

Return of Organization Exempt From Income Tax

2016

Departr	nent o	f the	Trea	sur
Internal	Rever	iue S	èervic	æ

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. ☐ Open to Public

		the Treasury ue Service	▶ Information about Form 990 and its instructions is at www.	irs.gov/form95	30. \\U\	Inspection				
Ā	For the	2016 cale	ndar year, or tax year beginning JULY , 2016, and end			,2017				
В	Check if	applicable:	C Name of organization COPELAND RUN ACADEMY		D Employ	er identification number				
	Address	change	Doing business as		23-	2202929				
	Name ch	ange	Number and street (or P.O. box if mad is not delivered to street address) Room/	suite	E Tetepho	ne number				
	Initial reti	um	407 LLOYD AVENUE		610-2	269-4423				
	Final retur	n/terminated	City or town, state or province, country, and ZIP or foreign postal code							
	Amended	d return	DOWNINGTOWN PA USA 19335		G Gross re	ecempts \$ 131,802				
	Applicati	on pending	F Name and address of principal officer: 193	3.5 Handsthsa	group return for	subordinates? 🗌 Yes 🗵 No				
	MARGARET CHILLA, 407 LLOYD AVE., DOWNINGTOWN PA HID) Are all subordinates included? Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \									
	Tax-exen	npt status:	№ 501(c)(3))	No," attach a	list. (see instructions)				
J	Website	· WW	iw. copelandrun academy, ora	H(c) Grou	p exemption	number >				
K	Form of a	organization:	Corporation ☐ Trust ☐ Association ☐ Other ►	nation: 1994	M State	of legal domicile: PA				
Pá	art I	Summ								
	1	Briefly de	escribe the organization's mission or most significant activities: _co	PELAND	RUN	ACADEMY				
69	j		IDES EDUCATIONAL PROGRAMS FOR CHILD							
Governance	}		COLING FOR PRESCHOOL AND EXTENDED							
10/	2		is box ▶☐ if the organization discontinued its operations or disposed							
é	3	Number (of voting members of the governing body (Part VI, line 1a)		. 3	3				
9	4	Number (of independent voting members of the governing body (Part VI, line 1	b)	. 4	2				
9	5	Total nun	nber of individuals employed in calendar year 2016 (Part V, line 2a)		. 5	12				
Activities &	6	Total nun	nber of volunteers (estimate if necessary)		. 6	0				
AC			elated business revenue from Part VIII, column (C), line 12		. 7a	0				
			that the size of t		. 7b	0				
en	l —		tions and grants (Part VIII, line 1h).	Prior Y	/ear	Current Year				
Õ	8	Contribut	tions and grants (Part VIII, line 1h) . 2		2.790					
2	1		service revenue (Part VIII, line 2g)	444	128,990					
CHINADS THE CONTRACT OF THE CO	,	_	nt income (Part VIII, column (A), lines 3,4, and 7d) . 6.2020.	211	22					
7	L		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							
	4		enue - add lines 8 through 11 (must equal Part-VIII) (column (A), line 12)	148	155	131 802				
			nd similar amounts paid (Part IX, column (A), lines 1-3) U.F	1-10,	100	151,052				
AUG	į.		paid to or for members (Part IX, column (A), line 4)							
,	1		other compensation, employee benefits (Part IX, column (A), lines 5-10)	124.	189	106,464				
nenses⊕			onal fundraising fees (Part IX, column (A), line 11e)		, ,	100, 701				
ğ	1		draising expenses (Part IX, column (D), line 25) ▶			·				
سُج	1		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	1-2	727	65.161				
	ł		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)	187	916	171,625				
	1		less expenses. Subtract line 18 from line 12	(39)	461)	(39, 823)				
- g		1.07000		Beginning of C	urrent Year	End of Year				
ancia	20	Total ass	ets (Part X, line 16)	135	293	94,470				
88.	21		ulities (Part X, line 26)	197	267	267				
Net Assets or Fund Balances	22		ts or fund balances. Subtract line 21 from line 20	134	026	94. 203				
	rt II		ture Block	1_1	,					
			ry, I declare that I have examined this return, including accompanying schedules and sta	tements, and to	the best of r	ny knowledne and belief, it is				
			ete. Declaration of preparer (other than officer) is based on all information of which prepa			.,, ,, ,, ,				
_		1	margaret E. Chilla		5 -	5-18				
Sig	ın	Sign	ature of officer		ate					
He			MARGARET E. CHILLA DIRECTOR							
		Type	or print name and title							
<u> </u>		14	pe preparer's name Preparer's signature	Date	Ta	PTIN				
Pa		1			Check setf-emp					
	epare	1 — .	ame •	T _E .	m's EIN ▶	<u></u> .				
US	e Oni		anne Datress D		ione no.					
Ma	y the IR		s this return with the preparer shown above? (see instructions)			Yes No				



For Paperwork Reduction Act Notice, see the separate instructions.



Form 990 (2016)

Cat. No. 11282Y

Form 99		RUN ACADE	EWA	23-2202929	Page 2
Part					
			any line in this Part	M <u></u>	<u> 🗆</u>
1	Briefly describe the organization's mis				
	COPELAND RUN ACI	IDEMY PROVID	ES EDUCAT	TIONAL PROGRAMS F	OR
	CHILDREN INCLUDI	NG CERTIFIE	D SCHOOLI	NG FOR PRESCHOOL	
	AND EXTENDED	CARE PROGR	AMS,		
2	Did the organization undertake any si				_
	prior Form 990 or 990-EZ?			· · · · · · · · · · · · · · · · · · ·	X No
	If "Yes," describe these new services				
3	Did the organization cease conduct				
	services?			· · · · · · · · · · · · · · · · · · ·	X No
	If "Yes," describe these changes on S				
4	Describe the organization's program expenses. Section 501(c)(3) and 501(the total expenses, and revenue, if an	c)(4) organizations are i	required to report the		
4a	(Code:) (Expenses \$ 151	4, 907 including gra	ants of \$) (Revenue \$ 128,990)
	COPELAND RUN A	CANEMY PR	OVIDES EDI	DCATIONAL PROGRA	1 M S
	FOR CHILDREN	INCLUDING	CERTIFIED	SCHOOLING FOR	J.1.'\.\.\.
				OGRAMS.	
	10:1			\(\(\text{D}\)	
4D	(Code:) (Expenses \$	including gra	ants of \$) (Hevenue \$)
					*
					·
4c	(Code:) (Expenses \$	including gra	ants of \$) (Revenue \$)

4d	Other program services (Describe in S	Schedule O.)	-		
_		g grants of \$) (Revenue \$)	
40	Total program service expenses	150.			

Form **990** (2016)



23-2202929

٠.٠	Oliochillo C. Hoyallo C. College		V 1	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	NO
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		X
4	candidates for public office? If "Yes," complete Schedule C, Part I	4		<u>X</u> X
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		<u>^</u> ×
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		x
7 8	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
9	complete Schedule D, Part III	8		X
3	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_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.	ار قراع شک	1, 1 2	3
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
	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	11b		X
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		X
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X_
16	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
		For	n 99 0	(2016)

			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		X
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		X
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		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		X _
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		73 ₇₄	\$. * @
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	X
29 30	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 conservation contributions? If "Yes," complete Schedule M	29 30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			V
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note . All Form 990 filers are required to complete Schedule O.	37	X	X
		For	₂ 990	12016

Part				
	Check if Schedule O contains a response or note to any line in this Part V	•	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a O			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b O			ĺ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			ĺ
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 12	. '		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			-
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		$\perp X_{\perp}$
Ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		~
h	If "Yes," enter the name of the foreign country:	40		
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		,	ĺ
	(FBAR).			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7	, ,	٠.
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
_	and services provided to the payor?	7a		X_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7ь		-
C	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year	70	,	?
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		V
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		Ŷ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
ň	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	- '		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		L
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:			1
a	Initiation fees and capital contributions included on Part VIII, line 12			İ
_ b		ĺ		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			1
_	against amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	L_		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			l
	the organization is licensed to issue qualified health plans			1
C	Enter the amount of reserves on hand	-	<u> </u>	-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	148		X
_ <u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	.000	(2016

COPELAND RUN ACADEMY 23-2202929 Page 6 Form 990 (2016) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part Vi response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No Enter the number of voting members of the governing body at the end of the tax year. . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, **7**b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Each committee with authority to act on behalf of the governing body? 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 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. b 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c 13 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 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 List the states with which a copy of this Form 990 is required to be filed ▶ PENNSYLVANIA 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 available for public inspection. Indicate how you made these available. Check all that apply. ☐ Another's website ☑ Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 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:

Form	990	(2016)	ı

COPELAND RUN ACADEMY

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Form 990 (2016)

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

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

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

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

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

Check this box if neither the organization ne	or any relate	d org	aniz			ompe	nsa	ited any curren	t officer, director	, or trustee.
		1			C)			1		
(A)	(B)		-4 -4		ition	. 44		(0)	(E)	(F)
Name and Title	Average					than o		Reportable	Reportable	Estimated
	hours per					or/trus		compensation	compensation from	amount of
	week (list any	으=	5	0	ᇫ	gI	T	from	related	other
	hours for related	₽₽	1 5 €	Officer	\$	를	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	8 5	듷	9	ğ	st c	욕	(W-2/1099-MISC)		organization
	below dotted	익출	<u>a</u>		Key employee	e e	1			and related
	line)	Individual trustee or director	훒	ł	8	Per	1	ł		organizations
) š	Institutional trustee	ŀ		Highest compensated employee	1	Į		
			_	_	_	8.	-			
(1) DR. JAMES PRICE										_
PRESIDENT		X		X						
(2) WILLIAM STEVENS	1 (-		-		T			
VICE- PRESIDENT		X		X						
(3) PATRICIA L. KIRKNER	40			_						
EXECUTIVE DIRECTOR	1	X	ļ	X	X	X	l	34,733		\
(4)	 					— —	\vdash			
- \			ļ			1				
(5)	 -						\vdash			
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Form 990 (2016)

23-2202929

(A) Name and title		(B) Average hours per	(C) Position (do not check more than of box, unless person is both officer and a director/trust					nan Reportable		(E) Reportable compensation from		(F) Estimated amount of other		
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organization (W-2/1099-M		comper from organi and re organiz	nsation the zation elated	
(15)							<u>a</u>						•	
(16)			-											
(17)	A. A							-						
(18)			-											
(19)														
(20)								\vdash						
(21)														
(22)				-		<u> </u>								
(23)						ļ								
(24)					_	_								
(25)					 	-							<u> </u>	
1b	Sub-total			<u> </u>		-		>	34,733					
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)	-		:	•			<u>></u>	<i>3</i> 4,733	0		0)	
2	Total number of individuals (including bur reportable compensation from the organ		to th	1056	e list	ted	above	e) w	ho received m	ore than \$10	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete							swb	oloyee, or high	est comper	nsated	3.35.51	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re	porta	ble	con	npe	nsatio					3		X
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or ind		5		×
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.												n's ta	×
	(A) Name and business add	tress							(B) Description of s	services	C	(C) compensa	tron	
												-		
2	Total number of independent contractor received more than \$100,000 of compens) th	nose listed ab	ove) who				

Total revenue Calculation			Check if Schedule O contains a resp	onse or note t	o any line in this	s Part VIII		🗆
a growth b Membership dues 1 b b C Fundraising events 1 e Fundraisi	,				(A) Total revenue	exempt function	business	excluded from tax under sections
Business Code	\$ \$	1a	Federated campaigns 1a		· · · · · · · · · · · · · · · · · · ·			* * * * * * * * * * * * * * * * * * * *
Business Code	ira i	ь	· · ·		, ,	, ,		,
Business Code	9. E	c	Fundraising events 1c		}			
Business Code	ar /	d	Related organizations 1d			1 1	}	
Business Code	e E	e	- t		·			
Business Code	o i	f				15 , 15 , 17 , 17 , 17 , 17 , 17 , 17 ,		
Business Code	the th		and similar amounts not included above 11	2.790	'		, ,	
Business Code	투인	g	Noncash contributions included in lines 1a-1f: \$,			
Business Code	a C	h	Total, Add lines 1a-1f	>	2.790	1-" -,1200		
3 Investment income (including dividends, interest, and other similar amounts) 2 2 2 2.2.	E E			Business Code	;	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		3
3 Investment income (including dividends, interest, and other similar amounts) 2 2 2 2.2.	Ven	2a	TUITION	611000	128, 990	128.990		, , , , , , , , , , , , , , , , , , ,
3 Investment income (including dividends, interest, and other similar amounts) 2 2 2 2.2.	æ	ь			, -			
3 Investment income (including dividends, interest, and other similar amounts) 2 2 2 2.2.	5	С						
3 Investment income (including dividends, interest, and other similar amounts) 2 2 2 2.2.	Š	d						
3 Investment income (including dividends, interest, and other similar amounts) 2 2 2 2.2.	Ē	е						
3 Investment income (including dividends, interest, and other similar amounts) 2 2 2 2.2.	gr	f	All other program service revenue .					
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds by Royatties 5 Royatties 6a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) b Less: circit expenses c Rent II, line 18 b Less: direct expenses b Less: cost of goods sold c Net income or (loss) from gaming activities For Net income or (loss) from sales of inventory Miscellaneous Revenue Bushess Code 11a b Less: cost of goods sold c All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 131, 8 0.2 129, 0.1.2	Pr	g	Total. Add lines 2a-2f	>	128,990	" " +, m '3'	2 1 10 2 4 15 16	* * * * * * * * * * * * * * * * * * *
4 Income from investment of tax-exempt bond proceeds ▶ Royalties		3	Investment income (including divide	nds, interest,				
For the property of the prope			and other similar amounts)	▶	22	22		
Ga Gross rents (iii) Personal (iii) Personal		4	Income from investment of tax-exempt bor	nd proceeds ▶				
Ga Gross rents b Less: rental expenses c Rental income or (loss)		5		►				
b Less: rental expenses c Rental income or (loss) d Net rental uncome or (loss) For Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) Net gain or (loss) Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 c Net income or (loss) from fundraising events (line in the income or (loss) from fundraising events. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: otirect expenses b c Net income or (loss) from gaming activities loa Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a b			(i) Real	(ii) Personal	19 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13 8 Stone a 20	The state of the s	
C Rental income or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) Ba Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory. ▶ Miscellaneous Revenue Business Code 11a b C All other revenue e Total. Add lines 11a-11d ▶ 1 Total revenue. See instructions. ▶ (31, § o.2, 129, o.1.2.)	1	6a	Gross rents		11 - 1/2 y	The state of the state of	1 3 3 5 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Net rental income or (loss)		b	` 		,,,,,,	· () () () () () () () () () (
Ta Gross amount from sales of assets of ther than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) Net gain or (loss) Net gain or (loss) Net gain or (loss) Less: direct expenses Net income or (loss) from fundraising events Net income or (loss) from gaming activities, Net income or (loss) from gaming activities Net income or (loss) from gaming activities Net income or (loss) from gaming activities Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a b C All other revenue Total, Add lines 11a-11d Total revenue. See instructions. 13 8 0 2 129,012.		C	Rental income or (loss)		والمناسبة المناسبة المناسبة	THE TO WELL	The state of the s	
Business of or other basis and sales expenses. C Gain or (loss) d Net gain or (loss) D Net gain or (loss) See Part IV, line 18 Less: direct expenses b C Net income or (loss) from fundraising events. See Part IV, line 19 B Less: direct expenses b C Net income or (loss) from fundraising events. See Part IV, line 19 B Less: direct expenses b C Net income or (loss) from gaming activities. See Part IV, line 19 B Less: direct expenses b C Net income or (loss) from gaming activities. Net income or (loss) from sales of inventory. Miscellaneous Revenue Business Code 11a B C Total revenue. See instructions. 131, 8 0 2 129, 0 1 2	1	d		<u> ▶</u>				
b Less: cost or other basis and sales expenses. c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b c Net income or (loss) from fundraising events. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b Net income or (loss) from sales of inventory. Miscellaneous Revenue Business Code 11a b C C d All other revenue e Total. Add lines 11a-11d		7a		(ii) Other	4 6 6 6			
and sales expenses c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Reverue Business Code 11a b c d All other revenue e Total, Add lines 11a-11d 12 Total revenue. See instructions (31, 80.2, 129, 0.1.2.)					· · · · · · · · · · · · · · · · · · ·		a joan a	
d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory. ▶ Miscellaneous Revenue Business Code 11a b c d All other revenue e Total. Add lines 11a-11d . ▶ 12 Total revenue. See instructions. ▶ (31, 8 ∘ 2, 129, ○1.2.)		ь				Link of the sec	and the state of	
d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	j				1,	, and a second		E Berlin by Seal and
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		C	· · · · · · · · · · · · · · · · · · ·		,	and an are and the		and the state of t
events (not including \$ of contributions reported on line 1c). See Part IV, line 18		d	Net gain or (loss)	<u> ▶</u>		<u> </u>		
events (not including \$ of contributions reported on line 1c). See Part IV, line 18	Φ.	0-					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
of contributions reported on line 1c). See Part IV, line 18	Š	8a				100	1. 4 to 4. 4 4	
C Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. ▶ 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Business Code 11a b c All other revenue e Total. Add lines 11a–11d ▶ 12 Total revenue. See instructions ▶ 131, 802 129,012	8						, ,	
C Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. ▶ 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Business Code 11a b c All other revenue e Total. Add lines 11a–11d ▶ 12 Total revenue. See instructions ▶ 131, 802 129,012	Œ		O D-4 N/ P 40		j.			
C Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. ▶ 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Business Code 11a b c All other revenue e Total. Add lines 11a–11d ▶ 12 Total revenue. See instructions ▶ 131, 802 129,012	Ę.	_	·			F 18 53	1	
9a Gross income from gaming activities. See Part IV, line 19	Ŏ		· •	words		" '	الم المستعدد الما	
See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities . ▶ 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . ▶ Miscellaneous Revenue Business Code 11a b c All other revenue				vents . P		 	<u> </u>	
b Less: direct expenses . b c Net income or (loss) from gaming activities . ▶ 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . ▶ Miscellaneous Revenue Business Code 11a b c d All other revenue		Ja				,		,
c Net income or (loss) from gaming activities . 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . Miscellaneous Revenue						,		
10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a b c d All other revenue				rities >				,
b Less: cost of goods sold b			Gross sales of inventory, less	11103		,		
c Net income or (loss) from sales of inventory . Miscellaneous Revenue Business Code 11a b c d All other revenue								
Miscellaneous Revenue 11a b c d All other revenue e Total. Add lines 11a–11d	- 1						-	
11a b c d All other revenue e Total. Add lines 11a–11d		С						
b c d All other revenue		44-	MISCEILENEOUS REVERUE	Business Code				
c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions	l	_						
d All other revenue	ļ					 		
e Total. Add lines 11a-11d		_	All other revenue			 		ļ ————————————————————————————————————
12 Total revenue. See instructions ▶ (3), 802 (129, 0) 2.					<u> </u>	 		
		-		🟲	13) 0=0	120		
		14	Total feverine. See instructions	P	131,802	129,012	L	Form 990 (2016)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).									
Check if Schedule O contains a response or note to any line in this Part IX									
	t include amounts reported on lines 6b, 7b, , 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			. , , , , , , , , , , , , , , , , , , ,					
2	Grants and other assistance to domestic individuals. See Part IV, line 22			1, 1	,				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16			4					
4 5	Benefits paid to or for members	34,733	30,218	4, <i>5</i> 15	.,				
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 8	Other salaries and wages	71,731	62, 406	9,325					
9	Other employee benefits								
10	Payroll taxes	9,806	8,531	1,275					
11	Fees for services (non-employees):								
a b	Management	t vr.							
C	Accounting								
ď	Lobbying								
e	Professional fundraising services. See Part IV, line 17		16, 16 2 March	" " " " " " " " " " " " " " " " " " "					
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)								
12	Advertising and promotion								
13	Office expenses	5,262	4,578	684					
14	Information technology								
15	Royalties								
16	Occupancy	15,092	15,092						
17	Travel	<u>'</u>							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials								
19	Conferences, conventions, and meetings .								
20	Interest								
21	Payments to affiliates	2.000	0.00						
22	Depreciation, depletion, and amortization .	3,880	3,880	0.1.0					
23	Insurance	7,073	6,154	919					
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	PROPERTY TAXES	12,744	12,744						
b	CARETAKERS/MAINTENANCE	11, 304	11,304						
C									
d									
е	All other expenses								
25	Total functional expenses. Add lines 1 through 24e	171,625	154,907	16,718					
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)								

P	art X				
		Check if Schedule O contains a response or note to any line in this Pa	rt X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	41,361	1	4,418
1	2	Savings and temporary cash investments		2	
İ	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	,		
		trustees, key employees, and highest compensated employees.	,		
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Asi	8	Inventories for sale or use		8	
-	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or	Č.	,	A Company
		other basis. Complete Part VI of Schedule D 10a 226,689	wifether a second of the	- '	7
	ь	Less: accumulated depreciation 10b 136, 637	93.932	10c	90.052
	11	Investments—publicly traded securities	0	11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	135,293	16	94. 470
	17	Accounts payable and accrued expenses	1 267	17	267
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
8	22	Loans and other payables to current and former officers, directors,	and the second second		
Liabilitles		trustees, key employees, highest compensated employees, and		.	
ä		disqualified persons. Complete Part II of Schedule L		22	
Ĩ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1.267	26	267
80		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.			,
auc	27	Unrestricted net assets	134.026	27	94,203
38	28	Temporarily restricted net assets		28	
ğ	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
9	30	Capital stock or trust principal, or current funds]	30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
<u>e</u>	33	Total net assets or fund balances	134,026	33	94,203
2	34	Total liabilities and net assets/fund balances	135,293	34	94, 470
					Form 990 (2016

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3

4

COPELAND RUN ACADEMY

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI . . . 2 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . 4

5 5 Donated services and use of facilities 6 6 7 7 8 8 Other changes in net assets or fund balances (explain in Schedule O) 9

Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line

10

Part XII	Financial	Statements	and Re	porting
----------	-----------	-------------------	--------	---------

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

1	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
b	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?
С	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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

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.

3a 3ь

Form 990 (2016)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number

	COPELAND	KUN ACA	DEN'		23 - 2202	929	
Pai	Reason for Public Cha	rity Status (All	organizations must	complete this p	oart.) See instruction	ons.	
The o	organization is not a private founda					_	
1	A church, convention of churc	hes, or associati	on of churches descri	bed in section 1 7	70(b)(1)(A)(ī). 📝 🔨		
2	A school described in section	170(b)(1)(A)(ii).	(Attach Schedule E (F	orm 990 or 990-E	Z).) 📞		
3	A hospital or a cooperative ho						
4	A medical research organization hospital's name, city, and state	•	onjunction with a hosp	oital described in s	section 170(b)(1)(A)	(iii). Enter the	
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned or operate	ed by a government	al unit described in	
6 7							
8	☐ A community trust described i	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9	An agricultural research organ or university or a non-land-gra university:	nt college of agr	iculture (see instruction	ons). Enter the nar	me, city, and state of	the college or	
10	An organization that normally in receipts from activities related support from gross investment acquired by the organization a	to its exempt fur t income and uni	nctions—subject to co related business taxal	ertain exceptions, ble income (less s	, and (2) no more tha ection 511 tax) from	n 33¹/s% of its	
11	An organization organized and	-	-	-			
12	An organization organized and of one or more publicly support Check the box in lines 12a through the control of	orted organizatio	ns described in secti	on 509(a)(1) or s	ection 509(a)(2). Se	e section 509(a)(3).	
а	☐ Type I. A supporting orgar the supported organization supporting organization. Y	(s) the power to	regularly appoint or e	lect a majority of			
b	Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same persons			
С	Type III functionally integ its supported organization					ally integrated with,	
d		integrated. A su grated. The orga	pporting organization nization generally mu	operated in conn st satisfy a distrib	nection with its suppo ution requirement an		
е	Check this box if the organ functionally integrated, or	nization received Type III non-func	a written determination	on from the IRS the operating organization	nat it is a Type I, Type tion.	e II, Type III	
f	Enter the number of supported of	organizations .				[
g	Provide the following information	n about the supp	ported organization(s).		·		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) is the organization listed in your governing document?		(vi) Amount of ather support (see instructions)	
				Yes No			
(A)							
(B)							
(C)							
(D)							
(E)							
Tota	·	<u> </u>			T		

Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	he box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Secti	on A. Public Support	s quality and	or the tools in	roa bolow, p		/ / / / / / / / / / / / / / / / / / /	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(4) 2012	(3) 2010	(6) 201	(3,2313		(1)
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	-	150	1/2/3	1, , , ,	,	
Secti	on B. Total Support	· · · · · · · · · · · · · · · · · · ·					
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4		/				-
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	<i></i>					
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10		111 -,11	<u> </u>			
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he				· · · · ·	· · · · ·	· · • 📙
	on C. Computation of Public Suppor			14 (0)			
14	Public support percentage for 2016 (line					15	<u>%</u>
15 16a	Public support percentage from 2015 Sci 331/3% support test—2016. If the organ						
IVa	box and stop here . The organization qua						
ь	331/3% support test—2015. If the organi			-			
	this box and stop here. The organization	qualifies as a	publicly suppo	rted organizat	ion		▶ 🗆
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part VI how the organization meets the 'organization'	eets the "facts	-and-circumst :umstances" te	ances" test, c	heck this box	and stop here.	. Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization is Explain in Part VI how the organization is supported organization	ation meets th	e "facts-and-o	circumstances stances" test.	" test, check	this box and	stop here.
18	Private foundation. If the organization d	id not check a	box on line 13	, 16a, 16b, 17a	a, or 17b, chec	k this box and	see

Part	Support Schedule for Organiza (Complete only if you checked th			. ,. ,	nization faile	d to qualify ur	der Part II.
	If the organization fails to qualify						, ,
Secti	on A. Public Support						/
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	/ (f) Total
1	Gifts, grants, contributions, and membership fees		1		}	/	
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the				j		
	organization's tax-exempt purpose					1	
3	Gross receipts from activities that are not an				1		
	unrelated trade or business under section 513						
4	Tax revenues levied for the				1		
	organization's benefit and either paid		1		2.500]	
	to or expended on its behalf				/		
5	The value of services or facilities						
	furnished by a governmental unit to the		Ĭ		1	(
	organization without charge				ł		
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3			/			
	received from disqualified persons .		ļ		ł]	
b	Amounts included on lines 2 and 3				{·		
•	received from other than disqualified					l	
	persons that exceed the greater of \$5,000		/		ł	1	
	or 1% of the amount on line 13 for the year			1	ļ		
c	Add lines 7a and 7b		/				
8	Public support. (Subtract line 7c from	v, 14, 7	1 2 3 1 1 11	12 4 12 1 Weggs	miles and the second	15 5 5 7 Ag 2	
	line 6.)	الموا الها			E CARRY TARRY	1 3 2 m 3	
Secti	on B. Total Support		<u> </u>	1 × × × × × ×		<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	(4) 2012	(2)	(5) = 5	(2) = 0.0	(0) = 10	17.5
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,				l	į	
	royalties and income from similar sources .		Ì		1		
h	Unrelated business taxable income (less		-				
•	section 511 taxes) from businesses						
	acquired after June 30, 1975		ļ		ì) i	
_	Add lines 10a and 10b		 		 		
11	t e e e e e e e e e e e e e e e e e e e						
11	Net income from unrelated business activities not included in line 10b, whether		1				
	or not the business is regularly carried on		Ĭ		ĺ	(
40	<u> </u>			· · · · · · · · · · · · · · · · · · ·			
12	Other income. Do not include gain or		1		1]	
	loss from the sale of capital assets (Explain in Part VI.)						
40	-		 				
13	Total support. (Add lines 9, 10c, 11,				[[
44	and 12.)		-la 6t				- F04(~\(0\)
14	First five years. If the Form 990 is for the organization, check this box and stop her	_			•		
<u>C4:</u>				· · · · ·	<u> </u>	· · · · ·	· · • U
	on C. Computation of Public Suppor			0(0)		Ter I	
15	Public support percentage for 2016 (line 8		•				<u>%</u>
16 Sacti	Public support percentage from 2015 Sch			· · · · · ·	· · · · · ·	16	<u></u> %
	on D. Computation of Investment Inc			v line 12	mp (A)	147	
17	Investment income percentage for 2016 (I		• •	-	• • •		<u>%</u> %
18	Investment income percentage from 2015						
19a	331/3% support tests—2016. If the organi						
_	17 is not more than 33½%, check this box	_	-	=		_	_
ь	331/x% support tests—2015. If the organiz				•		
	line 18 is not more than 331/2%, check this b	•	-			-	_
20_	Private foundation. If the organization did	not check a	box on line 14.	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🔲

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	art V	<u>·) </u>	
Secti	on A. All Supporting Organizations		Van	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.	ĩ	Yes	-
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		-
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	3	-
	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	9 3, 	
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с	10.3	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	وه افر مستخصص	
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.	4 b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 mg 2
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)(B) purposes.	4c		
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		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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	r »	3.
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		,
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described 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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		-
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
-	Did the emprization have any excess business holdings in the tax year? Alse Schedule C. Form 4720 to	f	I .	E .

determine whether the organization had excess business holdings.)

Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			ł
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?	44-		
h	A family member of a person described in (a) above?	11a	 	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	ļ —	
	on B. Type I Supporting Organizations	11.0	L	·
			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,			٠.
	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		1	-
_	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,	(11.1)	• (٠,
	supervised, or controlled the supporting organization.	2		-
Secti	on 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		ĺ	
	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	7.8	ş.	
	the supported organization(s).	1	2 - '	. · ·
Secti	on D. All Type III Supporting Organizations		l	<u> </u>
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	3,,	.53	300
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	* .		o siAfe
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1332	= -	
_		1 1	jai	,,,,,,,,
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	., .	,	٠,
	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	9	1 1/4	,
-	significant voice in the organization's investment policies and in directing the use of the organization's		٠.	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	17	1, 3	٠
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see it	instru	ction	s).
а	☐ 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.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government erritity (see in:	struct	ions).
2	Activities Test. Answer (a) and (b) below.	i	Yes	No
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		1	1
	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		1	
	that these activities constituted substantially all of its activities.	2a	<u> </u>	ļ
Ь	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 world have been organization's available in Part III the		1]
	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		l	
	activities but for the organization's involvement.	2ь	l	ł
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	1	1	1
_	trustees of each of the supported organizations? Provide details in Part VI .	3a	1	
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.	3ь	Ī	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	janı	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
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)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			,
a Average monthly value of securities	1a	<u> </u>	
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			7.11
factors (explain in detail in Part VI):	Ĭ.,		, , , , , ,
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-functionall instructions).	y int	egrated Type III supporting	organization (see

Schedu	e A (Form 990 or 990-EZ) 2016			Page 7
Part	Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers excorganizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	poses of supported orga	ınizations	
4	Amounts paid to acquire exempt-use assets	.,	· · · · · · · · · · · · · · · · · · ·	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	th the organization is res	sponsive	
9	Distributable amount for 2016 from Section C, line 6		·	
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			, , ,
3	Excess distributions carryover, if any, to 2016:	1 1		
a		, ,		
b		,		
	From 2013	,		, ,
d	From 2014	. ,	41,100	1
е	From 2015			
f	Total of lines 3a through e			, , ,
g	Applied to underdistributions of prior years	1.		
h	Applied to 2016 distributable amount	, , ,	,	
i	Carryover from 2011 not applied (see instructions)		31 1 2 1 1	,, ,,, ,
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		, , .	
4	Distributions for 2016 from		, , ,	1 , ,
	Section D, line 7: \$			1
а	Applied to underdistributions of prior years			,
b	Applied to 2016 distributable amount	,		
С	Remainder. Subtract lines 4a and 4b from 4.			,
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3 _j and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			<u></u>

Page	8

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

20**16**

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

s.gov/form990. Inspection Employer identification number

Name of the organization COPELAND RUN ACADEMY 23-2202929 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? Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 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 POLICY IS STATED IN ACADEMY HANDBOOK, ON WEBSITE AND IN MATERIALS USED FOR SOLICITATION OF STUDENTS Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? . **4a** b Records documenting that scholarships and other financial assistance are awarded on a racially **4b** c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Copies of all material used by the organization or on its behalf to solicit contributions? . . . **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: 5a 5**b** Admissions policies? . Employment of faculty or administrative staff? . 5c Scholarships or other financial assistance? . 5d Educational policies? . 5e 5f Use of facilities? Athletic programs?. 5g 5h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** 6a Does the organization receive any financial aid or assistance from a governmental agency?. 6**b b** Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" on either line 6a or line 6b, explain on Part II.

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II...

Schedule E (I	om 99	0 or 990-EZ) 2016	COP	ELAND	RUN	ACA	DEM	y 2:	3-2202929	Page 2
Part II	Sup	plemental	Information	. Provide	the explan	ations re	quired	by Part I, lines 3	, 4d, 5h, 6b, and 7, as	
	app	licable. Also	provide an	y other ad	ditional inf	ormation) (see i	nstructions).		
LI	NE	3	POLICY	1 15	STAT	ED 1	N	ACADEMY	HANDBOOK,	
					- 4.15	~ 161	- A /	1+50116	NCEN	
			ON W	EBSII	EANI	2 114		ATERIALS	0360	
•••			FOR	SOLIC	ITATI	04 (F	STUDENTS	5,	
					. 					
										
••										

			·							
										

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

► Attach to Form 990.

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

20**16**

Open to Public Inspection

Employer identification number

	COPELAND RUN ACA		23-2202929
Par	Organizations Maintaining Donor Adv	rised Funds or Other Similar Fun	
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to the	ne organization's exclusive legal contro	ol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors, a		
	only for charitable purposes and not for the bene	fit of the donor or donor advisor, or f	or any other purpose
		<u> </u>	· · · · · · · · · Yes 🗌 No
Par			
	Complete if the organization answered		
1	Purpose(s) of conservation easements held by the	-	
	Preservation of land for public use (e.g., recrea	tion or education) 🔲 Preservation o	f a historically important land area
	Protection of natural habitat	☐ Preservation o	f a certified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization has	eld a qualified conservation contribution	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easemen		
C	Number of conservation easements on a certified		
d	Number of conservation easements included in	(c) acquired after 8/17/06, and not	1 1
	historic structure listed in the National Register .		· · [2d]
3	Number of conservation easements modified, tran	sterred, released, extinguished, or terr	minated by the organization during the
_	tax year >		
4	Number of states where property subject to conse		
5	Does the organization have a written policy re violations, and enforcement of the conservation ea		·
•			The Ho
6	Staff and volunteer hours devoted to monitoring, inspec	ting, nandling of violations, and enforcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspectir	as handling of violations, and onforcing	consequation encomparts during the year
7	Amount of expenses incurred in monitoring, inspecting \$	ig, nandling of violations, and emorcing	conservation easements during the year
8	Does each conservation easement reported on line	2/d) above satisfy the requirements of	f section 170/b\/A\/B\/i\
·	and section 170(h)(4)(B)(ii)?	z(u) above sausiy tile requirements of	· · · · · · · · · · · · · · · Ves · No
9	In Part XIII, describe how the organization reports	consequation easements in its revenue	_ == _ == _
ŭ	balance sheet, and include, if applicable, the text of		
	organization's accounting for conservation easeme		
Part	Organizations Maintaining Collection	s of Art. Historical Treasures. or	Other Similar Assets.
	Complete if the organization answered	-	
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other similar	•	
	public service, provide, in Part XIII, the text of the f	footnote to its financial statements tha	t describes these items.
ь	If the organization elected, as permitted under S	SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar		
	public service, provide the following amounts relat	•	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art	, historical treasures, or other similar	r assets for financial gain, provide the
	following amounts required to be reported under S		
а	Revenue included on Form 990, Part VIII, line 1 .		▶ \$
b	Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·	. > \$

Cat. No. 52283D

Schedule D (Form 990) 2016

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

Schedu				CADEMY			2 02929 Page 2
Part	III Organizations Maintaining	Collection	s of Art, His	torical Treasures	, or Oth	ner Similar Ass	ets (continued)
3	Using the organization's acquisition, collection items (check all that apply):		nd other reco	rds, check any of th	ne follow	ing that are a sig	prificant use of its
а	☐ Public exhibition		d	Loan or exchange	ge progra	ams	
b	☐ Scholarly research e ☐ Other						
C	☐ Preservation for future generation:						
4	Provide a description of the organiza XIII.	tion's collect	ions and expla	ain how they further	the orga	anization's exem	pt purpose in Part
5	During the year, did the organization assets to be sold to raise funds rather						
Part							
	Complete if the organization 990, Part X, line 21.						
ta	Is the organization an agent, trustee included on Form 990, Part X?						☐ Yes ☐ No
b	If "Yes," explain the arrangement in P	art XIII and c	omplete the fo	llowing table:			
					<u> </u>	Arr	ount
C	Beginning balance				1c	_	
d	Additions during the year				1d	 	
e	Distributions during the year				1e	 	
f	Ending balance				11		
2a	Did the organization include an amount if "Yes," explain the arrangement in P						
Pari		art Alli. Chec	K Here II ule ex	cpianation has been	provide	U GI Fait Alli .	····
1 21	Complete if the organization	answered '	"Yes" on For	m 990. Part IV. line	e 10.		
	Complete ii iiic organization	(a) Current y		or year (c) Two year		(d) Three years back	(e) Four years back
1a	Beginning of year balance						
b	Contributions						
C	Net investment earnings, gains, and losses						
d	Grants or scholarships	<u> </u>					
е	Other expenditures for facilities and				- t		- \
	programs			1	- 1		
f	Administrative expenses	}					
9	End of year balance						
2	Provide the estimated percentage of the			e (line 1g, column (a	a)) held a	s:	
а	Board designated or quasi-endowme	nt ▶	%				
b	Permanent endowment ▶	%					
C	Temporarily restricted endowment ▶	*	%				
_	The percentages on lines 2a, 2b, and						
3a	Are there endowment funds not in the	e possession	of the organi	zation that are neto	and adn	ninistered for the	
	organization by:						Yes No
	(i) unrelated organizations (ii) related organizations						3a(i)
b	If "Yes" on line 3a(ii), are the related of						3a(ii) 3b
4	Describe in Part XIII the intended uses						100
Part							
	Complete if the organization		"Yes" on For	m 990, Part IV, lin	e 11a. S	See Form 990, I	Part X, line 10.
	Description of property	(a) Co	st or other basis nvestment)	(b) Cost or other basis (other)	(c) A	ocumulated preciation	(d) Book value
1a	Land		40,000				40,000
b	Buildings		37,000		9	38,479	48.521
C	Leasehold improvements		28,182			27,651	531
d	Equipment	. [21,507			20,507	1,000
е	Other	·					
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Fo	om 990, Part)	K, column (B), line 10	Oc.)	•	90,052

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2016

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number
COPELAND RUN ACADEMY	23-2202929
PART VI Line Oh THERE ARE US	^^^
PART VI line 86 THERE ARE NO CO	MMITTEES
PART VI line 11 6 BOARD MEMBERS V	IERE PROVIDED A COPY OF
	ALL PRIOR TO THE
FILING OF FOR	M 990.