Form **990**

(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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.

OMB No. 1645-0047 2019 Open to Public Inspection

<u>A</u>		calendar year, or tax year beginning U9/U1/19, and ending 08/31/2	20		
\vdash	Check if applicable:	C Name of organization SCHOOL DISTRICT OF COLUMBUS	1	D Employer	identification number
	Address change	FOUNDATION		**-*	
	Name change	Doing business as		*\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	* <i>*</i> 3924
$\overline{\Box}$	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/sulte	E Telephone	number #563-7000
-	Final return/	City or town, state or province, country, and ZIP or foreign postal code		*** 4 UZ:-:	363-4000
	terminated			_	1 000
	Amended return	COLUMBUS NE 68602-0947 F Name and address of principal officer:		G Gross rece	ipts\$ 1,093,723
	Application pending	BRIAN CHRISTENSEN	H(a) is this a gro	up return for su	bordinates? Yes X No
ш	, the manning			,	
			H(b) Are all sub-		
		COLUMBUS NE 68602-0947	11 140,	attach a nst, (see Instructions)
	Tax-exempt status		4		•
<u>J</u>		WW.FOUNDATIONFORCPS.ORG	H(c) Group exer	mption number	· -
2000000	Form of organizatio		Year of formation:		M State of legal domicile:
		ummary			
	1 Briefly c	escribe the organization's mission or most significant activities:	************	,,,,,,,,,,,	
9	SEE	SCHEDULE O	*********		
Jan			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Activities & Governance				,,,,,,,,,,,	
ő	2 Check t	his box $lacktriangle$ if the organization discontinued its operations or disposed of more than 25	5% of its net ass	sets.	
∞	3 Number	of voting members of the governing body (Part VI, line 1a)		. 3	10
ies	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	10
Ξ	5 Total nu	mber of individuals employed in calendar year 2019 (Part V, line 2a)		_ 5	0
Act	6 Total nu	mber of volunteers (estimate if necessary)		6	586
	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, line 39		7b	0
			Prior Yes	ar	Current Year
ą	8 Contribu	itions and grants (Part VIII, line 1h)	51	0,448	868,149
Revenue	9 Progran	n service revenue (Part VIII, line 2g)			0
è.	10 Investm	ent income (Part VIII, column (A), lines 3, 4, and 7d)		4,965	33,159
14.	11 Other re	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0,803	20,356
		/enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,610	921,664
	13 Grants	and similar amounts paid (Part IX, column (A), lines 1~3)	28	9,246	587,804
		paid to or for members (Part IX, column (A), line 4)			
SS	15 Salaries	, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2	7,540	0
ĬĮ.	16a Profess	onal fundraising fees (Part IX, column (A), line 11e)			0
Expenses	b Total fu	onal fundraising fees (Part IX, column (A), line 11e) ndraising expenses (Part IX, column (D), line 25) ▶ 32, 623			
Щ	17 Other e	φenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7	5,419	116,272
	18 Total ex	penses. Add lines 13–17 (must equal Part IX, column (A), line 25)		2,205	704,076
_	19 Revenu	e less expenses. Subtract line 18 from line 12	9	2,405	217,588
Net Assets or	Sep. 3		Beginning of Cu	rrent Year	End of Year
Sets	20 Total as	sets (Part X, line 16)	1,93	6,774	2,208,938
Y.As	21 Total ila	bilities (Part X, line 26)		0	
		ets or fund balances. Subtract line 21 from line 20	1,93	6,774	2,208,938
	Part II S	ignature Block			
L	Inder penalties o	perjury, I declare that I have examined this return, Including accompanying schedules and statem	ents, and to the b	est of my kr	nowledge and belief, it is
tr	rue, correct, and	complete. Declaration of preparer (other than officer) is based on all information of which preparer	has any knowled	ge.	
Si	gn 🖊	Signature of officer		Date	
Не	ere 📗	BRIAN CHRISTENSEN PRESI	DENT		
_		Type or print name and title			<u> </u>
	Print/Ty	pe preparer's name Preparer's signature	Date	/ Check	If PTIN
Pa	id ADAM	D ELM	4 1/12	/ 24	nployed *******
Pre	eparer Firm's	ame) SCHUMACHER SMEJKAL BROCKHAUS & HERL	EY PC	Firm's EIN	**-***2214
Us	e Only	P. O. BOX 280, 3403 27TH STREET			
	Firm's	COLUMNIC ATT COCOO COCO		Phone no.	402-564-1366
Ma		iss this return with the preparer shown above? (see instructions)		THOME HO.	X Yes No
	·	The second secon			122 103 NO

* * 4 (90 (2019) SCHOOL DISTRI		**=***3924	Page 2
Part	Statement of Program	Service Accomplishments		
	Check if Schedule O co	ntains a response or note to any	line in this Part III	X
4 D			THIO III WHO I GIVE III ALIANIANA	
	riefly describe the organization's missi	ion;		
SĘ	E SCHEDULE O			
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				musi N
2 D	id the organization undertake any sign	nificant program services during the yea	rubish ware not listed on the	
		illicant program services during the year	I WINCH WELE NOT IISTED OF THE	
	rlor Form 990 or 990-EZ?			Yes X No
lf	"Yes," describe these new services or	n Schedule O.		
		or make significant changes in how it c	and total and menual	
		or make significant changes in now it c	onducts, any program	
S	ervices?	12741141742447134131134374	141221111111111111111111111111111111111	Yes X No
lf	"Yes," describe these changes on Sc			
				1
			ree largest program services, as measured	
e	xpenses, Section 501(c)(3) and 501(c))(4) organizations are required to report	the amount of grants and allocations to other	rs,
th	ne total expenses, and revenue, if any,	for each program service reported		
•	, , , , , , , , , , , , , , , , , , ,	tion due in program de inide (operiour		
				
4a (0	Code:) (Expenses \$	472,536 including grants of	f \$ 472,536) (Revenue	\$
ED	UCATIONAL AID PROV	IDED TO GRADUATES, S	STUDENTS &	
	AFF OF COLUMBUS PU			
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4c ((ONATIONS TO COLUMBU:	15,163 including grants of ATION FEES PAID TO	of \$\) (Revenue	
4c ((IN	Code:) (Expenses \$ IVESTMENT ADMINISTRATE Other program services (Describe on S	S PUBLIC SCHOOLS 15,163 including grants of ATION FEES PAID TO Schedule O.)	of \$) (Revenue VARIOUS PROGRAMS	
4c ((Code:)(Expenses \$ IVESTMENT ADMINISTRATE)	15,163 including grants of ATION FEES PAID TO	of \$\) (Revenue	

_			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	_ <u>X</u> _	
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 7	X	
3	candidates for public office? If "Yes," complete Schedule C. Pert J.			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	自3		<u> </u>
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II			w
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		<u> </u>
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	i	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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		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	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		_	
	or in 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,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 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		<u> X</u>
e f	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	11e	 _	_X_
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		ļ 	3,7
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	<u> </u>	X
120	Schedule D, Parts XI and XII	42-		
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	X	
-	"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	1	$\frac{x}{x}$
14a	Did the organization maintain an office, employees, or agents outside of the United States 2	14a	 	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			† <u>*</u> *
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	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			<u> </u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other		T .	
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ĺ	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	L	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	\perp
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	\bot	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	

<u> </u>	- The state of the		Yes	No No
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. Ine 3.4, or 5 about compensation of the	17		
	organization's current and former officers, directors, trustees, key employees; and highest compensated	7	ļ	
04-	empioyees? If "Yes," complete Schedule J	23_		<u>X</u>
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
b	through 24d and complete Schedule K. If "No," go to line 25a	24a		<u> </u>
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	24b		
·	to defease any tax-exempt bonds?	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
25a	- The state of the	24u		
	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	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or 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? 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			
	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			
L	"Yes," complete Schedule L, Part IV	28a	-	X
b c	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b		X
·	"Yes," complete Schedule L, Part IV	20.		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25	 	
	conservation contributions? If "Yes," complete Schedule M	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,"	<u> </u>		<u> </u>
	complete Schedule N, Part II	32		x
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		х
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		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			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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	<u> </u>	<u>X</u>
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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
- D	19? Note: All Form 990 filers are required to complete Schedule O. Statements Regarding Other IRS Filings and Tax Compliance	38	X	Ц
	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Shock if Schoudie O contains a response of fibre to any line in this Part V		7	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a 9 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	-		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
J	reportable gaming (gambling) winnings to prize winners?	1c	*1>35555	X
DAA			orm 9 9	0 (2019)
				,

Form 990 (2019) SCHOOL DISTRICT OF COLUMBUS Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b7 Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-rife (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X За If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O b 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)? X If "Yes," enter the name of the foreign country ▶ See Instructions for filing requirements for FInCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? C 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? X If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Dld the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h 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? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? b Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross Income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand C Did the organization receive any payments for indoor tanning services during the tax year? 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? X If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? X 16

If "Yes," complete Form 4720, Schedule O.

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. Enter the number of voting members included on line 1a, above, who are independent 10 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? 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 X 6 Did the organization have members or stockholders? 7a 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? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? X 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. 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? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affillates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 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 regulred to be filed **NONE** 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 COLUMBUS 68601 NE 402-563-7000

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orm 990 (2019) -	SCHOOL	DISTRICT	OF	COLUMBUS	

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Page 7

Part VIII 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 orga	anization nor an	y rela	ited	orga	niza	tion c	omp	pensated any current office	r, director, or trustee.	- <u> </u>
(A) Name and title	(B) Average hours per week (list any hours for	bo:	k, unle	check ess pe nd a d	ition more rson i	than o s both r/truste	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	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
(1) NICOLE ANDERSON									_	
EXECUTIVE DIRECTOR	40.00	,		x				o	54,499	0
(2) STEVE ANDERSON			1						-	<u> </u>
DIRECTOR	1.00	x						o	0	0
(3) CANDY BECHER									-	
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.00									
DIRECTOR	0.00	X	ļ			ļ		0	0	0
(4) AMY BLASER	1 00			ŀ						
DIRECTOR	1.00	x						0	0	o
(5) BRIAN CHRISTENSE										<u></u> _
PRESIDENT	1.00	X		x				o	0	. 0
(6) STAN EMERSON										<u> </u>
DIRECTOR	1.00	x						0	0	0
(7) TOBY GOC	0.00	 		ļ.—						
* 31117111111111111111111111111111111111	1.00									ı
DIRECTOR	0.00	X	ļ.,	ļ	_		ļ	0	0	0
(8) MIKE JEFFRYES	1.00									
DIRECTOR	0.00	\mathbf{x}						0	o	0
(9) MORGAN KAPELS		1								
DIRECTOR	1.00	x						0	0	
(10) DR. TROY LOEFFEI		123	1			+-	\vdash			0
(,	1.00									
EX OFFICIO	0.00	X			L			0	0	o
(11) BOB MARKHAM	4.00									
VICE-PRESIDENT	1.00	X		x				0	o	

(A) Name and title	(B) Average hours per week (ilst any	bo:	x, unle	Pos check ess pe	rson i	than or s both r/truste	ne an	(D) (E) Reportable Reportable compensation from the from related organization organizations		(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer (A	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related ofganizations
(12) KARIN RIEGER	1 00		_							
SEC/TREAS	1.00 0.00	x		x				0	0	o
										_
1b Subtotal c Total from continuation she							▶	-	54,499	
d Total (add lines 1b and 1c) Total number of individuals (in	acluding but not l	imite	d to	fhos	ا م		boy	ra) who received more than	54,499	
reportable compensation from	the organization	ı ▶	Ŏ.	1100		ico a	DOV			V N-
3 Did the organization list any for employee on line 1a? If "Yes,	" complete Schei	dule	J for	suc	h ind	dividu	al .			Yes No
4 For any Individual listed on lin organization and related organization and related organization.	nizations greater	thar	1 \$ 15	50,00	007 /	f "Ye	s," (complete Schedule J for so	uch	4 X
5 Did any person listed on line for services rendered to the o	ra receive or acc	rue	com	pens	atioi	n rron	n ar	ny unrelated organization d	or individual	
Section B. Independent Contractor 1 Complete this table for your fi		ensa	ited	inde	penr	lent c	onf	ractors that received more	than \$100 000 of	
compensation from the organ	ization, Report o (A) d business address	omp	ensa	tion	for t	he ca	len	<u>dar year ending with or wit</u>	hin the organization's tax (B) ption of services	
Name and	d búsíness address							Descr	ption of services	(C) Compensation
			-							
									-	
				-						
2 Total number of independent received more than \$100,000								ose listed above) who	0	

Pa	rt VI	Stateme Check if		f Revenue edule O conta	ains a	respor	nse or note	to any line in thi	s Part VIII		[· -]
					21110 0			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
10 to						A PIE		Pares 19 H		Variety Remark	Sections 612-514
ant	1a	Federated camp	aigns		1a	84 84	- N				
ပ် ဦ	b	Membership due	s		1b	A Section	A Barrenny				
₹₹	С.	Fundraising ever	nts		1c						
<u> </u>	a	Related organiza	itions		1d			-			
Sin		Government grants (con			1e						
들힐	'	All other contributions, g and similar amounts no	gins, grai t include	rus, d'above	 1f		868,149				
ĘŎ	a	Noncash contributions i			1g	\$	000,143				
Contributions, Gifts, Grants and Other Similar Amounts	-	Total. Add lines					>	868,149			
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7			, , , , , , , , , , , , , , , , , , , ,	Business Code	000000000000000000000000000000000000000			
gy	2a	* **************									
e Vic	b										
Program Service Revenue	С										
Rev	d			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					·	_	
Pro	е						<u> </u>				
		All other progran									
_		Total. Add lines					<u></u>			Ι	T
	3	Investment incor						30 001			22.224
	4	other similar amount income from investigation	ounts) octmo	nt of toy overno	t bond	procoods		32,021	·		32,021
	4 5	Royalties								<u> </u>	
	•	Troyantes		(i) Real			Personal				
	6a	Gross rents	6a	(4).11-		\·- <u>/</u>	, 51551,67	†			
		Less: rental expenses	6b					1			
		Rental inc. or (loss)	6c					1			
	_d	Net rental incom	e or (i	oss)							
	7a	Gross amount from sales of assets		(I) Securities		(ti) Other				
		other than inventory	7a			ļ	1,138	<u> </u>			
ne	b	Less: cost or other									
ver		basis and sales exps.	7b			ļ		-			
8		Gain or (loss)	7c				1,138				
ther Revenue		Net gain or (loss			······		······· <u> </u>	1,138	1,138		
0	фа	Gross income from	runora	lising events							
		(not including \$ of contributions rep	ortod o	n lino 1a)							
		See Part IV, line 18			8a		166,693				
	b	Less: direct exp			8b		172,059				
		Net income or (l			$\overline{}$			-5,368	3		
		Gross income from		-				,			
		See Part IV, line 19	_		9a						
	b	Less: direct expe			9b						
	C	Net income or (l	oss) fr	om gaming acti	vitles .	<u>,,,,,,</u> ,,,,	>				
•	10a	Gross sales of in		•							
		returns and allow			10a			4			
		Less: cost of go			10b	<u>L</u>					
		Net income or (I	oss) fr	om sales of inve	entory					1	
Snc	44.	VICONTIL	0110 -	NCOME.			Business Cod		1 05 70	4	-
Jee Jee	11a	* * * * * * * * * * * * * * * * * * * *						25,72	25,724	*	
Miscellaneous Revenue	b								 	 	
lisc Re	4	All other revenue						<u> </u>		 	
2		Total. Add lines						25,72	4		
_		Total revenue.						921,66		2	0 32,021

3600	Charle if Cabadula O contains a serv	complete air columns, Air or	Her organizations must col	mpiete column (A).	
	. Check if Schedule O contains a resp			· · · · · · · · · · · · · · · · · · ·	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service Expenses	(C) Management and @general expenses	(D) Fundralsing (A) expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	587,804	587,804		
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	1-11			
	Compensation of current officers, directors,		7.		
•	trustees, and key employees				
6	Compensation not included above to disqualified			,	-
U	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		<u>-</u>		
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
þ	Legal				
C	Accounting		_		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	15,163	15,163		
g	Other, (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	1,931		1,931	
12	Advertising and promotion	165		165	
13	Office expenses	8,555		8,555	<u> </u>
14	Information technology	<u> </u>		1	
15	Royattles				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses	 .			-
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings			<u> </u>	
20					
				· · · · · · · · · · · · · · · · · · ·	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 124		1 1 2 4	
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	54,499		54,499	
b	EVENT EXPENSES	32,623			32,623
C	MISCELLANEOUS EXPENSE	2,202		2,202	
ď	***************************************				
е	All other expenses				
25	Total functional expenses, Add lines 1 through 24e	704,076	602,967	68,486	32,623
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)			33,133	02,023

Form 990 (2019) SCHOOL DISTRICT OF COLUMBUS

Part X Balance Sheet

Cash—non-interest-bearing			Check If Schedule O contains a response or note to any line in this Part X								
Cash—non-Interost-bearing											
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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for saie or use 9 Prepald expenses and deferred charges 10a Lanc, buildings, and equipment; cost or other basis. Complete Part V lof Schedule D 10 Less: accumulated depreciation 11 Investments—publicly traded securities 784,554 11 915,161 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11 14 Intangble assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 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 Other liabilities (including federal income tax, payables to related third parties, and other liabilities including federal income tax, payables to related third parties, and 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 26 Total liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Complete Part X				Beginning of year							
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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for saie or use 9 Prepald expenses and deferred charges 10a Lanc, buildings, and equipment; cost or other basis. Complete Part V lof Schedule D 10 Less: accumulated depreciation 11 Investments—publicly traded securities 784,554 11 915,161 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11 14 Intangble assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 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 Other liabilities (including federal income tax, payables to related third parties, and other liabilities including federal income tax, payables to related third parties, and 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 26 Total liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Complete Part X		1	Cash—non-interest-bearing	283,910 tr	271,430						
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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for saie or use 9 Prepald expenses and deferred charges 10a Lanc, buildings, and equipment; cost or other basis. Complete Part V lof Schedule D 10 Less: accumulated depreciation 11 Investments—publicly traded securities 784,554 11 915,161 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11 14 Intangble assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 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 Other liabilities (including federal income tax, payables to related third parties, and other liabilities including federal income tax, payables to related third parties, and 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 26 Total liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Complete Part X		2	Savings and temporary cash investments	824,310 2	978,340						
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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for saie or use 9 Prepald expenses and deferred charges 10a Lanc, buildings, and equipment; cost or other basis. Complete Part V lof Schedule D 10 Less: accumulated depreciation 11 Investments—publicly traded securities 784,554 11 915,161 12 Investments—publicly traded securities 13 Investments—program-related. See Part IV, line 11 14 Intangble assets 15 Other assets. See Part IV, line 11 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable and accrued expenses 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 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 Other liabilities (including federal income tax, payables to related third parties, and other liabilities including federal income tax, payables to related third parties, and 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 26 Total liabilities. Add lines 17 through 25 26 Total liabilities. Add lines 17 through 25 27 Complete Part X		3	Pledges and grants receivable, net	3							
tustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons (as defined under section 4958(f)(1)), and persons described in section 4958(o)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 9 9 Prepaid exponses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10a 11 Investments—publicly traded securities. See Part IV, line 11 11 Intestments—publicly traded securities. See Part IV, line 11 11 Intestments—publicly traded securities. See Part IV, line 11 11 Intestments—program-related. See Part IV, line 11 11 Intestments—publicly traded securities. See Part IV, line 11 11 Intestments—publicly traded securities. See Part IV, line 11 11 Intestments—publicly traded securities. See Part IV, line 11 11 13 Investments—publicly traded securities. See Part IV, line 11 11 15 Other assets. See Part IV, line 11 11 15 Other assets. See Part IV, line 11 11 15 Other assets. See Part IV, line 11 11 15 Other assets. See Part IV, line 11 11 15 Other assets. Add lines 1 through 15 (must equal line 33) 11, 936, 774 16 2, 208, 931 17 Accounts payable and accrued expenses 17 18 Grants payable 18 18 19 Deferred revenue 19 19 19 19 19 19 19 19 19 19 19 19 19		4	Accounts receivable, net	4							
Controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4986(0/13), and persons described in section 4968(0/3)(B) 6 6		5	Loans and other receivables from any current or former officer, director,								
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26 Total liabilities. Add lines 17 through 25			of Schedule D		5						
Organizations that follow FASB ASC 958, check here ▶ X and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 258,207 27 244,11 28 Net assets with donor restrictions 1,678,567 28 1,964,82		26	Total liabilities. Add lines 17 through 25	0 26	0						
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m 28 Net assets with donor restrictions 1, 678, 567 28 1, 964, 82	<u>a</u>		***************************************								
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교 and complete lines 29 through 33.	F.										
Capital stock or trust principal, or current funds	ts o										
30 Paid-in or capital surplus, or land, building, or equipment fund	Sel		Paid-in or capital surplus, or land, building, or equipment fund								
31 Retained earnings, endowment, accumulated income, or other funds	ţ										
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		33	lotal hadilities and net assets/tund dalances	1,956,774 3	2,208,938 Form 990 (2019)						

Form 990 (2019)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

SCHOOL DISTRICT

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

OF COLUMBUS

Inspection

Employer Identification number

FOUNDATION Part I Reason for Public Charity Status (All organizations musticomblete this part.) See instructions The organization is not a private foundation because It is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ),) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) Я An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see Instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety, See section 509(a)(4). 11 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, | X | Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s), You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V, Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of organization (described on lines 1-10 listed in your governing support (see other support (see above (see Instructions)) document? instructions) instructions) (A) COLUMBUS PUBLIC SCHOOLS **-***4811 2 X 287,327 (B) (C) (D) (E)

Total

Schedule A (Form 990 or 990-EZ) 2019

Part II Support Sched 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.) Section A. Public Support

Calen	dar year (or fiscal year beginning in)	(a) 2015 300 co		a 聚(c) 2017率	³ (d),2018	(e) 2019 N	√/(f) Total
	Glfts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						į
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						
	ion B. Total Support	_			· · · · · · · · · · · · · · · · · · ·		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						<u> </u>
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.	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)	
	organization, check this box and stop her tion C. Computation of Public St	<u>e</u>	<u> </u>				b
	tion C. Computation of Public Si	upport Percen	tage				
14	Public support percentage for 2019 (line 6	i, column (f) divide					
15	Public support percentage from 2018 Sch			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		15	%
16a	33 1/3% support test—2019. If the organ				33 1/3% or more,	check this	. —
L	box and stop here. The organization qual				45 1. 00 4/00/		▶ ∐
b	33 1/3% support test—2018. If the organithis box and stop here. The organization				15 IS 33 1/3% or m	nore, check	▶ □
17a	10%-facts-and-circumstances test—20				Co. or 10h and lin		P 📋
174	10% or more, and if the organization mee						
	Part VI how the organization meets the "fa				• •		
				•		•	▶ □
b	10%-facts-and-circumstances test—20	18. If the organizati	ion did not check :	a box on line 13. 1	6a. 16b. or 17a. ai	nd line	
	15 ls 10% or more, and if the organization						
	Explain in Part VI how the organization m				•		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	,	•	▶ □
18	Private foundation. If the organization di	d not check a box	on line 1 3, 16a, 16	6b, 17a, or 17b, ch	eck this box and s	se e	
	instructions						▶ □

n 990 or 990-EZ) 2019 SCHOOL DISTRICT OF COLUMBUS

Support Schedule for Organizations Described in Section 509(a)(2) Schedule A (Form 990 or 990-EZ) 2019

Part III Support Sched

oupport concadic for organizations bescribed in dection 303(a)(z)
(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.)

Seci	tion A. Public Support	quamy and a	io tooto notou b	olow, pleade of	oriipioto i artii.		
Calen	dar year (or fiscal year beginning in)	(a) 2015	国 (b) 2016	□ (c) 2017—7	□ (d);2018 _	**\(e)\\\2019\\\	/(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		1000	1			
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					Sec. 281	超
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		<u>,, </u>				_
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 line 6.)						
Sec	line 6.) tion B. Total Support						<u> </u>
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(1, 2010	(2) 23 13	(0) 2011	(4) 2010	(6) 2010	(1) 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 five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax ve	ar as a section 50°	1(c)(3)	
	organization, check this box and stop he	re <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	*************	<u> </u>	<u> </u>		<u>.</u>
Sec	tion C. Computation of Public S	<u>upport Percen</u>	tage				
15	Public support percentage for 2019 (line to	3, column (f), divide	ed by line 13, colur	nn (f))			5 %
16	Public support percentage from 2018 Sch	redule A, Part III, lir	<u>ne 15 </u>	<u>* • · · · · · · · · · · · · · · · · · · </u>		<u>1</u>	6%
	tion D. Computation of Investme					<u>-</u>	
17	Investment income percentage for 2019 (line 10c, column (f), divided by line 1	3, column (f))			7 %
18	Investment income percentage from 2018	3 Schedule A, Part	III, line 17			<u>1</u>	8 %
19a	33 1/3% support tests—2019. If the orga	anization did not ch	eck the box on line	e 14, and line 15 is	s more than 33 1/3	%, and line	_
	17 is not more than 33 1/3%, check this t						
b	33 1/3% support tests—2018. If the orga						
20	line 18 is not more than 33 1/3%, check t						
20	Private foundation. If the organization d	ia not check a box	on line 14, 19a, or	19b, check this b	ox and see instruct	tions ,.,	

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
Secti	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete on A. All Supporting Organizations	Part V.)
0000	on A. All Supporting Organizations	Yes No
1	Are all of the organization's supported organizations listed by name in the organization's governing	<u> </u>
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1 X
2	Did the organization have any supported organization that does not have an IRS determination of status	1 22
	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 X
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	2 2
	(b) and (c) below.	3a X
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	
	organization made the determination.	3b
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c
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 X
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	70 2
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	
	despite being controlled or supervised by or in connection with its supported organizations.	4b
c	Did the organization support any foreign supported organization that does not have an IRS determination	
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used	
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	
	purposes.	4c
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	- 10
	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;	
	(ili) 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 X
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	
	designated in the organization's organizing document?	5b
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	
	by one or more of its supported organizations, or (ili) other supporting organizations that also support or	
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6 X
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).	7 X
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 X
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 X
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 X
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c X
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 X
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.)

Par	Supporting Organizations (continued)			Page 5
and the second second	Mary Mary Mary Mary Mary Mary Mary Mary	1	Yes T	No
11	Has the organization accepted a gift or contribution from any of the following persons?		169	INO
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	FOR 1874	800 (100 (100 (100 (100 (100 (100 (100 (**************************************
h		13a 4 11b	7	<u>X</u> _
	A 35% controlled entity of a person described in (a) or (b) above? If Eyes" to a, b, or c, provide detail in Partyl.	110 / 11c	-+	X
	Ion B. Type I Supporting Organizations	<u>된 [110]</u>		_X
	ion by 1901 capporting organizations		т	
4	Did the directors frustees or membership of one or more compared arrangination. I have the arrangination		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	X	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		X
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	**********	20000000000000
Sect	ion D. All Type III Supporting Organizations	<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			<u>.</u>
	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?	4	800000000000000000000000000000000000000	***************************************
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
-	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).		********	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	2		******
3	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			
	-			
Sect	supported organizations played in this regard. ion 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 of the Atlanta	ctions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instructions).		
_			- -,	
	Activities Test. Answer (a) and (b) below.	E33,000	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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	000000000000000000000000000000000000000	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
a				
_	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a	000000000000000000000000000000000000000	
b		Ja		
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
		30		

Schedule A (Form 990 or 990-EZ) 2019 SCHOOL DISTRICT OF COLUMBUS	ı	**-**3	924 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org			- <u>-</u> ⊢age 0
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on No			ee
instructions. All other Type III non-functionally integrated supporting organizations mu			
		(A) Prior Year	(B) Current Year
1 Net short-term capital gain	1		JW
2 Recoveries of prior-year distributions	2		# P
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):			
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,		<u> </u>	
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		<u> </u>
7 Recoveries of prior-year distributions	7	_	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
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		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

Schedule A (Form 990 or 990-EZ) 2019

5 Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions).

6 Distributable Amount. Subtract line 5 from line 4, unless subject to

· Par	Y Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organizat	ions (continued)	···			
Sect	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exempt purpos	ses					
2	2 Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity			<u>.) </u>			
3	Administrative expenses paid to accomplish exempt purposes of suppo	orted organizations					
4	Amounts paid to acquire exempt-use assets	- t					
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 which the organizations	ition Is responsive					
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6	·					
_10	Line 8 amount divided by line 9 amount						
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6			Patrodite for 2019			
	Underdistributions, if any, for years prior to 2019						
	(reasonable cause required-explain in Part VI). See		i				
	instructions.						
3	Excess distributions carryover, if any, to 2019						
a	From 2014						
b	From 2015						
	From 2016						
-	From 2017						
<u> </u>	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
<u> </u>	Carryover from 2014 not applied (see instructions)						
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from						
	Section D, line 7:						
a	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
C	Remainder, Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.						
8_	Breakdown of line 7:						
a	Excess from 2015						
Ł	Excess from 2016						
	Excess from 2017						
	Excess from 2018						
е	Excess from 2019						

SCHEDULE D (Form 990)

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number SCHOOL DISTRICT OF COLUMBUS Barren M B Residen

F	DUNDATION		F-**	**3924
Pa	rt I Organizations Maintaining Donor Advised Fu	nds or Other Similar Fu	nds or Account	s.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.		
		(a) Donor advised funds	(6) 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 advisors in writing that			
	funds are the organization's property, subject to the organization's exc	lusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in			
	only for charitable purposes and not for the benefit of the donor or don			
	conferring impermissible private benefit?			Yes No
₩ Ha	Conservation Easements.	Forms COO Dead IV line 7		
	Complete if the organization answered "Yes" on			
1	Purpose(s) of conservation easements held by the organization (check			
	Preservation of land for public use (for example, recreation or edu	·	nistorically important	
	Protection of natural habitat	Preservation of a c	certified historic struc	oture
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form	\$33533333333	
_	easement on the last day of the tax year.			Held at the End of the Tax Year
a	Total number of conservation easements	******************************	2a	
b	Total acreage restricted by conservation easements	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2b	<u> </u>
С	Number of conservation easements on a certified historic structure inc		<u>2</u> c	
d	Number of conservation easements included in (c) acquired after 7/25			
_	historic structure listed in the National Register		<u>2d</u>	<u></u>
3	Number of conservation easements modified, transferred, released, e	xtinguished, or terminated by th	e organization during	g the
	tax year >			
4	Number of states where property subject to conservation easement is			
5	Does the organization have a written policy regarding the periodic mol			
	violations, and enforcement of the conservation easements it holds?		*******************	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	of violations, and enforcing cons	servation easements	s during the year
~	Amount of amount of households would be made to be a street to be	alada a a sa ta a sa t		
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	plations, and enforcing conserva	ition easements dur	ing the year
	Page and a resolution of the second second of the second s	0	0/11/12/12/12	
8	Does each conservation easement reported on line 2(d) above satisfy			□ □
	and section 170(h)(4)(B)(ii)?			Yes No
a	In Part XIII, describe how the organization reports conservation easer balance sheet, and include, if applicable, the text of the footnote to the			41
	organization's accounting for conservation easements.	s organization s imanoiai statem	ients that describes	me
p,	nt III Organizations Maintaining Collections of Art	Historical Treasures o	r Other Similar	Acente
300000000	Complete if the organization answered "Yes" on			A336(3,
	If the organization elected, as permitted under FASB ASC 958, not to			Morke
	of art, historical treasures, or other similar assets held for public exhib			
	service, provide in Part XIII the text of the footnote to its financial state			,
b	If the organization elected, as permitted under FASB ASC 958, to rep			rs of
	art, historical treasures, or other similar assets held for public exhibition			
	provide the following amounts relating to these items:	, -advancing or recognist the late	and an earlies of public a	ψι τιου,
			.	• ¢
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X	***************************		' Ψ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2	If the organization received or held works of art, historical treasures, or	or other similar assets for finance	ial gain provide the	· • • • • • • • • • • • • • • • • • • •
_	following amounts required to be reported under FASB ASC 958 relati		an gam, provide tile	
а				• ¢
a h	Revenue included on Form 990, Part VIII, line 1 Assets Included in Form 990, Part X			\$
~				e 10

DAA

Schedule D (Form 990) 2019

	(a) Description of security or category	(b) Book value	e 11b. See Form 990, Part X, line 12.
	(including name of security)	AN DOOK ASIGS	Cost or end-of-year market value
) Financial d	ertvat/ves		· · · · · · · · · · · · · · · · · · ·
Closely hel	d equity interests		
Other		Lacronia R R	
(A)			W.
	424, 744, 744, 744, 744, 744, 744, 744,		
(F)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
, (G)			
(H)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
tal. (Column	(b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		
	Complete if the organization answered "Y	<u>′es"</u> on Form 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.
	(a) Description of Investment	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
1)			
2)			
3)			
4)			
5)			<u> </u>
3)			
7)			
8)			
9)			
stal /Column	(h) must sound Form OOO Dorf V and (D) line 40.1		200000000000000000000000000000000000000
rtai. (Octum)	(b) must equal Form 990, Part X, col. (B) line 13.)		
	Other Assets.		
			ne 11d. See Form 990, Part X, line 15.
Part IX	Other Assets.	es" on Form 990, Part IV, lir	ne 11d. See Form 990, Part X, line 15. (b) Book value
Part IX	Other Assets. Complete if the organization answered "Y	es" on Form 990, Part IV, lir	
Part IX 	Other Assets. Complete if the organization answered "Y	es" on Form 990, Part IV, lir	
Part IX 1) 2)	Other Assets. Complete if the organization answered "Y	es" on Form 990, Part IV, lir	
Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered "Y	es" on Form 990, Part IV, lir	
Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered "Y	es" on Form 990, Part IV, lir	
Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered "Y	es" on Form 990, Part IV, lir	
Part IX 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered "Y	es" on Form 990, Part IV, lir	
Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered "Y	es" on Form 990, Part IV, lir	
Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered "Y (a) Descr	es" on Form 990, Part IV, lir	
Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column	Other Assets. Complete if the organization answered "Y (a) Descr	es" on Form 990, Part IV, lir	
Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered "Y (a) Descr	es" on Form 990, Part IV, Iir	(b) Book value
Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9)	Other Assets. Complete if the organization answered "Y (a) Descr (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Y	es" on Form 990, Part IV, Iir	(b) Book value
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Part IX 1) 2) 3) 4) 5) 7) 8) 9) etal. (Column	Other Assets. Complete if the organization answered "Y (a) Descr (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Y line 25.	es" on Form 990, Part IV, Iir	(b) Book value Let the proof of the proof
Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) stal. (Column Part X	Other Assets. Complete if the organization answered "Y (a) Descr (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of flability	es" on Form 990, Part IV, Iir	(b) Book value Let the proof of the proof
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Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X 1) Federal (2) 3) 4)	Other Assets. Complete if the organization answered "Y (a) Descr (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of flability	es" on Form 990, Part IV, Iir	(b) Book value Let the proof of the proof
Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X 1) Federal 2) 3) 4) 5)	Other Assets. Complete if the organization answered "Y (a) Descr (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of flability	es" on Form 990, Part IV, Iir	(b) Book value Let the proof of the proof
Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X 1) Federal (2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered "Y (a) Descr (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of flability	es" on Form 990, Part IV, Iir	(b) Book value Let the proof of the proof
Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) otal. (Column Part X 1) Federal (2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered "Y (a) Descr (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Y line 25. (a) Description of flability	es" on Form 990, Part IV, Iir	(b) Book value Let the proof of the proof
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Pa	Int XI Reconciliation of Revenue per Audited Financial Stateme			Return.	
	Complete if the organization answered "Yes" on Form 990, P				
1	Total revenue, gains, and other support per audited financial statements		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	1,148,299
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments Donated services and use of facilities Recoveries of prior year grants	2a 💮		5 76	7 N 1
þ	Donated services and use of facilities	2b			J 💜
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	[2d]	172,0	*********	
е	Add lines 2a through 2d	. , , , , , , , , , , , ,		2e	226,635
3	Subtract line 2e from line 1			3	921,664
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	4a			
b	Other (Describe in Part XIII.)	4b			
C	Add lines 4a and 4b			4c	
5	Total levenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	921,664
	Reconciliation of Expenses per Audited Financial Statem			oer Returr).
	Complete if the organization answered "Yes" on Form 990, P				
1	Total expenses and losses per audited financial statements	• • • • • • • • • • • •		1	876,135
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c	170	250	
d	**************************************	2d	172,0		480 0-0
е		•			172,059
3	Subtract line 2e from line 1			3	704,076
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	144,48,48,19,19,181121				
b	* *************************************	4 b			
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c 5	704 076
	art XIII Supplemental Information.	· · · · · · · · · · · · · · · · · · ·		,,,, 3	704,076
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	/ lines 1h	and the Dart V. lin	o A: Bort V II	no.
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			e 4, Fart A, II	iie
	ART XI, LINE 2D - REVENUE AMOUNTS INCLUDED			_ OTE	P D
7.			THE STATE OF THE S		——————————————————————————————————————
F	UNDRAISING DIRECT EXPENSES INCLUDED ON PAR	<u>ጥ ህ</u> ፐፐ	T TITNE 8	B S	172,059
	VIII III III III III III III III III II		<i>3.7</i>	T	14,059
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P	ART XII, LINE 2D - EXPENSE AMOUNTS INCLUDE	D TN	FINANCIAL	.s – От	HED
• ,=					
F	UNDRAISING DIRECT EXPENSES INCLUDED ON PAR	T VII	I. LINE 8	B S	172.059
• • •			' <i>/</i>	т	
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Schedule Drem 990/2019 SCHOOL DISTRICT OF COLUMBUS *****3924 Page 5 Part XIII Supplemental Information (continued)	Schedule D (Fo	rm 990) 2019	SCHOOL	DISTRICT	OF	COLUMBUS		**-***3924	Page 5
	Part XIII	Supplemen	tal Informa	tion (continued)) 				

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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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

SCHOOL DISTRICT OF COLUMBIIS

FOUNDATION			a pa		**=***39	
Part I Fundraising Activities. Complete Form 990-EZ filers are not required	the organizati	on an	swer			
1 Indicate whether the organization raised funds through	any of the followin	ig activ	ities. (Check all that apply.		
a Mail solicitations	e Solicitation	n of no	n-gove	ernment grants		
b Internet and email solicitations	f Solicitation	n of go	vernm	ent grants		
c Phone solicitations	g Special fu	ndraisi	ng eve	ents		
d In-person solicitations			_			
2a Did the organization have a written or oral agreement v or key employees listed in Form 990, Part VII) or entity	in connection with	profe	ssiona	i fundraising services	} ,	Yes No
b If "Yes," list the 10 highest paid individuals or entities (f compensated at least \$5,000 by the organization.	undraisers) pursua			nents under which the	fundralser is to be	
(i) Name and address of Individual or entity (fundralser)	(II) Activity	raise custo coni	id fund- r have ody or trol of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3				106.2		
4						
						,
5						
6						
7						
8						
9						
10						
Total						
List all states in which the organization is registered or registration or licensing.	licensed to solicit	contril		,	••••	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					

		e G (Form 990 or 990-EZ)		RICT OF COLUMBUS	**-**	*3924 Page 2
	art	Fundraising Ev	vents. Complete if the orgar fundraising event contributi	nization answered "Yes" on I	Form 990, Part IV, line	18, or reported more
		gross receipts g	reater than \$5,000.		onn 990-LZ, illies i and	J ob. List events with
			(a) Event #1	(b) Event #2	(c) Other events	
			CHS SPORTS BOOS	CENTENNIAL PAC		(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total_number)	[col. (c))
Revenue	1	Gross receipts	60,270	30,003	67,196	157,469
	2	Less: Contributions				
		Gross income (line 1 minus		11111		
		(line 2)	60,270	30,003	67,196	157,469
	4	Cash prizes	,			
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses		Food and beverages				
ā	8	Entertainment				
	9	Other direct expenses	58,326	20,791	72,964	152,081
	10	Direct expense summary	. Add lines 4 through 9 in column (d)	•	152,081
· · · · · · · · · · · · · · · · · · ·	11	Net income summary. Su	btract line 10 from line 3, column (<u>d)</u>		152,081 5,388
	an		plete if the organization ansv rm 990-EZ, line 6a.	wered "Yes" on Form 990, F	art IV, line 19, or repor	ted more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	4	Gross revenue				
				- -		†
enses		Cash prizes		<u> </u>		
Ä	3	Noncash prizes				
Direct Expens	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary	. Add lines 2 through 5 in column (d)	>	
	8	Net gaming income sumr	mary. Subtract line 7 from line 1, co	olumn (d)		
	L.,		-			
9 a b	ls	iter the state(s) in which the the organization licensed to 'No," explain:	e organization conducts gaming ac o conduct gaming activities in each	tivities: of these states?		Yes No
10a	W If "	ere any of the organization 'Yes," explain:	's gaming licenses revoked, suspe	nded, or terminated during the tax	year?	Yes No
	•	• • • • • • • • • • • • • • • • • • • •		******************************	************************	***************************************

Sche	nedule G (Form 990 or 990-EZ) 2019 SCHOOL DISTRICT OF COLUMBUS **-**3924	Pag	е 3
11	Does the organization conduct gaming activities with nonmembers?		No
12	is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		•
	formed to administer charitable gaming? Ye	s []	No
13	Indicate the percentage of gaming activity conducted In:	~	•
а	The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming special events books and		%_
þ	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		
	records:		
	Name ▶		
	Addraga		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
		s	No
b		5	NO
	amount of gaming revenue retained by the third party ▶ \$		
С	······································		
	Name ▶		
	Address ►		
16	Gaming manager information:		
10	Garning manager miormation.		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	material the state manufactural fragment	es :	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or	<u> </u>	
	spent in the organization's own exempt activities during the tax year ▶ \$		
Ra	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and		
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
	Gee mstructions.		
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		• • • • •	••••
			* 1 * 6 *
	Schedule G (Form 990 or 990	-EZ)	2019

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

2019

OMB No. 1545-0047

▶ Go to www.irs.gov/Form990 for the latest information. ,p. Nexted relikisi

SCHOOL DISTRICT OF COLUMBUS

General Information on Grants and Assistance

Part

FOUNDATION

the selection criteria used to award the grants or assistance?

une serection 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. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Open to Public Inspection Employer-Identification number

ž

×

Yes

******3924

EDUCATIONAL MATERIAL 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 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 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 (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 115,268 472,536 (d) Amount of cash grant (c) IRC section (if applicable) NE 68602-0947 **-**4811 NE 68602-0947 ****4811 (p) EIN (a) Name and address of organization (1) COLUMBUS PUBLIC SCHOOLS (2) COLUMBUS PUBLIC SCHOOLS or government PO BOX 947 PO BOX 947 COLUMBUS COLUMBUS ල 3 <u>@</u> <u>©</u> E **©** 6

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2019)

-3924

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule | (Form 990) (2019) SCHOOL DISTRICT OF COLUMBUS

Part III Grants and Other Accietance to Form

(e) Methodoof valuation (book)								equired in Part I, line 2; Part III, column (b); and any other additional information.				
(c) Amount of cash grant								required in Part I, line 2; Part III, colum				
Type of grant or assistance (b) Number of recipients								Supplemental Information. Provide the information r				
(a) Type of grant or assistance	_	2	8	4	S	9	7	Part IV Supplemental Informa				

Schedule I (Form 990) (2019)

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.

2019

2013

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

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

Open to Public Inspection

Name of the organization Employer identification number SCHOOL DISTRICT OF COLUMBUS FOUNDATION 392 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 BY THE BOARD OF DIRECTORS. THE EXECUTIVE DIRECTOR MEETS WITH THE EXECUTIVE 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	
HANDLED ON A CASE-BY-CASE BASIS.	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET	ASSETS EXPLANATION
FUNDRAISING DIRECT EXPENSES INCLUDED ON PART VII	I, LINE 8B \$ 172,059
FUNDRAISING DIRECT EXPENSES INCLUDED ON PART VII	I, LINE 8B \$ -172,059
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PAGE 1 OF 1