Form 990

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.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2020 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Α	For the 2020	calendar year, or tax year beginning 09/01/20 , and ending 08/31/	21		
В	Check if applicable:	C Name of organization SCHOOL DISTRICT OF COLUMBUS		D Employer ide	ntification number
	Address change	FOUNDATION	11-24 25	DOWN READ	N N
П	Name change	Doing business as	I I	**-**	
Ħ	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 2508 27TH STREET P.O. BOX 947	Room/suite 7	E Telephone nur 402-56	nber
	Final return/	City or town, state or province, country, and ZIP or foreign postal code		-402-36	3-7000
	terminated	COLUMBUS NE 68602-0947			
	Amended return	F Name and address of principal officer:	-T	G Gross receipts:	932,229
П	Application pending		H(a) Is this a gro	oup return for subord	inates? Yes X No
-		2508 27TH STREET P.O. BOX 947	H(b) Are all sub	ordinates included	? Yes No
		COLUMBUS NE 68602-0947	A11000 5	" attach a list. See	
Î	Tax-exempt status		=		
J		WWW.CPSANCHOR.COM	H(c) Group ava	mption number	
K	Form of organization	77	Year of formation:		State of legal domicile:
10000		ummary	roar or formation.	101	State of legal dofflicile.
22242		describe the organization's mission or most significant activities:			
Ф		SCHEDULE O			****************
auc			#14 (105) 1012 1016 Por (105) 1016 Por (105)	*************	*****************
Governance	Parameter				
00	2 Check	his box if the organization discontinued its operations or disposed of more than 2			****************
න	3 Numbe	of voting members of the governing body (Part VI, line 1a)			
Activities &	4 Numbe	of independent voting members of the governing body (Part VI, line 1b)		4 9	
Viti	5 Total nu	umber of individuals employed in calendar year 2020 (Part V, line 2a)	*****	5 C	
Acti	6 Total nu	ımber of volunteers (estimate if necessary)			69
_	7a Total ur	related business revenue from Part VIII, column (C), line 12		7a	0
	b Net unr	elated business taxable income from Form 990-T, Part I, line 11		7b	0
			Prior Yea	ar	Current Year
Revenue	8 Contrib	utions and grants (Part VIII, line 1h)	86	8,149	712,736
eni	9 Program	n service revenue (Part VIII, line 2g)			0
3ev	10 Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)		3,159	24,018
	11 Other is	evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0,356	26,766
-		venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,664	763,520
		and similar amounts paid (Part IX, column (A), lines 1–3)	58	7,804	524,539
		s paid to or for members (Part IX, column (A), line 4)			0
ses		s, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	0
xpenses		ional fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25) ▶ 21,950			0
Exp	II .				
ш		xpenses (Part IX, column (A), lines 11a–11d, 11f–24e)		6,272	124,102
		penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		4,076 7,588	648,641
	19 Revenu	e less expenses. Subtract line 18 from line 12	Beginning of Cu	The state of the s	114,879 End of Year
Net Assets or	20 Total as	sets (Part X, line 16)		8,938	2,450,475
Ass	21 Total lia	bilities (Part X, line 26)		0	2,430,473
Net	22 Net ass	ets or fund balances. Subtract line 21 from line 20	2,20	8,938	2,450,475
		ignature Block		- /	2/100/170
		f perjury, I declare that I have examined this return, including accompanying schedules and staten	ments, and to the b	est of my knowl	edge and helief it is
		complete. Declaration of preparer (other than officer) is based on all information of which preparer			ooge and belief, it is
Sig	gn	Signature of officer		Date	
He		ROBERT MARKHAM PRES	IDENT		
		Type or print name and title			
	Print/Ty	pe preparer's name Preparer's signature	Date /	/ Check	if PTIN
Pai	d _{ADAM}	D ELM	1/13/	self-employ	ed ******
	parer Firm's r			Firm's EIN	**-***2214
Use	e Only	P. O. BOX 280, 3403 27TH STREET			
	Firm's a		19	Phone no. 4	02-564-1366
Ma	y the IRS discu	iss this return with the preparer shown above? See instructions			X Yes No

Part 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	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	W.		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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		X
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	Did the organization receive or hold a conservation easement, including easements to preserve open space,			130700
=	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
•	complete Schedule D, Part III	8		_X_
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			37
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		_X_
10	LO KINA III AND DO LIV	10	X	
11	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		
. 50%	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	000000000000000000000000000000000000000		*********
	complete Schedule D, Part VI	11a		x
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		20	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	9005381		
40	"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
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		X
IJ	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Vos." complete Schodule F. Doute Land IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		-41
. •	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	,	x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	- 10		
	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
20a	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		
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	

Form 990 (2020) SCHOOL DISTRICT OF COLUMBUS
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	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	ď		
	and the contraction of the contr	22		v
24a	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		_X_
	\$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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 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	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			**
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		_X_
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			-41
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) 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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	ANT STORY	ĺ	
(# <u>#</u> 5)	"Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	00		77
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			(95450)
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
36	controlled 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	35b		<u> </u>
50	and a transfer of the Control of the	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	- 01		- 44
	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	$\tilde{\mathbf{I}}$ = $\tilde{\mathbf{I}}$ = $\tilde{\mathbf{V}}$		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 19	_		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			<u> </u>
	reportable gaming (gambling) winnings to prize winners?	1c		X

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		Course of Co.
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	13	7		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		7	3a	13.47.63(3/4.30)	Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		X
b	If "Yes," enter the name of the foreign country ▶		Antan thanksteekens	.,.		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR).			
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	tion?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	е				
	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 contributio	ns or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	joods				
	and services provided to the payor?			7a		and the rest
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S			1	
	required to file Form 8282?		OF CONTROL OF CONTROL OF THE CONTROL	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For			7g		<u></u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ne			
_	sponsoring organization have excess business holdings at any time during the year?	*****		8	45.000000000000000000000000000000000000	\$00.0000000
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:		ì			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	[]	Í			
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	226				
12-	against amounts due or received from them.)	11b	2			
l2a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1041 12b		12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120				
	In the case of the Benefit of the case of			40		
а	Note: See the instructions for additional information the organization must report on Schedule O.			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which					
D	the organization is licensed to issue qualified health plans	13b	1			
_	Tales the amount of reconnect on hand	13c		-		
c I4a	Did the organization receive any payments for indeed tapping consider during the toy year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	 le 0				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
				45		v
	excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.			15		X
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	102	10		X
	If "Yes," complete Form 4720, Schedule O.	. IHOOH	10 :	16		
	ii 160, complete i diffi 4120, concedire o.			******	1	

Form 990 (2020) SCHOOL DISTRICT OF COLUMBUS Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 9 b Enter the number of voting members included on line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a X Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 X 8a Each committee with authority to act on behalf of the governing body? X 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 on Schedule O... X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X 12a 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," describe in Schedule O how this was done X 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 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 taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on 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 JENNIFER AUGUSTIN 2508 27TH STREET

402-563-7000

NE 68601

COLUMBUS

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

Check if Schedule O contains a response or note to 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. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (F) Reportable Name and title Average Position Reportable Estimated amount (do not check more than one hours compensation compensation of other per week box, unless person is both an from the from related compensation (list any officer and a director/trustee) organization organizations from the (W-2/1099-MISC) (W-2/1099-MISC) hours for organization and related ndividual lighest compensated imployee stitutional ey employee related organizations organizations below l trustee dotted line) trustee (1) NICOLE ANDERSON 20.00 EXECUTIVE DIRECTOR 0.00 X 0 61,652 0 (2) BRIAN CHRISTENSEN 1.00 DIRECTOR 0.00 X 0 0 (3) ROBERT MARKHAM 1.00 0.00 X X PRESIDENT 0 0 0 (4) KARIN RIEGER 1.00 SEC/TREAS 0.00 X X 0 0 0 (5) STEVE ANDERSON 1.00 0.00 X DIRECTOR 0 0 0 (6) AMY BLASER 1.00 VICE-PRESIDENT 0.00 X X 0 0 0 (7) TOBY GOC 1.00 X 0.00 0 DIRECTOR 0 0 (8) MIKE JEFFRYES 1.00 0.00 X DIRECTOR 0 0 0 (9) CANDACE BECHER 1.00 0.00 X DIRECTOR 0 0 (10) MORGAN KAPELS 1.00 0.00 X DIRECTOR 0 0 TROY LOEFFELHOLZ (11) DR. 1.00 EX OFFICIO 0.00 X 0 0

(A) Name and title	(B) Average hours per week (list any	bo	x, unle icer a	Pos check ess pe nd a c	erson lirecto	than c is both or/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
· Pixeronanananananananananananananananananana			i							
	to transfer to the transfer transfer t									
· Para de a transportações de seguir de proprio estados estados de seguir de										
**************************************	#040000 \$14120 #1814 #181 #181 #181 #181 #								1	

5 120°C03 3 17°C03 5 4 15°C03°C1 23°C03 4 1 10°C03 5 4 15°C03°C03 5 1 10°C03										
1b Subtotal							▶		61,652	
 d Total (add lines 1b and 1c) 2 Total number of individuals (in reportable compensation from 	cluding but not li	imite	d to				bov	e) who received more than	61,652 \$100,000 of	
3 Did the organization list any for employee on line 1a? If "Yes,"	complete Sched	dule	J for	suc	h ind	dividu	ıal			Yes No
 For any individual listed on line organization and related organ individual Did any person listed on line 1 	nizations greater	than	\$15	50,00	00?	f "Ye	s," c	complete Schedule J for su	ch	4 X
for services rendered to the or Section B. Independent Contracto	ganization? If "Y	es,"	com	plete	e Sc	hedu	ile J	for such person		5 X
1 Complete this table for your five	e highest comp	ensa	ted i	nde	pend	lent o	cont	ractors that received more	than \$100,000 of	
compensation from the organi Name and	(A) business address	ыпре	erisa	lion	iort	ne ca	lene		nin the organization's tax y (B) stion of services	ear. (C) Compensation
2 Total number of independent of received more than \$100,000								se listed above) who	0	

Form 990 (2020) SCHOOL DISTRICT OF COLUMBUS **-***3924 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) Related or exempt (D) Revenue excluded Total revenue function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 712,736 1f g Noncash contributions included in lines 1a-1f 1g 712,736 h Total. Add lines 1a-1f **Business Code** Program Service f All other program service revenue g Total. Add lines 2a-2f... 3 Investment income (including dividends, interest, and other similar amounts) 24,018 24,018 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents 6a 6b b Less: rental expenses c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory 7a Other Revenue b Less: cost or other basis and sales exps. 7b c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 178,276 b Less: direct expenses 168,709 8b c Net income or (loss) from fundraising events 9,567 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b

24,018

Miscellaneous

11a

c Net income or (loss) from gaming activities

c Net income or (loss) from sales of inventory

d All other revenue

10a

10b

Business Code

17,199

17,199

763,520

17,199

17,199

10a Gross sales of inventory, less returns and allowances

b Less: cost of goods sold

MISCELLANEOUS INCOME

Total revenue. See instructions .

e Total. Add lines 11a-11d

	1990 (2020) SCHOOL DISTRICT C		**-**	3924	Page 10
Pa	art IX Statement of Functional Expe	enses			
Sect	ion 501(c)(3) and 501(c)(4) organizations must con			plete column (A).	
	Check if Schedule O contains a respon	se or note to any line in thi	s Part IX		
	not include amounts reported on lines 6b, Bb, 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	¥ 1 1 1	# #78, Pl - 1		
	and domestic governments. See Part IV, line 21	524,539	524,539		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management			×	
b	Legal				n.
C	Accounting	13,960		13,960	
d					
е	Professional fundraising services. See Part IV, line 17				-
f	Investment management fees	13,502	13,502		
g	SERVICE OF THE SERVIC				
	(A) amount, list line 11g expenses on Schedule O.)	3,440		3,440	
12	Advertising and promotion				
13	Office expenses	8,307		8,307	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
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				
22	Depreciation, depletion, and amortization				
23	Insurance	1,134		1,134	
24	Other expenses. Itemize expenses not covered			,	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	STAFF EXPENSE REIMB	61,652		61,652	
b	EVENT EXPENSES	21,950			21,950
С	MISCELLANEOUS EXPENSE	157		157	
d	Contribute of the Addition of the Contribute of	TopTotal /			
е	\$2.50\$ (2.50)				
25	Total functional expenses. Add lines 1 through 24e	648,641	538,041	88,650	21,950
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)	,	,	33,330	21,330

Total liabilities and net assets/fund balances

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X . (A) Beginning of year End of year Cash—non-interest-bearing 271,430 331,322 1 Savings and temporary cash investments 978,340 2 1,039,040 Pledges and grants receivable, net 3 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c Investments—publicly traded securities 915,168 1,036,113 11 Investments—other securities. See Part IV, line 11 44,000 12 44,000 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 2,208,938 2,450,475 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 Accounts payable and accrued expenses 17 17 Grants payable 18 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 0 0 26 Organizations that follow FASB ASC 958, check here ▶ X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 244,116 266,853 Net assets with donor restrictions 1,964,822 2,183,622 Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 Total net assets or fund balances 2,208,938 2,450,475 32

Form 990 (2020)

2,450,475

2,208,938

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 on

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2020)

X

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

Attach to Form 990 or Form 990-EZ.

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

SCHOOL DISTRICT OF COLUMBUS

FOUNDATION

FOUNDATION

FOUNDATION

Employer identification number

The	orga	inization is not	a private foundation because	e it is: (For lines 1 through 12,	check only	y one box.)		
1		A church, co	nvention of churches, or ass	ociation of churches described	in section	170(b)(1)	(A)(i).	
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (For	rm 990 or 9	990-EZ).)		
3		A hospital or	a cooperative hospital servi-	ce organization described in se	ection 170	(b)(1)(A)(iii	i).	
4		A medical re	search organization operated	d in conjunction with a hospital	l described	in section	170(b)(1)(A)(iii). Enter the hos	pital's name,
		city, and stat						4m-y2504 (4m) (4m) 7mm)
5		An organizat	ion operated for the benefit of	of a college or university owner	d or operat	ed by a gov	vernmental unit described in	4.5.5.5.5.5.5.5.5.5.5.6.6.6.6.6.6.6.6.6.
			b)(1)(A)(iv). (Complete Part					
6		A federal, sta	ate, or local government or g	overnmental unit described in	section 17	70(b)(1)(A)((v).	
7			ion that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support f omplete Part II.)	from a gove	ernmental ı	unit or from the general public	
8		A community	trust described in section 1	170(b)(1)(A)(vi). (Complete Pa	rt II.)			
9		An agricultur	al research organization des	cribed in section 170(b)(1)(A)	(ix) operat	ed in conju	nction with a land-grant college	
		or university		of agriculture (see instructions)				
2.5	г	university:						
10	Ш						ns, membership fees, and gros	S
				npt functions, subject to certain nd unrelated business taxable				
				0, 1975. See section 509(a)(2				
11		The state of the s	CONT. STATES - THE COMPANY CONTRACT CON	exclusively to test for public sa		0.000		
12	X						s of, or to carry out the purpose	ng .
							09(a)(2). See section 509(a)(3)	
							d complete lines 12e, 12f, and	
	а						ganization(s), typically by giving).
				ver to regularly appoint or elec		of the dire	ectors or trustees of the	
				omplete Part IV, Sections A				
	b			pervised or controlled in conne				
					same per	sons that c	ontrol or manage the supported	
			\$1 3.600 at 1	Part IV, Sections A and C.	ad in accura	ation with	and functionally integrated with	
	С	its suppo	rted organization(s) (see ins	tructions). You must complet	te Part IV.	Sections A	and functionally integrated with A. D. and E.),
	d						with its supported organization	(2)
							equirement and an attentivenes	
		requirem	ent (see instructions). You n	nust complete Part IV, Section	ons A and	D, and Pa	rt V.	
	е	Check th	is box if the organization rec	eived a written determination t	from the IR	S that it is	a Type I, Type II, Type III	
			man a republican intercental and Francisco in the States	n-functionally integrated suppo	orting organ	nization.		
	f		mber of supported organizati					1
_	g		0.000,000,000	e supported organization(s).	10000000			
(i		ne of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–10	200000000000000000000000000000000000000	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of
	- 01	gamzanon		above (see instructions))		ment?	instructions)	other support (see instructions)
					Yes	No		V17/2000/V20041/2014/4
(A)	CC	LUMBUS	PUBLIC SCHOOL	S				
			-*4811	2	x		273,592	0
(B)	9							
(C)))							
(D)								
(E)		<u>-</u>						
Tota	ıl						273,592	0

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

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

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				4.5%		
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						
Sec	tion B. Total Support				******		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.			* *	#50#50#1.453#1.#53#50#5.#5.#53#5.45.#5.#5.#6.#1.#6.#6.#6	12	
13	First 5 years. If the Form 990 is for the or	ganization's first, s	econd, third, fourt	h, or fifth tax year	as a section 501(c	:)(3)	
	organization, check this box and stop her						
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2020 (line 6	, column (f) divided	d by line 11, colun	nn (f))		14	%
15	Public support percentage from 2019 Sch	edule A, Part II, line	e 14			15	%
16a	33 1/3% support test—2020. If the organ		ck the box on line	13, and line 14 is	33 1/3% or more,	check this	
	box and stop here. The organization quali	ifies as a publicly s	upported organiza	ation			▶ □
b	33 1/3% support test—2019. If the organ this box and stop here. The organization	ization did not che qualifies as a publi	ck a box on line 1	3 or 16a, and line	15 is 33 1/3% or m	ore, check	
17a	10%-facts-and-circumstances test—202	20. If the organizati	on did not check a	a box on line 13. 16	Sa. or 16b. and line	e 14 is	
	10% or more, and if the organization meet Part VI how the organization meets the "fa	ts the "facts-and-ci	rcumstances" tes	t, check this box ar	nd stop here. Exp	lain in	
b	organization 10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	19. If the organizati meets the "facts-ard-circums"	on did not check and-circumstances tances test. The	a box on line 13, 16 s" test, check this t organization quali	6a, 16b, or 17a, ar pox and stop her e fies as a publicly s	nd line e. Explain supported	
18	Private foundation. If the organization did instructions	d not check a box o	on line 13, 16a, 16	6b, 17a, or 17b, ch	eck this box and s	ee	

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Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support	1,000,000,000		orom, produce oc	imploto i dit ii.	/	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				1 , 1	1 1-2	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		f. a.g. 9 at 1 a.g.	(I) II of	·	49 ² at 3	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sac	line 6.) tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	/D T-+-1
9	Amounts from line 6	(4) 2010	(8) 2017	(0) 2010	(d) 2015	(e) 2020	(f) Total
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	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, 11, and 12.)						
14	First 5 years. If the Form 990 is for the or organization, check this box and stop her	ganization's first, s		55 Sept.	251 7.5	02 456	
Sec	tion C. Computation of Public Su		tage				
15	Public support percentage for 2020 (line 8			nn (f))		15	%
16	Public support percentage from 2019 Sch	edule A. Part III. lir	ne 15		*********	16	%
	tion D. Computation of Investme	nt Income Per	rcentage			10	70
17	Investment income percentage for 2020 (I	ine 10c, column (f)	, divided by line 13	s, column (f))		17	%
18	Investment income percentage from 2019 S	Schedule A, Part II	I, line 17	VII		18	%
19a	33 1/3% support tests—2020. If the orga	nization did not ch	eck the box on line	14, and line 15 is	more than 33 1/39	%, and line	2.0
	17 is not more than 33 1/3%, check this be						>
b	33 1/3% support tests—2019. If the orga	nization did not ch	eck a box on line 1	4 or line 19a, and	line 16 is more tha	an 33 1/3%, and	2
	line 18 is not more than 33 1/3%, check the						▶ □
20	Private foundation. If the organization did						▶ □

Part IV Supporting Organizations

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

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Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- 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.
- 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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- 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?
- c 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 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).
- 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.
- 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.
- 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.
- 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 line 10b below.
 - 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.)

70.5	200	
41	Yes	No
4	X	remandana na ka
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		3 7
		X
		000000000000000000000000000000000000000
3a		X

3b		and the second
3c		

4a		X
+ a		22
4b		
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4c		
_	000000000000000000000000000000000000000	**********
5a		X
5b		
50		
5c	100000000000000000000000000000000000000	
**********		•
6		X
1922		37
7	CCCCCCC	X

8		X
Vi 450		**************************************
		X
9a		
9a		
9b		X
9b 9c		X
9b 9c		X
9b 9c		X
9b 9c 10a		X
9b 9c 10a		X
9b 9c 10a		x

Schedu	lle A (Form 990 or 990-EZ) 2020 SCHOOL DISTRICT OF COLUMBUS **-***39	24		Page 5
Par	t IV Supporting Organizations (continued)			r age o
			Yes	No
11	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 lines 11b and			
	11c below, the governing body of a supported organization?	11a	14	X
	A family member of a person described in line 11a above?	11b	£	X
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
•	detail in Part VI.	11c	No.	X
Secti	on B. Type I Supporting Organizations			
		Economic Services	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, directors, or trustees were allocated among the	W. W.		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	80.0000000000
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.			•
Secti	on C. Type II Supporting Organizations	2		X
000.	on or Type it oupporting organizations		V	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	No
	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		
Secti	on D. All Type III Supporting Organizations			
	J1		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	************	
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 line 2, above, 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		Transcript case of se
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 instruction	1s).		
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 governmental entity (see instance)	structions		
2	Activities Test. Answer lines 2a and 2b below.	C 000000000	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			
	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	_		
h	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, 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. Parent of Supported Organizations, Answer lines 32 and 35 holow.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	215		
	or the experience of garinadation in the second of the rate of played by the digarifization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizat	ions	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	ov. 20, 1	970 (explain in Part VI). S	ee
instructions. All other Type III non-functionally integrated supporting organizations must	st compl	lete Sections A through E.	
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	1 7 11.	-7 %/
2 Recoveries of prior-year distributions	2	1 7 1 1	1
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):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
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 0.015 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 0.035.	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 0.85 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 integrated		supporting organization	

Schedule A (Form 990 or 990-EZ) 2020

(see instructions).

Sec	ion D – Distributions	(3) Supporting Organiza	tions (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exempt p Amounts paid to perform activity that directly furthers exempt purp		2.50	man lang to the
2	A DE WILL			
3	organizations, in excess of income from activity	and a second second	1 H H H	
4	Administrative expenses paid to accomplish exempt purposes of s	supported organizations		
5	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required—provide	dataila in Bart VIII		
6	Other distributions (describe in Part VI). See instructions.	e details in Part VI)		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	anization is recognitio		
U	(provide details in Part VI). See instructions.	ariization is responsive		
9	Distributable amount for 2020 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
10	Line o amount divided by line 9 amount	/ii\	/::\	(111)
Sect	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	From 2019			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
j	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
е	Excess from 2020			1

Schedule A (Form 990 or 990-EZ) 2020

	rm 990 or 990-EZ) 2020 SCHO	OL DISTRICT	OF COLUMBUS	**-***3924	Page 8
Part VI	III, line 12; Part IV, Section A B, lines 1 and 2; Part IV, Sec	A, lines 1, 2, 3b, 3c, ction C, line 1; Part art V, Section B, line	4b, 4c, 5a, 6, 9a, 9b IV, Section D, lines a 1e; Part V, Section	Part II, line 10; Part II, line 17a or 1 o, 9c, 11a, 11b, and 11c; Part IV, S 2 and 3; Part IV, Section E, lines 1 D, lines 5, 6, and 8; and Part V, S on. (See instructions.)	7b; Part Section 1c, 2a, 2b.
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M. Notice of Branch of Action (Action)	**************************************				***********
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Name of the organization
SCHOOL DISTRICT OF COLUMBUS
FOUNDATION

Employer identification number

-*3924 FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements b Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

a Revenue included on Form 990, Part VIII, line 1

following amounts required to be reported under FASB ASC 958 relating to these items:

Pa	rt III Organizations Maintaining	Collections of Ar	t, Historical Tre	easures, or Other	Simil	ar As	ssets (contin	ued)	
3	Using the organization's acquisition, accessic collection items (check all that apply):								7.5.57	
а	Public exhibition	d Loa	in or exchange prog	ram						
b	Scholarly research	e Oth	ner] The Table	1=11 218		Ta. i	F. J. Ell.	18		
С	Preservation for future generations	(T	d Gara 14		Y					
4	Provide a description of the organization's co XIII.	llections and explain ho	w they further the o	rganization's exempt p	urpose	in Par	t			
5	During the year, did the organization solicit or	receive donations of a	rt. historical treasure	es, or other similar						
	assets to be sold to raise funds rather than to			STATE OF THE PARTY				Ye	es 🗆	No
Pa	rt IV Escrow and Custodial Arra		<u> </u>							110
200000000	Complete if the organization 990, Part X, line 21.	answered "Yes" or	n Form 990, Par	t IV, line 9, or repo	orted a	ın am	ount or	Form	1	
1a	Is the organization an agent, trustee, custodia	an or other intermediary	for contributions or	other assets not			-			
	included on Form 990, Part X?		««					Ye	s	No
b	If "Yes," explain the arrangement in Part XIII	and complete the follow	ving table:		1.003303.0002.000	333311-750-750				
								Amoun	t	
С	Beginning balance		v14141111111111111111111		en andre de	1c				
d	Additions during the year		****************			1d				
е	Distributions during the year					1e				
f	Ending balance				20.000.00	1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21	, for escrow or custo	odial account liability?				Ye	s	No
	If "Yes," explain the arrangement in Part XIII.									
	rt V Endowment Funds.									
-	Complete if the organization	answered "Yes" or	n Form 990, Par	t IV, line 10.						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Th	ree year:	s back	(e) Fou	r years t	oack
1a	Beginning of year balance	505,568	431,694	410,964		383	3,856	13	359,	040
	Contributions	2,970	45,663	7,000		2	2,200			200
	Net investment earnings, gains, and	01 702	20 705	21 545						
200	losses	81,723	39,705	31,545			5,801			616
	Grants or scholarships	-11,521	-11,494	-17,815		-10	0,893		-8,	000
е	Other expenditures for facilities and programs									
f	Administrative expenses									
	End of year balance	578,740	505,568	431,694		410	0,964	7	383,	856
2	Provide the estimated percentage of the curre	ent year end balance (li	ne 1g, column (a)) h	neld as:						NO 1-1-1
а	The state of the s	%								
	Permanent endowment ▶ 100.00 %	***********								
	Term endowment ▶ %									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posses		n that are held and a	administered for the						
	organization by:			anning series les me					Yes	No
	(i) Unrelated organizations							3a(i)	100	X
	(ii) Related organizations					*****		3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as required	on Schedule R?		*******			3b		_ **
4	Describe in Part XIII the intended uses of the							30		
000000000	rt VI Land, Buildings, and Equi		ioni iunus.					-		
00000000	Complete if the organization		n Form 990 Par	t IV line 11a See	Form	aan	Part Y	lino '	10	
-	Description of property	(a) Cost or other basis			ccumulate		I all X	(d) Book		
	management at property	(investment)	(othe		preciation			(d) BOOK	value	
10	Land	***************************************								_
	Land									
D	Buildings									
	Leasehold improvements									-
	Equipment									
	Other		column (B) line 40	- L						
Total	. Add lines 1a through 1e. (Column (d) must e	quai i Oilli 990, Pari X,	colullin (B), line 10	··.			>			

Part VII	Investments – Other Securities.	F 000 D 111/11	111 G E 000 E	rago
	Complete if the organization answered "Yes" on (a) Description of security or category	(b) Book value	e 11b. See Form 990, Pa	
	(including name of security)	(b) book value	Cost or end-of-year	
(1) Financial	derivatives All All All All All All All All All Al	· 50000 9 3 200	1 47 KB FR	15 Th 107
(2) Closely he	eld equity interests	Spring Hills S.		3 1/2
(3) Other			N 7 N V	
(A)				
(D)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
The state of the s	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.	E 000 D	14 O E 000 B	3.3.2 W ST
*	Complete if the organization answered "Yes" on (a) Description of investment			
	(a) Description of investment	(b) Book value	(c) Method of v Cost or end-of-year	
(1)			oost of charof-year	market value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on	Form 990, Part IV, lin	ie 11d. See Form 990, Pa	art X, line 15.
	(a) Description			(b) Book value
_(1)				
(2)				
_(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on line 25.	Form 990, Part IV, Iir	ne 11e or 11f. See Form	990, Part X,
1.	(a) Description of liability			(b) Book value
	income taxes			(b) book value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)		>	
	uncertain tax positions. In Part XIII, provide the text of the foo			
organization's	liability for uncertain tax positions under FASB ASC 740. Che	eck here if the text of the fo	otnote has been provided in Pa	art XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.							
1	Total revenue, gains, and other support per audited financial statements			1,058,887			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	*******		1,030,007			
		2a	126,658	III . 10 I I I			
a	Net unrealized gains (losses) on investments		120,038				
b		2b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	57 TY			
C		2c	1.00 700				
d	*	2d	168,709				
е	Add lines 2a through 2d	**********		295,367			
3	Subtract line 2e from line 1		3	763,520			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b						
b	Y	4b					
С	Add lines 4a and 4b		4c				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	763,520			
Pa	Reconciliation of Expenses per Audited Financial S Complete if the organization answered "Yes" on Form 9			1.			
1	Total expenses and losses per audited financial statements			017 250			
7.25	Amounts included on line 1 but not on Form 990, Part IX, line 25:	enterte enter en enterte en	1	817,350			
2		1 - 1					
а	Donated services and use of facilities	2a					
	Prior year adjustments	2b					
c	Other losses	2c	1.00 700				
	Other (Describe in Part XIII.)	2d	168,709				
е	Add lines 2a through 2d		2e	168,709			
3	Subtract line 2e from line 1		3	648,641			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
	Investment expenses not included on Form 990, Part VIII, line 7b						
b	Other (Describe in Part XIII.)	4b					
	Add lines 4a and 4b		4c				
3 K 4 P 2 1 - 1	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)		648,641			
	art XIII Supplemental Information.						
2; Pa 	Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER FUNDRAISING DIRECT EXPENSES INCLUDED ON PART VIII, LINE 8B \$ 168,709						
P	ART XII, LINE 2D - EXPENSE AMOUNTS INCI	UDED IN FI	NANCIALS - OT	HER			
F	UNDRAISING DIRECT EXPENSES INCLUDED ON	PART VIII,	LINE 8B \$	168,709			
t states				######################################			
(((((((((((((((((((Outure same consequences			
* *******							
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17.0	Schedule D (F	orm 990) 2020	SCHOOL DIST	RICT OF	COLUMBUS	**-**	3924	Page 5
2	Part XIII	Supplemen	ital Information (co	ontinued)				
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SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Go to www.irs.gov/Form990 for instructions and the latest information.

2020

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

SCHOOL DISTRICT OF COLUMBUS

Employer identification number

-*3924 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (or retained by) (iv) Gross receipts (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in control of organization contributions' col. (i) Yes No 1 2 3 5 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from

-*3924 SCHOOL DISTRICT OF COLUMBUS 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 of	greater th	an \$5,000								
				(a) Event #1	ACTION 1	(b) Ever		(c)	Other events	- =	/d) Tot	al quante
e			CHS	SPORTS (event type)	BOOS	CENTENNI (event ty	AL PAC	5	otal number)	<u>}</u> [(add col.	(a) through
Revenue	1	Gross receipts		6	5,160	-	32,724		69	,251	:	167,135
		Less: Contributions										
	3	Gross income (line 1 minus line 2)		6	5,160		32,724		69	,251		167,135
	4	Cash prizes										
	5	Noncash prizes										
enses	6	Rent/facility costs	=======================================									
Direct Expenses	7	Food and beverages						 				
Dire	8	Entertainment										
	9	Other direct expenses		4	9,637		29,991		57	,587	3	137,215
	10	Direct expense summary.	Add lines	4 through 9 in	n column (d	i)				•		137,215 29,920
	11	Net income summary. Su III Gaming. Comp	btract line :	10 from line 3	3, column (d)(b				🕨		29,920
.	dit	\$15,000 on For				vered res or	i Form 990, P	art IV, I	ine 19, o	r repor	ted more t	inan
Revenue				(a) Bingo		(b) Pull tab bingo/progre	.0 808	(c	c) Other gamin	ig		gaming (add ough col. (c))
Rev	1	Gross revenue										
es	2	Cash prizes										
Expenses		Noncash prizes								a		
Direct E		Rent/facility costs										
	5	Other direct expenses										
		Volunteer labor	Ye:		%	Yes	%	Ye No	s	%		
	7	Direct expense summary.	Add lines	2 through 5 in	n column (d	i)				▶		
	8	Net gaming income sumn	nary. Subtra	act line 7 fror	m line 1, co	lumn (d)			********	>		
9 a b	ls t	ter the state(s) in which the the organization licensed to No," explain:	conduct g	aming activiti	ies in each	of these states?	144944W.T					Yes No
10a	a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No b If "Yes," explain:											
2	3 2	en e										***************

Sch	edule G (Form 990 or 990-EZ) 2020	SCHOOL	DISTRICT	OF COLUMBUS	**-***392	4	Page 3
11	Does the organization conduct gamin	ng activities with no	onmembers?			Yes	
12	is the organization a grantor, benefici	iary or trustee of a	trust, or a memb	er of a partnership or other entity			
	formed to administer charitable gamin					Yes	No
13	Indicate the percentage of gaming ac				e î î		
a	· · · · · · · · · · · · · · · · · · ·				13a		%
b	An outside facility				13b	7	%
14	Enter the name and address of the precords:	erson wno prepare	es the organization	n's gaming/special events books and			
	Name ▶	*******	ene reneral e reneral reneral e la capación de la companyo				
	Address ▶					*****	
15a	Does the organization have a contract	ct with a third party	from whom the o	organization receives gaming			
	revenue?					Yes	No
b	If "Yes," enter the amount of gaming	revenue received l	by the organization	in ▶ \$	and the		
	amount of gaming revenue retained b		· \$				
С	If "Yes," enter name and address of t	he third party:					
	Name ▶					e e e e e e e e e e e e e e e e e e e	
	Add						
	Address ▶					* * * * * (*)*	
16	Gaming manager information:						
	Name ▶	*************					
	Gaming manager compensation ▶ \$						
	Description of services provided ▶	a-w-w-a-w-w-w-w-w-w-w-w-w-w-w-w-w-w-w-w					
	Director/officer Er	nployee	Independer	nt contractor			
4-7							
17	Mandatory distributions: Is the organization required under sta	to low to make about	aritabla diatubuti	6 H 1-1-			
а	ratain the state coming license?			550 0 0			
b		ired under state la	w to be distribute	ed to other exempt organizations or		Yes	i 💹 No
~	spent in the organization's own exem						
P	E444464666146644			ons required by Part I, line 2b	o, columns (iii) and (v); and	
	Part III, lines 9, 9b, 10	b, 15b, 15c, 16	6, and 17b, as	applicable. Also provide any	additional information	n.	
	See instructions.						
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					Schedule G (Form 99	0 or 990-E	EZ) 2020

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public OMB No. 1545-0047 2020

Inspection

EDUCATIONAL MATERIAL S × Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant EDUCATIONAL AID or assistance Employer identification number Yes **-**3924 noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 104,883 419,656 the selection criteria used to award the grants or assistance?

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) NE 68602-0947 **-**4811 COLUMBUS NE 68602-0947 **-**4811 General Information on Grants and Assistance (b) EIN Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? SCHOOL DISTRICT OF (a) Name and address of organization FOUNDATION (1) COLUMBUS PUBLIC SCHOOLS (2) COLUMBUS PUBLIC SCHOOLS PO BOX 947 PO BOX 947 Name of the organization COLUMBUS COLUMBUS Part

(3)

4

(2)

(9)

0

(8)

6

SCHOOL DISTRICT OF COLUMBUS

Schedule I (Form 990) (2020)

(f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part III Part IV c) 9

Schedule I (Form 990) (2020)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Inspection Employer identification number

Name of the organization SCHOOL DISTRICT OF COLUMBUS FOUNDATION **-***3924 FORM 990 - ORGANIZATION'S MISSION THE ROLE OF THE FOUNDATION IS TO PROVIDE THE STUDENTS OF COLUMBUS PUBLIC SCHOOLS WITH AS MANY EDUCATIONAL OPPORTUNITIES AS POSSIBLE BY FILLING GAPS CREATED IN THE REGULAR SCHOOL DISTRICT BUDGET FROM FUNDING SHORTFALLS OR REGULATORY CONTRAINTS. FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FORM 990 WILL BE REVIEWED BY THE EXECUTIVE DIRECTOR AND THE BOARD OF DIRECTORS PRIOR TO SIGNING. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE BOARD MEMBERS AND STAFF ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST THE BOARD MEMBERS AND STAFF ARE REQUIRED TO SIGN A TO THE BOARD PRESIDENT. STATEMENT ACKNOWLEDGING RECEIPT AND READING OF THE CONFLICT OF INTEREST POLICY. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED ON AN ANNUAL BASIS THE EXECUTIVE DIRECTOR MEETS WITH THE EXECUTIVE BY THE BOARD OF DIRECTORS. COMMITEE FOR A PERFORMANCE EVALUATION. THE EXECUTIVE COMMITTEE THEN MAKES A COMPENSATION RECOMMENDATION TO THE BOARD AT LARGE WHO VOTES UPON THE ISSUE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

Name of the organization	Employer identification number
SCHOOL DISTRICT OF COLUMBUS	**-***3924
STATEMENTS ARE NOT MADE READILY AVAILABLE TO THE PUBL	IC, BUT REQUESTS ARE
HANDLED ON A CASE-BY-CASE BASIS.	(1) P. Y
\$ 37:17:11:11:11:11:11:11:11:11:11:11:11:11	***********************************
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSE	TS EXPLANATION
FUNDRAISING DIRECT EXPENSES INCLUDED ON PART VIII, LI	NE 8B \$ 168,709
FUNDRAISING DIRECT EXPENSES INCLUDED ON PART VIII, LI	NE 8B \$ -168,709
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