Head of School's compensation, CSG's officer's salary are reviewed per the guidelines eastablished with National Association of Independent Schools (NAIS). NAIS has salary information based on school enrollment, and region of the country.
Form 990, Part VI, Line 19	Financial statements, governing documents, and conflict of interest policies are not requi

red disclosures pursuant to Internal Revenue Code (IRC) Section 6104 These documents are

Explanation

990 Schedule O, Supplemental Information

Return Reference Explanation

Form 990, Part XI, Line 9 Other changes in net assets or fund balances

Change in Value of Split Interest - -19588, Fair Value of Interest Rate Sw ap -97825.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |
SCHEDULE R | Related Or

DLN: 93493054006267OMB No 1545-0047

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at $\underline{www.irs.gov/form990}$.

Name of the organization Columbus School for Girls				Employer	identification number		
				31-43794	152		
Part I Identification of Disregarded Entities Comple	te if the organization	answered "Yes" or	n Form 990, Part	t IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) ind-of-year assets	(f) Direct controlling entity	-	
Part II Identification of Related Tax-Exempt Organizations or more related tax-exempt organizations during the	cations Complete if t	he organization an	swered "Yes" or	n Form 990, Pa	irt IV, line 34 because i	t had on	ie
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public chanty (if section 501		Section (13) co	(g) n 512(b) ontrolled atity?
MANUMANA ACCOCUATION OF THE CCC	CURRORT CCC	011	F01/-1/2		lua .	Yes	No
(1)ALUMNAE ASSOCIATION OF THE CSG 56 SOUTH COLUMBIA AVENUE COLUMBUS, OH 43209 31-0950006	SUPPORT CSG	ОН	501(c)(3	9	NA	Yes	
							<u> </u>

Part III	Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990,	, Part IV, line 34
	because it had one or more related organizations treated as a partnership during the tax year.	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop r alloca) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	aging	(k) Percentage ownership
]			Yes	No		Yes	No	
			·									
											L.,	
							 					
Port TV Identification of Polated Overninations Toyoble o												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

) n 512 13) llled ty?	No							
rship	L							
Perce own		└	L					
(g) Share of end- of-year assets								
(f) Share of total Income								
(e) Type of entity (C corp, S corp, or trust)								
(d) Direct controlling entity								
(c) Legal domicile (state or foreign country)								
(b) Pnmary activity								
(a) Name, address, and EIN of related organization								

Part V Transactions With Related Organizations Complete if the organization and	swered "Yes" on Form	n 990, Part IV, line	34, 35b, or 36.		, 4	900
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more	re related organizations l	isted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1 b		No
c Gift, grant, or capital contribution from related organization(s)				1 c	Yes	
d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1f		No
$oldsymbol{g}$ Sale of assets to related organization(s)				1g		No
f h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization(s)				11		No
f m Performance of services or membership or fundraising solicitations by related organization(s) .				1m		No
${f n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
o Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				1 p		No
q Reimbursement paid by related organization(s) for expenses				1q		No
${f r}$ Other transfer of cash or property to related organization(s)				1r		No
$oldsymbol{s}$ O ther transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must comp		· · · · · · · · · · · · · · · · · · ·				
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining am	ount in	volved	

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions i			ertaın ınvest										
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		(e) all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations ²		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1 1	

