# Form 990

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.

2018
Open to Public Inspection

| <u>A</u>      | For the        | 2018 calendar year, or tax year beginning $09/01/18$ , and ending $08/31/3$  | 19                                      |   |                            |
|---------------|----------------|--|---|---|----------------------------|
| В             | Check if appl  |  |   | D Employer                              | identification number      |
|               | Address char   |  | 17 0 1                                  |   |                            |
|               | Name change    | e Doing business as  |   | 47-0                                    | 693924                     |
| $\equiv$      | Initial return | Number and street (or P.O. box if mall is not delivered to street address)  2508 27TH STREET P.O. BOX 947                    | Room/sulte                              | E Telephon                              | 563-7000                   |
| $\Box$        | Final return/  | City or town, state or province, country, and ZIP or foreign postal code   | 10 kyriligan 1                          | 24UZ-                                   | 363-7000                   |
|               | terminated     | COLUMBUS NE 68602-0947   |   |   | 525 450                    |
|               | Amended ret    |  | 1                                       | G Gross rece                            | ipts\$ 737,458             |
|               | Application p  |  | H(a) is this a gro                      | oup return for su                       | ibordinates? Yes X No      |
|               |                | 2508 27TH STREET P.O. BOX 947  | H(b) Are all sub                        | ordinales incli                         | uded? Yes No               |
|               |                | COLUMBUS NE 68602-0947   |   |   | (see instructions)         |
| _             | Tax-exempt     |  | -                                       |   | ( managnotto)              |
| <u>.</u>      | Website:       |  | H(c) Group exe                          |   |                            |
| ĸ             | Form of orga   |  | ear of formation:                       | anpuon nuinbe                           | M State of legal domicile: |
|               | ant I          | Summary  | ear or formation.                       |   | M State of legal domicile; |
| 20200         |                | efly describe the organization's mission or most significant activities:   |   |   |                            |
| a             |                |  |   |   |                            |
| 3TC           | ···            |  |   |   |                            |
| Governance    | ,,,            | ······································   |   |   |                            |
| Š             | 2 Ch           | neck this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25                                | 5% of its net as                        | sets.                                   |                            |
| න<br>න        | 3 Nu           | umber of voting members of the governing body (Part VI, line 1a)   |   | f 1                                     | 10                         |
| es            |                | imber of Independent voting members of the governing body (Part VI, line 1b)   |   | 4                                       | 10                         |
| Έ             | 5 To           | tal number of individuals employed in calendar year 2018 (Part V, line 2a)   |   | 5                                       | 0                          |
| Activities    | 6 To           | tal number of volunteers (estimate if necessary)   |   |   | 627                        |
| _             | 7a To          | tal unrelated business revenue from Part VIII, column (C), line 12   | • | ''' 7a                                  | 0                          |
|               | b Ne           | t unrelated business taxable Income from Form 990-T, line 38   |   | 7b                                      | 0                          |
|               |                |  | Prior Ye                                | ar                                      | Current Year               |
| a             | 8 Co           | ontributions and grants (Part VIII, line 1h)   | 70                                      | 1,174                                   | <u>510,448</u>             |
| ē             | 9 Pr           | ogram service revenue (Part VIII, line 2g)   |   |   | 0                          |
| Revenue       | 10 lnv         | /estment income (Part Vill, column (A), lines 3, 4, and 7d)  |   | 3,685                                   | 34,965                     |
| _             | 11 Ot          | her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |   | 7,037                                   | -60,803                    |
|               | 1              | tal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)   |   | 1,896                                   |                            |
|               | 1              | ants and similar amounts paid (Part IX, column (A), lines 1–3)   | 97                                      | 5,067                                   | 289,246                    |
|               | 1              | enefits paid to or for members (Part IX, column (A), line 4)   |   |   | 0                          |
| ses           | 15 Sa          | laries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  |   |   | 27,540                     |
| Expenses      | 16aPr          | ofessional fundraising fees (Part IX, column (A), line 11e) tal fundraising expenses (Part IX, column (D), line 25) ▶ 27,086 |   | *************************************** | 0                          |
| ង្គ           | 17.04          |  |   | 0 706                                   |                            |
| _             | 17 00          | her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |   | 9,706                                   |                            |
|               | 18 10          | tal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  |   | 4,773                                   | 392,205                    |
| 5.6           | ;9 K€          | evenue less expenses. Subtract line 18 from line 12  | −∠∪<br>Beginning of Cu                  | 2,877                                   | 92,405<br>End of Year      |
| ets           | 20 To          | tal assets (Part X, line 16)   |   | 1,100                                   | 1,936,774                  |
| Net Assets or | 21 To          | tal liabilities (Part X, line 26)  |   | 0                                       | 0                          |
| ž,            | 22 Ne          | et assets or fund balances. Subtract line 21 from line 20  | 1.81                                    | 1,100                                   | 1,936,774                  |
|               | art II         | Signature Block  | _,,                                     |   | 2/200//12                  |
| U             | Jnder pena     | lties of perjury, I declare that I have examined this return, including accompanying schedules and statem                    | ents, and to the I                      | pest of my ki                           | nowledge and hellef it is  |
| _ tr          | ue, correct    | t, and complete. Declaration of preparer (other than officer) is based on all information of which preparer                  | has any knowled                         | lge.                                    |                            |
|               |                |  |   |   |                            |
| Sig           | gn             | Signature of officer   |   | Date                                    | <del></del>                |
|               | ere            | BRIAN CHRISTENSEN PRESI  | DENT                                    |   |                            |
| _             |                | Type or print name and title   |   |   |                            |
|               | F              | Print/Type preparer's name Preparer's signature  | Date                                    | Check                                   | If PTIN                    |
| Pai           | ≏              | DAM D ELM  |   | self-er                                 | mployed P01079694          |
|               |                | Firm's name > SCHUMACHER SMEJKAL BROCKHAUS & HERL  | EY PC                                   | Firm's EIN                              | 47-0552214                 |
| Us            | e Only 🗌       | P. O. BOX 280, 3403 27TH STREET  |   |   |                            |
|               | F              | Firm's address COLUMBUS, NE 68602-0280   |   | Phone no.                               | 402-564-1366               |
| Ма            | y the IRS      | discuss this return with the preparer shown above? (see instructions)  |   |   | X Yes No                   |

| Form 990 (2018) <b>SC</b>               | HOOL DISTRICT   | OF COLUMBUS  | 47-0693924                              | Page <b>2</b>  |
|---|---|--|---|--|
| Part III State                          | ement of Program Se   | ervice Accomplishmen   | ts                                      |  |
| Chec                                    | k if Schedule O conta                                       | ains a response or note  | o any line in this Part III             | X  |
| 1 Briefly describe                      | the organization's mission:                                 |  |   |  |
| SEE SCHED                               |   | 111111111111111111111111111111111111111  |   |  |
| * |   |  |   |  |
|   |   |  |   | A Description  |
|   |   | The state of the s | Demonstra II II II                      |  |
|   |   |  | ne year which were not listed on the    |  |
| prior Form 990 o                        | or 990-EZ?  | *************************  |   | Yes X No   |
| If "Yes," describ                       | e these new services on S                                   | chedule O.   |   | January Committee of the Committee of th |
| 3 Did the organiza                      | ition cease conducting, or i                                | make significant changes in h  | ow it conducts, any program             |  |
| services? ,,,,,,                        | ***************   | ****************   |   | Yes X No   |
| If "Yes," describ                       | e these changes on Sched                                    | lule O.  |   |  |
| 4 Describe the org                      | ganization's program servic                                 | e accomplishments for each   | of its three largest program services,  | , as measured by   |
| expenses. Secti                         | on 501(c)(3) and 501(c)(4)                                  | organizations are required to  | report the amount of grants and allo    | cations to others,   |
| the total expens                        | es, and revenue, if any, for                                | each program service reporte   | ed.                                     |  |
|   |   |  |   |  |
| 4a (Code:                               | ) (Expenses \$  | 180,194 including gr   | ants of \$ 180,194                      | ) (Revenue \$  |
| SCHOLARSH                               | IPS PAID TO G   | RADUATES OF CO   | LUMBUS HIGH SCHOOL                      | 1  |
| ***************                         |   |  | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ***************************************  |
| · • • • • • • • • • • • • • • • • • • • | **!**!*****************                                     | *********************  | ***********************************     |  |
| * | 1125281121111711111111111111                                | *************************  | **********                              |  |
|   |   | *************  | *************************************** |  |
|   |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | 1121122444444444444444444444444444444   |  |
| * ************                          |   |  |   |  |
|   |   |  |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |
|   | 144112111117174497114171211717                              |  | ********************************        | ***************************************  |
|   | / · / / / · · · · / · · · / · · · · · ·                     | **;********  |   | ***************************************  |
| * ************                          | *****************   | *************************  | **************************************  |  |
|   | <u>_</u>  |  |   |  |
| 4b (Code:                               | ) (Expenses \$  | 109,052 including gi   | rants of \$ 109,052                     | ) (Revenue \$)   |
| DONATIONS                               | TO COLUMBUS   | PUBLIC SCHOOLS   |   |  |
| * * 17*112111111111                     |   | ***************************************  | *************************************** |  |
| * | ********************  |  |   |  |
| * | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                      |  | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
| * 11(1)(*)(*)(*)                        | 7 1 1 1 4 1 1 1 1 4 4 1 1 7 1 1 4 1 2 1 1 1 1 1 1 2 4 7 1 1 | ***********************  |   |  |
| 1 1141114111111111                      |   |  |   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |
| * |   | 1  | *************************************** |  |
|   |   | *************************  | *************************************** | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |
| * ***********                           |   |  |   |  |
| *************                           | ************************                                    | *************************  |   |  |
| . ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | **********  | ***************************************  | *************************************** |  |
| 4- /0-t                                 |   |  |   |  |
| 4c (Code:                               | ) (Expenses \$  | including g  | rants of \$                             | ) (Revenue \$  |
| IN/A                                    |   | **************************   |   |  |
|   |   | ***************************************  |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |
| *************************************** |   | 13117151177511771177117711556611   | 7.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4 |  |
| ***************                         |   |  | *************************************** |  |
|   |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |   |  |
| 1 7111171121117111                      | 171245144444444   |  |   |  |
| .,                                      |   |  |   |  |
|   |   |  |   |  |
| \                                       | ********************  | ******************************   | *************************************** |  |
| •                                       |   |  | *************************************** |  |
| * ************                          |   |  | *************************************** | ***************************************  |
|   | · · · · · · · · · · · · · · · · · · ·                       |  |   |  |
|   | services (Describe in Sche                                  |  |   |  |
| (Expenses \$                            |   | including grants of \$   | ) (Revenue \$                           | )  |
| 4e Total program s                      | ervice expenses 🕨   | 289,246  |   |  |

**Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 27 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C. Part L. 3 X Section 501(c)(3) organizations. Dld the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III X Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 X 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 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 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 X Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts Vi, VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a 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 X 11b 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 X Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 Did the organization maintain an office, employees, or agents outside of the United States? 14a 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 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) X 17 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 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 20a Dld the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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

Form 990 (2018) SCHOOL DISTRICT OF COLUMBUS

Part IV Checklist of Required Schedules (continued)

| 00000000  | One of the dame of |            |  |              |
|-----------|--|------------|--|--------------|
| 22        | Did the organization report more than \$5,000 of grants or other assistance to or for domestic Individuals on  |            | Yes  | No           |
|           | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22         | x  |              |
| 23        | Dill I I I I I I I I I I I I I I I I I I   | 7          |  |              |
|           | organization answer "Yes" to Part VII, Section A line 314, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees; and highest compensated employees? If "Yes " complete Schedule I.  | W          |  | ı            |
|           | amproyected in real, complete contenties of  | 23         |  | X            |
| 24a       | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than  |            |  |              |
|           | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b  |            |  |              |
|           | through 24d and complete Schedule K. If "No," go to line 25a   | 24a        |  | <u> </u>     |
| b         | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b        |  | <del></del>  |
| С         | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?   |            |  | 1            |
| d         | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24c        |  | -            |
| 25a       | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   | 24d        |  | <u> </u>     |
| <b></b>   | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25-        |  | •            |
| b         | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior   | 25a        |  | X            |
| -         | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?   |            |  |              |
|           | If "Yes," complete Schedule L, Part I  | 25b        |  | x            |
| 26        | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any   | 200        |  |              |
|           | current or former officers, directors, trustees, key employees, highest compensated employees, or  |            |  | l            |
|           | disqualified persons? If "Yes," complete Schedule L, Part II   | 26         |  | х            |
| 27        | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,   |            |  |              |
|           | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled  |            |  |              |
|           | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III   | 27         |  | x            |
| 28        | Was the organization a party to a business transaction with one of the following parties (see Schedule L,  |            |  |              |
|           | Part IV instructions for applicable filing thresholds, conditions, and exceptions):  |            |  |              |
| а         | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  | 28a        |  | X            |
| þ         | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete   |            |  |              |
|           | Schedule L, Part IV  | 28b        |  | X            |
| С         | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)  |            |  |              |
|           | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV   | 28c        |  | X            |
| 29        | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M   | 29         |  | X            |
| 30        | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified   |            |  |              |
| 24        | 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,"  |            |  |              |
| 33        | complete Schedule N, Part II   | 32         | ├  | X            |
| <b>33</b> | 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   | -          |  | 3.5          |
| 34        | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,   | 33         | ├  | X            |
| •         | or IV and Part V line 4  | 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  | 334        | <del>                                     </del> | <del> </del> |
|           | 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   | 302        | <del>                                     </del> | -            |
|           | related organization? If "Yes," complete Schedule R, Part V, line 2  | 36         |  | X            |
| 37        | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |            | 1  | <del> </del> |
|           | 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   | _          |  |              |
| ******    | 19? Note. All Form 990 filers are required to complete Schedule O.   | 38         | X  |              |
| P         | art V Statements Regarding Other IRS Filings and Tax Compliance  |            |  |              |
|           | Check if Schedule O contains a response or note to any line in this Part V   |            | <del>,,,,,</del>                                 |              |
|           | Falsa the number was still be part of facilities and the part of t | (000000000 | Yes  | No           |
| 1a        | Enter the number reported in Box 3 of Form 1096. Enter -0- If not applicable 1a 0  | -          |  |              |
| b         | Enter the number of Forms W-2G included in line 1a. Enter -0- If not applicable 1b 0   | -          |  |              |
| С         | Did the organization comply with backup withholding rules for reportable payments to vendors and   |            | 1  |              |
|           | reportable gaming (gambling) winnings to prize winners?  | 1c         |  | X            |

Form 990 (2018) SCHOOL DISTRICT OF COLUMBUS 47-0693924 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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a X If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 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 b 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? 5a X 5a 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 5c 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? If "Yes," Indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did 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? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 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? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 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 b 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 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 in 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.

Form 990 (2018) SCHOOL DISTRICT OF COLUMBUS 47-0693924 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ..... X Section A. Governing Body and Management 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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 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, or 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?  $\overline{\mathbf{x}}$ 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 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 in Schedule O X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a X b 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 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X 12c Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? 14 X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a with a taxable entity during the year? 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 required 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 in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

JENNIFER AUGUSTIN COLUMBUS

2508 27TH STREET

68601

| Form 990 (2018) | SCHOOL | DISTRICT | $\mathbf{OF}$ | COLUMBUS |
|-----------------|--------|----------|---------------|----------|

47-0693924

### 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

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

- 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.
- anization's tax year.

   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of npensation. Enter -0- in columns (D), (E), and (F) if no compensation was hald. compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations, List persons in the following order; individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A) Name and Title                      | (B) Average hours per wese (list any hours for | (do<br>bo:<br>off                                | (C) Position (do not check more box, unless person i officer and a director of the control of th |         |              | than on<br>is both a<br>or/trustee | e<br>in | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |
|---|--|--|--|---------|--------------|------------------------------------|---------|---|--|---|
|   | related organizations below dotted [ine)       | Individual trustee or director                   | Institutional trustee  | Officer | Key employee | Highest compensated employee       | Former  | (W-2/1099-MISC)                                   | (II 2 1000 Inico)  | organization<br>and related<br>organizations        |
| (1) BRIAN CHRISTENS                     | EN   | <del>                                     </del> | <u> </u>   | i       |              |                                    | -       |   |  | <del></del>   |
| ,                                       | 1.00   |  |  |         |              |                                    |         |   | ·<br>·   |   |
| PRESIDENT                               | 0.00   | X  |  | X       |              | $\sqcup$                           |         | 0   | 0  | 0   |
| (2) BOB MARKHAM                         |  |  |  |         |              | ļ                                  |         |   |  |   |
| VICE-PRESIDENT                          | 1.00   | x  |  | x       |              |                                    |         | o   | ^  |   |
| (3) KARIN RIEGER                        | 0.00   |  | <u> </u>   | ^       |              |                                    |         |   | 0  | 0   |
| (0,122,211)                             | 1.00   |  |  |         |              |                                    |         |   |  |   |
| SEC/TREAS                               | 0.00   | X  |  | x       |              |                                    |         | 0   | 0  | 0   |
| (4) STAN EMERSON                        |  |  |  |         |              |                                    |         |   | <u> </u>   |   |
|   | 1.00   |  |  |         |              |                                    |         |   |  |   |
| DIRECTOR                                | 0.00   | X  |  |         |              |                                    |         | 0   | 0  | 0   |
| (5) STEVE ANDERSON                      |  |  |  |         |              |                                    |         |   |  | ·   |
| DIDECTOR                                | 0.00   |  |  |         |              |                                    |         |   |  |   |
| DIRECTOR (6) AMY BLASER                 | 0.00   | X  |  |         |              | +                                  |         | 0   | 0  | 0   |
| (O) FINE DIMEDIA                        | 1.00   |  |  |         |              |                                    |         |   |  |   |
| DIRECTOR                                | 0.00   | x  |  |         |              |                                    |         | 0   | 0  | 0   |
| (7) TOBY GOC                            |  |  |  |         |              |                                    |         |   |  |   |
|   | 1.00   |  |  |         |              |                                    |         |   |  |   |
| DIRECTOR                                | 0.00   | X  |  |         |              |                                    |         | 0   | 0  | 0   |
| (8) MIKE JEFFRYES                       |  |  |  |         |              |                                    |         |   | _  |   |
| * | 1.00   |  |  |         |              |                                    |         |   |  |   |
| DIRECTOR                                | 0.00   | X  |  |         |              | 1.                                 |         | 0   | 0  | 0   |
| (9) CANDY BECHER                        | 1 00   |  |  |         |              |                                    |         |   |  |   |
| DIDECEOD                                | 0.00   | X  |  |         |              |                                    |         |   |  |   |
| DIRECTOR<br>(10) MORGAN KAPELS          | 0.00   | Λ  | -  | ⊢       | -            | 1                                  |         | 0   |  | 0   |
| (10) MORGAN RAFELD                      | 1.00   |  |  |         |              |                                    |         |   |  |   |
| DIRECTOR                                | 0.00   | X  |  |         |              |                                    |         | 0   |  | . 0   |
| (11) DR. TROY LOEFFE                    |  | 1  |  |         | <u> </u>     | 1                                  |         |   | <del>-</del> -   |   |
|   | 1.00   |  |  | 1       |              |                                    |         |   |  |   |
| EX OFFICIO                              | 0.00   | X  |  |         |              |                                    |         | 0   | c  | 0   |
| DAA                                     |  |  |  |         |              |                                    |         |   |  | Form <b>990</b> (2018)                              |

| Part VII Section A. Officers   | , Directors, Tru   | stee                              | s, K                  | ey E                   | mpl            | oyee                   | s, a         | nd Highest Compensated                | Employees (continued)                                  |   |
|--|--|-----------------------------------|-----------------------|------------------------|----------------|------------------------|--------------|---------------------------------------|--|---|
| (A)<br>Name and title  | (B) Average hours per week (list any                           | bo                                | o not o<br>x, unle    | Pos<br>check<br>ess pe | more<br>rson i | s both                 | an           | (D)  Reportable compensation from the | (E) Reportable compensation from related organizations | (F) Estimated amount of other compensation      |
|  | hours for<br>related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional trustee | Officer                |                |                        | Former       | organization (W-2/1099-MISC)          | (W-2/1099-MISC)  | from the organization and related organizations |
| (12) NICOLE ANDERS   | ON<br>40.00  |                                   |                       |                        |                |                        |              |                                       |  |   |
| EXECUTIVE DIRECTOR   | 0.00   |                                   |                       | x                      |                |                        |              | 0                                     |  | 27,540  |
|  |  |                                   |                       |                        |                |                        |              |                                       |  |   |
|  |  |                                   |                       |                        |                |                        |              |                                       |  |   |
|  |  | ·                                 |                       |                        |                |                        | <del>-</del> |                                       |  |   |
|  |  |                                   |                       |                        |                |                        |              |                                       |  |   |
|  |  |                                   |                       |                        |                |                        |              |                                       |  |   |
|  |  |                                   |                       |                        |                |                        |              |                                       |  |   |
|  |  |                                   |                       |                        |                |                        |              |                                       |  |   |
| 1b Sub-total   | ets to Part VII, S   | Secti                             | ion A                 | ۸                      |                |                        | <b>A A</b>   |                                       |  | 27,540  |
| d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from   | icluding but not li  | imite                             | d to                  | thos                   | e lis          | ted a                  | bov          | re) who received more than            | 1 \$100,000 of   | 27,540  |
| <ul> <li>3 Did the organization list any for employee on line 1a? If "Yes,"</li> <li>4 For any Individual listed on line organization and related organization.</li> </ul> | ormer officer, dir<br>"complete Schede<br>e 1a, is the sum     | ecto<br>dule<br>of re             | r, or<br><i>J for</i> | suc<br>able            | h ind          | <i>dividu</i><br>npen: | ≀al<br>satio | on and other compensation             | from the   | Yes No  |
| individual  5 Did any person listed on line 1 for services rendered to the or  | la receive or acc  | rue (                             | comp                  | <br>ens                | atio           | n fror                 | n ar         | ny unrelated organization o           |  | 4 X   |
| Section B. Independent Contractor  Complete this table for your fire   | ve highest comp  | ensa                              | ıted i                | inde                   | pend           | dent                   | cont         | ractors that received more            | than \$100,000 of                                      |   |
| compensation from the organi   | zation, Report co<br>(A)<br>business address                   | omp                               | ensa                  | ition                  | for t          | he ca                  | alen         | <u>dar year ending with or wit</u>    | hin the organization's tax (B) ption of services       | year. (C) Compensation                          |
|  |  |                                   |                       |                        |                |                        |              |                                       | <del></del> .  |   |
|  |  |                                   |                       | _                      |                |                        |              |                                       |  |   |
|  | _  |                                   |                       |                        |                |                        |              |                                       |  |   |
| Total number of independent  | contractors Basis  | ıdir.                             | y h 4                 | ne.                    | lber!          | - A 4 +                | , 4h-        | an linked alternal to                 |  |   |
| received more than \$100,000   | of compensation  | rumg<br>r from                    | n the                 | orç                    | aniz           | eu (C<br>atlor         | ) (13C       |                                       | 0  | Form <b>990</b> (2018                           |

| Pa   | rt V     | Statement of Rever<br>Check if Schedule                      | e <mark>nue</mark><br>O con | tains a                               | response            | or note to any line | in this Part VIII   |                       |                              |
|--|----------|--|-----------------------------|---------------------------------------|---------------------|---------------------|---------------------|-----------------------|------------------------------|
|  |          | Griodi ii Goriodalo  | 3 0011                      | tairio a                              | гооролоо            | (A)                 | (B) Related or      | (C)                   | (D)                          |
|  |          |  |                             |                                       |                     | Total revenue       | exempt              | Unrelated<br>business | Revenue<br>excluded from tax |
| S 10   |          |  |                             |                                       | 6.7                 | 1 A American M      | function<br>revenue | revenue               | under sections<br>512-514    |
| ant  |          | Federated campaigns  | _1a                         |                                       |                     |                     |                     |                       |                              |
| P.O.   | b        | Membership dues  | 1b<br>1c                    |                                       | - Channeld          |                     |                     |                       |                              |
| ifts<br>ar A   |          | Fundralsing events Related organizations                     | 1d                          |                                       |                     |                     |                     |                       |                              |
| s, G<br>mili   |          | Government grants (contributions)                            | 1e                          |                                       |                     |                     |                     |                       |                              |
| tion   |          | All other contributions, gifts, grants,                      |                             |                                       | **                  |                     |                     |                       |                              |
| ibu  |          | and similar amounts not included above                       | 1f                          |                                       | 510,448             |                     |                     |                       |                              |
| Contributions, Gifts, Grants and Other Similar Amounts | _        | Noncash contributions included in lines 1a                   |                             | }                                     |                     | _                   |                     |                       |                              |
| 9<br>0 B   | <u>h</u> | Total. Add Ilnes 1a-1f                                       |                             |                                       |                     | 510,448             |                     |                       |                              |
| Program Service Revenue                                | 2a       |  |                             |                                       | Busn. Code          |                     |                     |                       |                              |
| Rev  | za<br>b  |  |                             |                                       | -                   |                     |                     |                       | <del></del>                  |
| /ice   | C        | · · · · · · · · · · · · · · · · · · ·                        |                             |                                       | <del></del>         |                     |                     |                       | <u> </u>                     |
| Sen  | d        | ***************************************                      |                             |                                       |                     |                     |                     |                       |                              |
| ram  | е        |  | ,                           |                                       |                     |                     |                     |                       |                              |
| rog  |          | All other program service reve                               |                             |                                       |                     |                     |                     |                       |                              |
| _  |          | Total. Add lines 2a–2f                                       |                             |                                       |                     |                     |                     |                       |                              |
|  | 3        | Investment income (including and other similar amounts)      | aiviaen                     | as, intere                            | est,                | 31,766              |                     |                       | 24 544                       |
|  | 4        | Income from investment of tax                                | <br>exemi                   | nt bond n                             | roceeds             | 31,766              |                     |                       | 31,766                       |
|  | 5        | Royalties  |                             | •                                     |                     |                     |                     |                       |                              |
|  |          | (i) Real   |                             |                                       | Personal            |                     |                     |                       |                              |
|  | 6a       | Gross rents  |                             |                                       |                     |                     |                     |                       |                              |
|  |          | Less: rental exps.   |                             |                                       |                     |                     |                     |                       |                              |
|  |          | Rental inc. or (loss)  |                             | <del></del>                           |                     |                     |                     |                       |                              |
|  | 7a       | Net rental income or (loss) Gross amount from (i) Securities |                             |                                       | Other               |                     |                     |                       |                              |
|  |          | sales of assets other than inventory                         |                             | 107                                   | 3,199               |                     |                     |                       |                              |
|  | b        | Less: cost or other  |                             |                                       |                     |                     |                     |                       |                              |
|  |          | basis & sales exps.  |                             |                                       |                     |                     |                     |                       |                              |
|  |          | Gain or (loss)   |                             |                                       | 3,199               |                     |                     |                       |                              |
|  |          | Net gain or (loss)   |                             | · · · · · · · · · · · · · · · · · · · | <u></u>             | 3,199               | 3,199               |                       |                              |
| ine  | ъа       | Gross income from fundralsing ever                           | i                           |                                       |                     |                     |                     |                       |                              |
| ver  |          | (not including \$ of contributions reported on line 1c       |                             |                                       |                     |                     |                     |                       |                              |
| rRe  |          | See Part IV, line 18   |                             |                                       | 176,792             |                     |                     |                       |                              |
| Other Revenue  | b        | Less: direct expenses  |                             |                                       | 252,848             |                     |                     |                       |                              |
| ٥  | C        | Net income or (loss) from fund                               | Iraising                    | events                                | <u></u> <b>&gt;</b> | -76,056             |                     |                       |                              |
|  | 9a       | Gross income from gaming activities                          |                             |                                       |                     |                     |                     |                       |                              |
|  |          | See Part IV, line 19   | ., a                        |                                       |                     |                     |                     |                       |                              |
|  |          | Less: direct expenses  Net income or (loss) from gam         |                             | ivition.                              |                     |                     |                     |                       |                              |
|  |          | Gross sales of inventory, less                               | iliy aci                    | ivilles                               |                     |                     |                     |                       |                              |
|  | 104      | returns and allowances                                       | a                           |                                       |                     |                     |                     |                       |                              |
|  | b        | Less: cost of goods sold                                     |                             |                                       |                     |                     |                     |                       |                              |
|  |          | Net Income or (loss) from sale                               |                             | entory.                               |                     |                     |                     |                       |                              |
|  |          | Miscellaneous Revenue  |                             |                                       | Busn, Code          |                     |                     |                       |                              |
|  |          | MISCELLANEOUS INCOME   |                             |                                       |                     | 15,253              | 15,253              |                       |                              |
|  | b        | ***************************************                      |                             |                                       |                     |                     |                     |                       | <del> </del>                 |
|  | d<br>C   | All other revenue  | ,                           |                                       | -                   |                     |                     |                       |                              |
|  |          | Total. Add lines 11a–11d                                     |                             |                                       | <b></b>             | 15,253              |                     |                       |                              |
|  |          | Total revenue. See instructio                                |                             |                                       |                     | 484,610             |                     | (                     | 31,766                       |

Part IX Statement of Functional Expenses

| 0601 | Check if Schedule O contains a resp   |                       |                 | ipiete column (A).      | —————————————————————————————————————— |
|------|---|-----------------------|-----------------|-------------------------|--|
| Do n | ot include amounts reported on lines 6b,  |                       | (B)             | (c)                     | (D)                                    |
|      | Bb, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | Program service | Management and          | Fundralsing  Expenses                  |
| 1    | Grants and other assistance to domestic organizations   |                       | U, HX H H       | Sygnicial expenses / [] |  |
| ·    | and domestic governments. See Part IV, line 21  | 109,052               | 109,052         |                         |  |
| 2    | Grants and other assistance to domestic   |                       | 7747048300      |                         |  |
|      | individuals. See Part IV, line 22   | 180,194               | 180,194         |                         |  |
| 3    | Grants and other assistance to foreign  |                       | <i></i>         |                         |  |
|      | organizations, foreign governments, and foreign   |                       |                 |                         |  |
|      | individuals. See Part IV, lines 15 and 16   |                       |                 |                         |  |
| 4    | Benefits paid to or for members   |                       |                 |                         |  |
| 5    | Compensation of current officers, directors,  |                       |                 |                         |  |
|      | trustees, and key employees   |                       |                 |                         |  |
| 6    | Compensation not included above, to disqualified  |                       |                 |                         |  |
|      | persons (as defined under section 4958(f)(1)) and   |                       |                 |                         |  |
|      | persons described in section 4958(c)(3)(B)  | 27,540                |                 | 27,540                  |  |
| 7    | Other salaries and wages  | , <del></del>         |                 |                         | · · · · · · · · · · · · · · · · · · ·  |
| 8    | Pension plan accruals and contributions (include  |                       |                 |                         | <u> </u>                               |
|      | section 401(k) and 403(b) employer contributions)   |                       |                 |                         |  |
| 9    | Other employee benefits   |                       |                 |                         |  |
| 10   | Payroll taxes   |                       |                 | ,                       | <u>-</u>                               |
| 11   | Fees for services (non-employees):  |                       |                 |                         |  |
| а    | Management  |                       |                 |                         |  |
| b    | Legal   |                       |                 |                         |  |
| C    | Accounting  | 12,870                |                 | 12,870                  |  |
| d    | Lobbying  |                       |                 |                         |  |
| e    | Professional fundraising services. See Part IV, line 17   |                       |                 |                         |  |
| f    | Investment management fees  | 8,619                 |                 | 8,619                   |  |
| g    | Other. (If line 11g amount exceeds 10% of line 25, column   |                       | ļ               | -                       |  |
|      | (A) amount, list line 11g expenses on Schedule O.)  | 1,067                 |                 | 1,067                   |  |
| 12   | Advertising and promotion   | 6,614                 |                 | 6,614                   |  |
| 13   | Office expenses   | 17,419                |                 | 17,419                  |  |
| 14   | Information technology  |                       |                 |                         |  |
| 15   | Royalties   |                       |                 |                         |  |
| 16   | Occupancy   | <u>,</u>              |                 | <u></u>                 |  |
| 17   | Travel  |                       |                 | <u> </u>                |  |
| 18   | Payments of travel or entertainment expenses  |                       |                 |                         |  |
|      | for any federal, state, or local public officials   |                       |                 |                         |  |
| 19   | Conferences, conventions, and meetings  |                       |                 |                         |  |
| 20   | Interest  |                       |                 |                         |  |
| 21   | Payments to affiliates  |                       |                 |                         |  |
| 22   | Depreciation, depletion, and amortization   | <del></del>           |                 |                         |  |
| 23   | Insurance   | 1,134                 |                 | 1,134                   |  |
| 24   | Other expenses, Itemize expenses not covered  |                       |                 |                         |  |
|      | above (List miscellaneous expenses in line 24e. If  |                       |                 |                         |  |
|      | line 24e amount exceeds 10% of line 25, column  |                       |                 |                         |  |
|      | (A) amount, list line 24e expenses on Schedule O.)  |                       |                 |                         |  |
| а    | EVENT EXPENSES  | 27,086                | <del></del> -   |                         | 27,086                                 |
| b    | MISCELLANEOUS EXPENSE   | 610                   |                 | 610                     |  |
| C    | •   |                       |                 |                         |  |
| d    |   | <del>_</del>          |                 |                         |  |
| е    | All other expenses  |                       |                 |                         |  |
| 25   | Total functional expenses. Add lines 1 through 24e  | 392,205               | 289,246         | 75,873                  | 27,086                                 |
| 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) |                       |                 |                         |  |

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year Cash—non-interest bearing 315,458 13 283,910 Savings and temporary cash investments 1/705,4148 21 **%/824,310** Pledges and grants receivable, net 3 **/** 3 Accounts receivable, net Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges \_\_\_\_\_\_ g 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_\_\_10a b Less: accumulated depreciation 10b 10c investments—publicly traded securities 746,494 11 784,554 11 Investments—other securities. See Part IV, line 11 12 44,000 12 44,000 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets ..... 14 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 1,811,100 16 1,936,774 16 17 Accounts payable and accrued expenses 17 18 Grants payable ..... 18 19 Deferred revenue 19 Tax-exempt bond liabilities \_\_\_\_\_ 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34, Unrestricted net assets 272,028 258,207 Temporarily restricted net assets 1,128,107 1,246,873 Permanently restricted net assets 410,965 29 431,694 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 1,811,100 Total net assets or fund balances 1,936,774 33 33 Total liabilities and net assets/fund balances 1,811,100 1,936,774

Form 990 (2018)

### 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

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

SCHOOL DISTRICT OF COLUMBUS Name of the organization Employer Identification number FOUNDATION 47-0693924 Part I Reason for Public Charity Status (All organizations must complete 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. city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 university: 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). |X| An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, a 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, Type functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations

| (i) Name of supported<br>organization | (ii) EIN                     | (iii) Type of organization<br>(described on lines 1–10<br>above (see instructions)) | listed in yo | organization<br>ur governing<br>ment? | (v) Amount of monetary<br>support (see<br>Instructions) | (vi) Amount of<br>other support (see<br>Instructions) |
|---------------------------------------|------------------------------|---|--------------|---------------------------------------|---|---|
|                                       |                              |   | Yes          | No                                    |   |   |
| (A) COLUMBUS                          | PUBLIC SCHOOLS<br>47-6004811 | 2   | х            |                                       | 361,900   | 0   |
| (B)                                   |                              |   |              |                                       |   |   |
| (C)                                   |                              |   |              |                                       | -   |   |
| (D)                                   |                              |   |              |                                       |   |   |
| (E)                                   |                              |   |              |                                       |   |   |
| Total                                 |                              |   |              |                                       | 361,900   | 0   |

Schedule A (Form 990 or 990-EZ) 2018

Part II Support Schedule Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec    | tion A. Public Support  |  |   |  |  |                   | ····        |
|--------|---|--|---|--|--|-------------------|-------------|
| Caler  | ndar year (or fiscal year beginning in)   | (a) 2014                                   |   | 」 [(c) 2016率/-                               | 1 (d) 2017                                       | (e) 2018, W       | √/(f) Total |
| 1      | Gifts, 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   |  |   |  |  |                   |             |
| 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   |  |   |  |  |                   |             |
|        | tion B. Total Support   | T  |   |  |  |                   |             |
|        | ndar year (or fiscal year beginning in)   | (a) 2014                                   | (b) 2015                                | (c) 2016                                     | (d) 2017   | (e) 2018          | (f) Total   |
| 7<br>8 | Amounts from line 4 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.  | $({\sf see \ instructions})$               | **********                              | * 1 * 1 2 * 1 1 * * * * * * * * * * * *      |  | 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 501                              | 1(c)(3)           | <del></del> |
|        | organization, check this box and stop her   | <u>'e</u>                                  |   |  |  |                   |             |
| Sec    | tion C. Computation of Public Si  | upport Percen                              | tage                                    |  |  |                   |             |
| 14     | Public support percentage for 2018 (line 6  | 3, column (f) divide                       | d by line 11, colum                     | nn (f))                                      |  |                   | %           |
| 15     | Public support percentage from 2017 Sch   |  | * |  |  | 15                | %           |
| 16a    | 33 1/3% support test—2018. If the organ   |  |   |  | 33 1/3% or more,                                 | check this        |             |
|        | box and <b>stop here.</b> The organization qual   | -  |   | 3172117111111                                |  |                   | ,           |
| b      | 33 1/3% support test—2017. If the organ   |  |   |  |  | ŕ                 |             |
| 17a    | this box and stop here. The organization  |  |   |  | 0 40b 4 lb-                                      |                   |             |
| ira    | 10% or more, and if the organization mee<br>Part VI how the organization meets the "fa  | ts the "facts-and-ci<br>acts-and-circumsta | rcumstances" test<br>nces" test. The or | t, check this box a<br>ganization qualifie   | nd <b>stop here. E</b> xp<br>s as a publicly sup | lain in<br>ported | <b>.</b> .  |
| b      | 10%-facts-and-circumstances test—20' 15 is 10% or more, and if the organization Explain in Part VI how the organization me  | 17. If the organizat<br>meets the "facts-a | on did not check and-circumstances      | a box on line 13, 1<br>s" test, check this l | 6a, 16b, or 17a, ar<br>box and <b>stop here</b>  | nd line           | ······      |
| 18     | supported organization  | d not check a box                          | on line 13, 16a, 16                     | 6b, 17a, or 17b, ch                          | eck this box and s                               | ee                |             |
|        | Instructions  |  | *************************************** | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,      | ***************                                  |                   | ▶ _         |

Schedule A (Form 990 or 990-EZ) 2018

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

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

| Sec | tion A. Public Support   |   |                               |                      |   |   |              |
|-----|--|---|-------------------------------|----------------------|---|---|--------------|
|     | ndar year (or fiscal year beginning in)  | (a) 2014 📆                                      | (b) 2015                      | ■ §(c) 2016          | 1 (d) 2017                                    | (e) 2018                                |              |
| 1   | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |   |                               |                      |   |   | 7 10101      |
| 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 | ***************************************         | en in it.<br>Markasi Mi Essar | A #1 - A #4 #4 #4 #4 | 73 6 6 5<br>********************************* | 617 63 9<br>30,2017 64 6                |              |
| 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   |   | hata.                         | 1"-                  |   |   |              |
| 7a  | Amounts included on lines 1, 2, and 3 received from disqualified persons   |   |                               |                      |   |   |              |
| b   | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |   |                               |                      |   |   |              |
| C   | Add lines 7a and 7b  |   |                               |                      | ***************************************       | 800000000000000000000000000000000000000 |              |
| 8   | Public support. (Subtract line 7c from   |   |                               |                      |   |   |              |
| 500 | line 6.) tion B. Total Support   |   |                               |                      |   |   |              |
|     | ndar year (or fiscal year beginning in)  | (a) 2014  | <b>(b)</b> 2015               | (c) 2016             | (d) 2017                                      | (a) 2040                                | /D.T. (-)    |
| 9   | Amounts from line 6  | (a) 2014  | (6) 2013                      | (6/2010              | (u) 2017                                      | (e) 2018                                | (f) Total    |
|     | 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  |   |                               |                      |   | . <u>.</u> .                            |              |
| 11  | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on  |   |                               |                      |   |   | <del>-</del> |
| 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,  |   |                               |                      |   |   | <u></u>      |
|     | and 12.)   |   | 1                             | <u> </u>             |   | 1/ ) (5)                                |              |
| 14  | First five years. If the Form 990 is for the organization, check this box and stop her   |   |                               |                      |   |   | <u> </u>     |
| Sec | tion C. Computation of Public St   |   |                               | ***********          |   |   |              |
| 15  |  |   |                               |                      |   | 45                                      |              |
| 16  | Public support percentage for 2018 (line 8 Public support percentage from 2017 Sch   | o, column (1), aivide<br>edule A. Pert III. III | ou by line 13, colul<br>ne 15 | ···· (1))            |   | 15                                      | %            |
|     | tion D. Computation of Investme  | ent Income Per                                  | rcentade                      | <u> </u>             | ****************                              |   |              |
| 17  | Investment income percentage for 2018 (I   |   |                               | 3 column (f)\        | <del></del>                                   | 17                                      |              |
| 18  | Investment income percentage from 2017   |   | 10 0 47                       |                      |   |   | <u>%</u>     |
| 19a | 33 1/3% support tests—2018. If the orga  |   |                               |                      | s more than 33 1/3                            |   |              |
|     | 17 is not more than 33 1/3%, check this b  |   |                               |                      |   |   | ▶ 「          |
| b   | 33 1/3% support tests—2017. If the orga  | inization did not ch                            | eck a box on line             | 14 or line 19a, and  | I line 16 is more th                          | an 33 1/3%. and                         |              |
|     | line 18 is not more than 33 1/3%, check the  |   |                               |                      |   |   | ▶ □          |
| 20  | Private foundation. If the organization di   |   |                               |                      |   |   |              |

### 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, co   |                | 9                                       |   |
|------------|--|----------------|---|---|
|            | Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part I   | <u>art V.)</u> |   |   |
| Secti      | ion A. All Supporting Organizations  | W C            | J.                                      |   |
| 1          | Are all of the organization's supported organizations listed by name in the organization's governing   | <b>フ %</b>     | <u>Yes</u>                              | No  |
|            | 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                                       | <u> </u>  |
| 2          | Did the organization have any supported organization that does not have an IRS determination of status   |                |   |   |
|            | under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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 (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 <b>Part VI</b> 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             | 10000000000000                          | po  |
| 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             | on avanasasasasa                        | X   |
| b          | Dld the organization have ultimate control and discretion in deciding whether to make grants to the foreign  |                |   |   |
|            | supported organization? If "Yes," describe in Part VI how the organization had such control and discretion   |                |   |   |
|            | despite being controlled or supervised by or in connection with its supported organizations.   | _4b            | *************************************** | 1   |
| 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             |   |   |
| <b>5</b> a | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"   |                |   |   |
| •          | answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN   |                |   |   |
|            | numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;  |                |   |   |
|            | (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action  |                |   |   |
|            | was accomplished (such as by amendment to the organizing document).  | 5a             | ***********                             | 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             |   | <del>                                      </del> |
| C          | Substitutions only. Was the substitution the result of an event beyond the organization's control?   | 5c             |   | 8   |
| 6          | Did the organization provide support (whether in the form of grants or the provision of services or facilities) to   |                |   |   |
|            | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited  |                |   |   |
|            | by one or more of its supported organizations, or (iii) other supporting organizations that also support or  |                |   |   |
| 7          | benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .   | 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  |                |   | 37  |
| 8          | with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).  Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? | 7              | <u> </u>                                | X   |
|            | 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 <b>Part VI</b> .   | 9a             | ]                                       | X   |

- 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.
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

10b Schedule A (Form 990 or 990-EZ) 2018

9b

9¢

10a

X

X

| Par  | tily Supporting Organizations (continued)  |               |  | Page 5                                  |
|------|--|---------------|--|---|
|      | , , , , , , , , , , , , , , , , , , ,  |               | Yes  | ——<br>No                                |
| 11   | Has the organization accepted a gift or contribution from any of the following persons?  |               | 103  | INO                                     |
| а    | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)   |               |  |   |
| •    | below, the governing body of a supported organization?   | 11a           | ~~~~~~~~~<br>7                               | X                                       |
| b    | A family member of a person described in (a) above?  | 110           | $\overline{}$                                | X                                       |
|      | A 35% controlled entity of a person described in (a) or (b) above? If Eyes to a, b, or c, provide detail in Part VI.   | 11c           | $\dashv$                                     | X                                       |
|      | on B. Type I Supporting Organizations  |               |  | - <del></del> -                         |
|      |  | $\neg \neg$   | 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 <b>Part VI</b> 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 | on C. Type II Supporting Organizations   |               |  |   |
|      |  | T             | 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             |  |   |
| Sect | on D. All Type III Supporting Organizations  |               |  |   |
|      |  |               | Yes  | No                                      |
| 1    | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the   |               |  |   |
|      | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax  |               |  |   |
|      | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the   |               |  |   |
|      | organization's governing documents in effect on the date of notification, to the extent not previously provided?   | 1             |  |   |
| 2    | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported   |               |  |   |
|      | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how   |               |  |   |
|      | the organization maintained a close and continuous working relationship with the supported organization(s).  | 2             | <u>.                                    </u> |   |
| 3    | By reason of the relationship described in (2), did the organization's supported organizations have a  |               |  |   |
|      | significant voice in the organization's investment policies and in directing the use of the organization's   |               |  |   |
|      | Income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's   |               |  |   |
| 0    | supported organizations played in this regard.   | 3             |  |   |
|      | 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 instructions)   |               |  |   |
| a    | The organization satisfied the Activities Test. Complete line 2 below.   |               |  |   |
| b    | The organization is the parent of each of its supported organizations. Complete line 3 below.  |               |  |   |
| С    | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc   | tions).       |  |   |
| •    | Antividual Tool Anguar (a) and (b) follow  | _             |  |   |
|      | Activities Test. Answer (a) and (b) below.   | 8800880000010 | 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  |               |  |   |
| L    | 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 <b>Part VI</b> 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            |  | *************************************** |
| 3    | Parent of Supported Organizations. Answer (a) and (b) below.   |               |  |   |
| a    | , , , , , , , , , , , , , , , , , , ,  |               |  |   |
| 4    | trustees of each of the supported organizations? Provide details in Part VI.   | 3a            | ************                                 |   |
| b    | Comment of the commen |               |  |   |
|      | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.  | 3b            |  |   |

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

4

5

Schedule A (Form 990 or 990-EZ) 2018

4 Enter greater of line 2 or line 3.

instructions).

5 Income tax imposed in prior year

emergency temporary reduction (see Instructions).

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

| Par                                    | Type III Non-Functionally Integrated 509(a)(3) S                         | upporting Organizat                     | tions (continued)                      |   |
|--|--|---|--|---|
| Sect                                   | ion D - Distributions  |   |  | Current Year                              |
| 1                                      | Amounts paid to supported organizations to accomplish exempt purpos      | es                                      |  |   |
| 2                                      | Amounts pald to perform activity that directly furthers exempt purposes  | of supported                            |  |   |
|  |  | <u> </u>                                |  |   |
| 3                                      | Administrative expenses paid to accomplish exempt purposes of suppo      | rted organizations                      |  | 胡   |
| 4                                      | Amounts paid to acquire exempt-use assets                                |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |
| 5                                      | Qualified set-aside amounts (prior IRS approval required)                |   |  |   |
| 6                                      | Other distributions (describe in Part VI). See instructions.             |   |  |   |
|  | Total annual distributions. Add lines 1 through 6.                       |   | <u>-</u>                               |   |
| 8                                      | Distributions to attentive supported organizations to which the organiza | tion is responsive                      |  |   |
|  | (provide details in Part VI). See instructions.                          | *************************************** | ,                                      |   |
| 9_                                     | Distributable amount for 2018 from Section C, line 6                     | 744                                     |  |   |
| 10                                     | Line 8 amount divided by line 9 amount                                   |   |  |   |
|  | Section E - Distribution Allocations (see instructions)                  | (i)<br>Excess Distributions             | (ii)<br>Underdistributions<br>Pre-2018 | (iii)<br>Distributable<br>Amount for 2018 |
| 1                                      | Distributable amount for 2018 from Section C, line 6                     |   |  |   |
| 2                                      | Underdistributions, if any, for years prior to 2018                      |   |  |   |
|  | (reasonable cause required-explain in Part VI). See                      |   |  |   |
|  | instructions.  |   |  |   |
| 3_                                     | Excess distributions carryover, if any, to 2018                          |   |  |   |
|  | From 2013  |   |  |   |
|  | From 2014  |   |  |   |
|  | From 2015  |   |  |   |
|  | From 2016  |   |  |   |
| _                                      | From 2017  |   |  |   |
|  | Total of lines 3a through e  |   |  |   |
|  | Applied to underdistributions of prior years                             |   |  |   |
| <u>h</u>                               | Applied to 2018 distributable amount                                     |   |  |   |
| i                                      | Carryover from 2013 not applied (see instructions)                       |   |  |   |
| ــــــــــــــــــــــــــــــــــــــ | Remainder. Subtract lines 3g, 3h, and 3i from 3f.                        |   |  |   |
| 4                                      | Distributions for 2018 from  |   |  |   |
|  | Section D, line 7:   |   |  |   |
| <u>a</u>                               | Applied to underdistributions of prior years                             |   |  |   |
|  | Applied to 2018 distributable amount                                     |   |  |   |
| c                                      | Remainder. Subtract lines 4a and 4b from 4.                              |   | _                                      |   |
| 5                                      | Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h                 |   |  |   |
|  | and 4b from line 1. For result greater than zero, explain in             |   |  |   |
|  | Part VI. See instructions.   |   |  |   |
| 7                                      | Excess distributions carryover to 2019. Add lines 3j                     |   |  |   |
|  | and 4c.  |   |  |   |
| 8                                      | Breakdown of line 7:   |   |  |   |
| a                                      | Excess from 2014   |   |  |   |
| b                                      | Excess from 2015   |   |  |   |
| c                                      | Excess from 2016   |   |  |   |
| d                                      | Excess from 2017   |   |  |   |
|  | Excess from 2018   |   |  |   |

| Schedule A (For                         | m 990 or 990-EZ) 2018                         | SCHOOL          | DISTRICT                                | OF COI                                  | LUMBUS          | 47-0693924                              | Page 8                                |
|---|---|-----------------|---|---|-----------------|---|---------------------------------------|
| Part VI                                 | Supplemental Info                             | rmation. Pr     | ovide the expla                         | nations red                             | uired by Par    | t II, line 10; Part II, line 17a or     | 17b: Part                             |
|   | III, line 12; Part IV,                        | Section A, Iir  | nes 1, 2, 3b, 3c                        | , 4b, 4c, 5a                            | a, 6, 9a, 9b, 9 | c, 11a, 11b, and 11c; Part IV.          | Section                               |
|   | B, lines 1 and 2; Pa                          | ırt IV, Sectior | n C, line 1; Part                       | IV, Sectio                              | n D, lines 2 a  | and 3; Part IV, Section E, lines        | 1c. 2a. 2h.                           |
|   | 3a, and 3b; Part V,                           | line 1; Part \  | /, Section B, lín                       | e 1e; Part                              | V, Section D.   | , lines 5, 6, and 8; and Part V.        | Section E.                            |
|   | lines 2, 5, and 6. Al                         | so complete     | this part for an                        | y additiona                             | Linformation    | (See instructions)                      | -7                                    |
|   |   |                 | N N                                     | Nove zer                                |                 | THE NEWS Y                              | <del>7</del>                          |
|   |   |                 |   |   |                 |   |                                       |
|   |   |                 | i i i i i i i i i i i i i i i i i i i   | fri e jihaki in effe biraklarja egelja  | -5d             |   | .bh                                   |
|   |   |                 |   |   |                 |   |                                       |
|   |   |                 |   | *************                           |                 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                       |
|   |   |                 |   |   |                 |   |                                       |
|   |   |                 |   |   |                 |   |                                       |
|   |   |                 |   | ************                            | *********       | •••••                                   |                                       |
|   |   |                 |   |   |                 |   | ,                                     |
| * 12514112443147                        |   |                 |   | 121210411126101                         |                 |   | ********                              |
|   |   |                 |   |   |                 |   |                                       |
|   |   |                 |   |   |                 |   | ***************                       |
|   |   |                 |   |   |                 |   |                                       |
|   |   |                 |   |   |                 |   |                                       |
|   |   |                 |   |   |                 |   |                                       |
|   | .   > + > 4   2   4   > + + +   4   +   + + + |                 |   | ***********                             |                 |   |                                       |
|   |   |                 |   |   |                 |   |                                       |
|   |   |                 |   | ***********                             |                 |   |                                       |
|   |   |                 |   |   |                 |   |                                       |
|   |   |                 | ***************                         |   | *************   |   |                                       |
|   |   |                 |   |   |                 |   |                                       |
|   |   |                 |   | **************                          |                 |   |                                       |
|   |   |                 |   |   |                 |   |                                       |
| . , , , , , , , , , , , , , , , , , , , | ,   | *******         |   |   |                 | *************************************** |                                       |
|   |   |                 |   |   |                 |   |                                       |
|   |   |                 |   |   |                 |   |                                       |
| ·                                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,       | *************   |   |   |                 |   |                                       |
|   |   |                 |   |   |                 |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |
|   |   |                 | ,                                       | ***********                             |                 |   |                                       |
|   |   |                 |   |   |                 |   |                                       |
|   |   |                 |   |   |                 | *******************************         |                                       |
|   |   |                 |   |   |                 |   |                                       |
|   |   |                 |   | ***********                             |                 | *****************************           |                                       |
|   |   |                 |   |   |                 |   |                                       |
| * 1111111111111                         |   |                 |   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                 | *************************************** |                                       |
|   |   |                 |   |   |                 |   |                                       |
| • |   |                 |   | 7                                       |                 |   |                                       |
|   |   |                 |   |   |                 |   |                                       |
|   | ,   | ************    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |                 |   |                                       |
|   |   |                 |   |   |                 |   |                                       |
| * *** * * * * * * * * * * * * * * * * * |   | * *             | * ! * ! * ! ! ! ! ! ! ! ! ! !           | ***********                             | **************  | ******************************          | ****************                      |
|   |   |                 |   |   |                 |   |                                       |
| * ***********                           |   |                 | *****************                       | ************                            |                 |   | · · · · · · · · · · · · · · · · · · · |
|   |   |                 |   |   |                 |   |                                       |
|   |   |                 |   |   | **************  |   |                                       |
|   | **********                                    | 14411414111     | *******                                 |   |                 |   |                                       |
|   |   |                 |   | **************                          | *               |   | ************                          |
|   |   |                 |   |   |                 |   |                                       |
|   |   |                 |   |   |                 |   | ****************                      |
|   |   |                 |   |   |                 |   |                                       |

### **SCHEDULE D** (Form 990)

Department of the Treasury Internat Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

|        | CHOOL DISTRICT OF COLUMBUS   |   | 47-0693924                      |
|--------|--|---|---------------------------------|
| Pa     | Organizations Maintaining Donor Advised Fu<br>Complete if the organization answered "Yes" on   | nds or Other Similar Funds or<br>Form 990, Part IV, line 6. | Accounts                        |
| 1      | Total number at end of year  | (a) Donor advised funds                                     | (b) Funds and other accounts    |
| 2<br>3 | Aggregate value of contributions to (during year) 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  | at the assets held in donor advised                         |                                 |
|        | 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  | writing that grant funds can be used                        |                                 |
|        | only for charitable purposes and not for the benefit of the donor or don   |   |                                 |
|        | conferring impermissible private benefit?  |   | Yes No                          |
|        | Conservation Easements. Complete if the organization answered "Yes" on   |   |                                 |
| 1      | Purpose(s) of conservation easements held by the organization (check   | F   |                                 |
|        | Preservation of land for public use (e.g., recreation or education)  Protection of natural habitat   | Preservation of a historically imp                          |                                 |
|        | Preservation of open space   | Preservation of a certified histor                          | ic structure                    |
| 2      | Complete lines 2a through 2d if the organization held a qualified conse  | ervation contribution in the form of a cons                 | ervation                        |
|        | easement on the last day of the tax year.  |   | Held at the End of the Tax Year |
| а      | Total number of conservation easements   |   |                                 |
| b      | Total acreage restricted by conservation easements   |   | 2b                              |
| С      | Number of conservation easements on a certified historic structure inc   | luded in (a)  | 2c                              |
| d      | Number of conservation easements included in (c) acquired after 7/25   | /06, and not on a   |                                 |
| _      |  |   |                                 |
| 3      | Number of conservation easements modified, transferred, released, ex   | xtinguished, or terminated by the organiza                  | ation during the                |
| 4      | tax year ►   | located >   |                                 |
| 5      | Does the organization have a written policy regarding the periodic mor   |   |                                 |
| _      | violations, and enforcement of the conservation easements it holds?  | g moposition, reactioning of                                | Yes No                          |
| 6      | Staff and volunteer hours devoted to monitoring, inspecting, handling of   |   |                                 |
| 7      | Amount of expenses incurred in monitoring, inspecting, handling of vic   | plations, and enforcing conservation ease                   | ements during the year          |
|        | <b>&gt;</b> \$   | ,   | you.                            |
| 8      | Does each conservation easement reported on line 2(d) above satisfy  | , , , , ,   | ···                             |
| _      | and section 170(h)(4)(B)(ii)?  | ***************************************                     | Yes No                          |
| 9      | In Part XIII, describe how the organization reports conservation easembalance sheet, and include, if applicable, the text of the footnote to the |   |                                 |
|        | organization's accounting for conservation easements.  |   |                                 |
| Pa     | Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on   |   | Similar Assets.                 |
| 1a     | If the organization elected, as permitted under SFAS 116 (ASC 958), a  |   |                                 |
|        | works of art, historical treasures, or other similar assets held for public  |   |                                 |
|        | public service, provide, in Part XIII, the text of the footnote to its finance   |   |                                 |
| b      | If the organization elected, as permitted under SFAS 116 (ASC 958), the of art blacked at the arms and the admitted                              | •   |                                 |
|        | works of art, historical treasures, or other similar assets held for public  | exhibition, education, or research in fur                   | inerance of                     |
|        | public service, provide the following amounts relating to these items:  (b) Revenue included on Form 990, Part VIII, line 1                      |   | <b>*</b> *                      |
|        | (ii) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X  | ••••••  | <b>&gt;</b> \$                  |
| 2      | If the organization received or held works of art, historical treasures, o   | r other similar assets for financial gain in                |                                 |
| -      | following amounts required to be reported under SFAS 116 (ASC 958)   | <u> </u>  |                                 |
| а      | Revenue included on Form 990, Part VIII, line 1  |   | • \$                            |
| b      | Assets included in Form 990, Part X  | · · · · · · · · · · · · · · · · · · ·                       | \$                              |

| Sche    | dule D (Form 990) 2018 SCHOOL D  | ISTRICT OF                  | COLUMBUS                                | 47-06                    | 593924               | Page <b>2</b>                         |
|---------|--|-----------------------------|---|--------------------------|----------------------|---------------------------------------|
| Pa      | rt III Organizations Maintainir  | ng Collections of           | of Art, Historical Tr                   | easures, or Other        | Similar Assets       | (continued)                           |
| 3       | Using the organization's acquisition, acces collection items (check all that apply): |                             |   |                          |                      |                                       |
| а       | Public exhibition  | d 🗆                         | Loan or exchange prog                   | irams                    |                      |                                       |
| b       | Scholarly research   | e e                         | Other Commission                        | Herri                    | . John Ketta '       | <b>S</b> A 27                         |
| С       | Preservation for future generations  |                             | Other                                   |                          | · // · · ·           | * * //                                |
| 4       | Provide a description of the organization's  | collections and expla       | in how they further the c               | organization's exempt n  | urnose in Part       |                                       |
|         | XIII.  |                             | et i Licital stall affinishini da Ba    |                          | arbonomin dit        | ži                                    |
| 5       | During the year, did the organization solicit  | or receive donations        | s of art, historical treasur            | es or other similar      |                      |                                       |
|         | assets to be sold to raise funds rather than   |                             |   |                          |                      | Yes No                                |
| Pa      | rt IV Escrow and Custodial A   |                             | Part - Die eigen - Aueri                |                          | ***********          | res rec                               |
| control | Complete if the organization   | _                           | s" on Form 990, Pa                      | rt IV. line 9. or repo   | orted an amount      | on Form                               |
|         | 990, Part X, line 21.  |                             | ,                                       | , ,                      |                      | 311 7 31111                           |
| 1a      | Is the organization an agent, trustee, custo   | dian or other interme       | ediary for contributions o              | r other assets not       |                      |                                       |
|         | included on Form 990, Part X?  |                             |   |                          |                      | Yes No                                |
| b       | If "Yes," explain the arrangement in Part XI   | If and complete the         | following table:                        | **********************   |                      |                                       |
|         |  | •                           |   |                          |                      | Amount                                |
| С       | Beginning balance  |                             |   |                          | 1c                   |                                       |
| d       | Additions during the year  | 1                           | *********************                   |                          | 1d                   |                                       |
| е       | Distributions during the year  |                             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                          | 1e                   |                                       |
| f       | Ending balance   |                             |   |                          | 1f                   |                                       |
| 2a      | Did the organization include an amount on  | Form 990, Part X, lir       | ne 21, for escrow or cust               | odial account liability? |                      | Yes No                                |
|         | If "Yes," explain the arrangement in Part XI   |                             |   |                          |                      |                                       |
|         | rt V Endowment Funds.  |                             | <u> </u>                                |                          | <u></u>              |                                       |
|         | Complete if the organization   | on answered "Ye             | s" on Form 990, Pa                      | rt IV, line 10.          |                      |                                       |
|         |  | (a) Current year            | (b) Prior year                          | (c) Two years back       | (d) Three years back | (e) Four years back                   |
| 1a      | Beginning of year balance  | 410,96                      | 4 383,856                               | 359,040                  | 327,484              | 328,361                               |
| b       | Contributions  | 7,00                        | 0 2,200                                 | 3,200                    | 1,250                |                                       |
|         | Net investment earnings, gains, and  |                             |   |                          | <u>-</u> .           |                                       |
|         | losses   | 31,54                       | 5 35,801                                | 29,616                   | 36,80                | -2,190                                |
| d       | Grants or scholarships   | -17,81                      | 5 -10,893                               | -8,000                   | -6,500               |                                       |
|         | Other expenditures for facilities and  | - <del>-</del>              |   |                          |                      | <del></del>                           |
|         | programs   |                             |   |                          |                      | -787                                  |
| f       | Administrative expenses  |                             |   |                          |                      |                                       |
|         | End of year balance  | 431,69                      | 4 410,964                               | 383,856                  | 359,040              | 327,484                               |
| 2       |  | irrent year end balar       | nce (line 1g, column (a))               | held as:                 |                      |                                       |
| а       | Board designated or quasi-endowment ▶  | %                           |   |                          |                      |                                       |
| b       | Permanent endowment ► 100.00 %   | •                           |   |                          |                      |                                       |
| C       | Temporarily restricted endowment ▶   | %                           |   |                          |                      |                                       |
|         | The percentages on lines 2a, 2b, and 2c st   | nould equal 100%.           |   |                          |                      |                                       |
| 3a      | Are there endowment funds not in the poss  | session of the organi       | zation that are held and                | administered for the     |                      |                                       |
|         | organization by:   |                             |   |                          |                      | Yes No                                |
|         | (i) unrelated organizations  |                             |   |                          |                      | 3a(i) X                               |
|         | (II) related organizations   |                             |   |                          |                      | 3a(ii)    X                           |
| b       | If "Yes" on line 3a(ii), are the related organi                                      | izations listed as req      | uired on Schedule R?                    |                          |                      | 3b                                    |
| _4_     | Describe in Part XIII the intended uses of the                                       | <u>he organization's en</u> | dowment funds.                          |                          |                      | · · · · · · · · · · · · · · · · · · · |
| Pa      | rt VI Land, Buildings, and Equ   |                             |   |                          |                      |                                       |
|         | Complete if the organization   | on answered "Ye             | <u>s" on Form 990, Pa</u>               | rt IV, line 11a. See     | Form 990, Part       | X, line 10.                           |
|         | Description of property  | (a) Cost or other           | er basis (b) Cost or o                  | other basis (c) A        | Accumulated          | (d) Book value                        |
|         |  | (investme                   | nt) (oth                                | er) de                   | epreciation          |                                       |
| 1a      | Land   |                             |   |                          |                      |                                       |
| b       | Buildings  |                             |   |                          |                      |                                       |
| С       | Leasehold improvements   |                             |   |                          |                      |                                       |
|         | Equipment  |                             |   |                          |                      |                                       |
|         | Other  |                             |   |                          |                      |                                       |
| Total   | l. Add lines 1a through 1e. (Column (d) mus  | t equal Form 990, Pi        | art X, column (B), line 10              | Oc.)                     |                      |                                       |

Schedule D (Form 990) 2018

| ran vii  | Complete if the organization answered                | "Yes" on Fo    | orm 990, Part IV. li | ne 11b. See Form 990                             | Part X. line 12                              |
|--|--|----------------|----------------------|--|--|
|  | (a) Description of security or category              |                | (b) Book value       | ,  | d of valuation:                              |
|  | (Including name of security)                         |                |                      | <b>!</b>   | year market value                            |
| (1) Financial d  | erlvatives   | <i>≫</i> .∦ [- | ATT N N CONT         |  |  |
| (2) Closely-he   | ld equity interests                                  | .,,}}‡         |                      |  |  |
| / A \  |  | en kara (k     | - AMERICAN (         |  | <u>                                     </u> |
|  |  |                | ···                  | <u> </u>   | <del>_</del> ,                               |
| (0)  |  |                |                      | <del>                                     </del> |  |
|  |  |                |                      |  |  |
| (E)  |  | ******         | <del></del>          | <del>-  </del>                                   |  |
| (E)  |  |                |                      |  |  |
|  |  |                | <u>.</u>             | -  |  |
| /LI\   |  |                |                      | "  |  |
|  | (b) must equal Form 990, Part X, col. (B) line 12.   |                | <u>-</u>             |  |  |
| Part VIII  | Investments—Program Related.                         |                |                      |  |  |
|  | Complete if the organization answered                | "Yes" on Fo    | orm 990, Part IV, li | ne 11c. See Form 990                             | , Part X, line 13,                           |
|  | (a) Description of investment                        |                | (b) Book value       |  | d of valuation:                              |
|  |  |                |                      | Cost or end-of                                   | -year market value                           |
| (1)  |  |                |                      |  |  |
| (2)  | <del></del>  |                |                      |  |  |
| (3)  |  |                |                      |  |  |
| (4)  |  |                |                      |  |  |
| (5)  |  |                |                      |  |  |
| (6)  |  |                | -                    |  | <del></del>                                  |
| (7)<br>(8)   |  |                | <u> </u>             |  |  |
| (9)  |  |                |                      |  |  |
|  | (b) must equal Form 990, Part X, col. (B) line 13.   | 1 🕨            |                      |  |  |
| Part IX  | Other Assets.  | , ,            |                      |  |  |
|  | Complete if the organization answered                | "Yes" on Fo    | orm 990, Part IV, I  | ine 11d. See Form 990                            | , Part X. line 15.                           |
|  |  | escription     |                      |  | (b) Book value                               |
| (1)  |  |                |                      |  |  |
| (2)  |  |                |                      |  |  |
| (3)  |  | ·              |                      |  | ,  |
| (4)  |  |                |                      |  |  |
| (5)  | ***  |                |                      | •  | <u> </u>                                     |
| (6)  |  |                |                      |  | <del></del>                                  |
| (7)  |  |                |                      |  |  |
| (8)  | <del></del>  | <del></del> -  |                      |  |  |
|  | n (b) must equal Form 990, Part X, col. (B) line 15. | 1              |                      | <u> </u>   | <del></del>                                  |
| Part X   | Other Liabilities.                                   | <u>/</u>       |                      |  |  |
| SON COLOR PRODUCTION COLOR COL | Complete if the organization answered                | "Yes" on F     | orm 990 Part IV I    | ine 11e or 11f. See Fo                           | rm 990 Part X                                |
|  | line 25.   |                | ,, ,                 |  | 556, r art 74,                               |
| 1.   | (a) Description of liability                         |                | (b) Book value       |  |  |
| (1) Federal i  | ncome taxes  | ··             |                      |  |  |
| (2)  |  |                |                      |  |  |
| (3)  |  |                |                      |  |  |
| (4)  |  |                |                      |  |  |
| (5)  |  |                |                      |  |  |
| (6)  |  |                |                      |  |  |
| (7)  |  |                |                      |  |  |
| _(8)   |  |                |                      |  |  |
| (9)  |  |                |                      | _  |  |
| Total. (Column   | n (b) must equal Form 990, Part X, col. (B) line 25. | ) <b>&gt;</b>  |                      |  |  |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

| ******   | dule D (Form 990) 2018 SCHOOL DISTRICT OF COLUMBUS  |   | <u>47-069392</u>                        |            |   | Page 4                                  |
|----------|---|---|---|------------|---|---|
| Pa       | nt XI Reconciliation of Revenue per Audited Financial Statemen  |   |   | turn.      |   |   |
|          | Complete if the organization answered "Yes" on Form 990, Pa   | rt IV, line                             | 12a.                                    |            |   |   |
| 1        | Total revenue, gains, and other support per audited financial statements  |   |   | 1          | 770                                     | ,727                                    |
| 2        | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |   |   |            |   |   |
| а        | Net unrealized gains (losses) on investments  | 2a 🦠                                    | ∗ <i>,</i> ∌33,269                      |            | 7 1                                     |   |
| b        | Donated services and use of facilities  | 2b                                      |   |            | 1 1/                                    |   |
| C        | Net unrealized gains (losses) on investments  Donated services and use of facilities  Recoveries of prior year grants | 2c                                      |   |            | 5                                       |   |
| d        | Other (Describe in Part XIII.)  | 2d                                      | 252,848                                 |            |   |   |
| е        | Add lines 2a through 2d   |   | ***********                             | 2e         |   | <u>,117</u>                             |
| 3        | Subtract line 2e from line 1  |   |   | 3          | 484                                     | ,610                                    |
| 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                                      |   |            |   |   |
|          | Add lines 4a and 4b   |   | ********                                | 4c         |   | ·                                       |
| <u>5</u> | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)                                       | <u></u>                                 |   | 5          | 484                                     | ,610                                    |
| Pŧ       | it XII Reconciliation of Expenses per Audited Financial Stateme   | ents Witl                               | n Expenses per                          | Return     | l.                                      |   |
|          | Complete if the organization answered "Yes" on Form 990, Pa   | <u>art IV, line</u>                     | e 12a.                                  |            |   |   |
| 1        | Total expenses and losses per audited financial statements  |   | ************                            | 1          | 645                                     | ,053                                    |
| 2        | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |   |   |            |   |   |
| а        | Donated services and use of facilities  | 2a                                      |   |            |   |   |
| b        | Prior year adjustments  | 2b                                      |   |            |   |   |
| C        | Other losses  |   |   |            |   |   |
| d        | Other (Describe in Part XIII.)  | 2d                                      | 252,848                                 |            |   |   |
| е        | Add lines 2a through 2d   |   |   | 2e         |   | ,848                                    |
| 3        | Subtract line 2e from line 1  |   |   | 3          | 392                                     | ,205                                    |
| 4        | Amounts included on Form 990, Part IX, line 25, but not on line 1:  |   |   |            |   |   |
| а        | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a                                      |   |            |   |   |
| b        |   | 4b                                      |   |            |   |   |
|          | Add lines 4a and 4b   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   | 4c         |   |   |
|          | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)                                      |   |   | 5          | 392                                     | <u>,205</u>                             |
|          | rt XIII Supplemental Information.   |   | .=-                                     |            |   | _                                       |
|          | de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV,                       |   |   | ⊃art X, Iì | ne                                      |   |
| 2; Ρε    | art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a                          | ny addition                             | al information.                         |            |   |   |
| P        | ART XI, LINE 2D - REVENUE AMOUNTS INCLUDED  | IN FI                                   | NANCIALS -                              | OTH        | ER                                      |   |
|          |   |   |   |            |   |   |
| F        | UNDRAISING DIRECT EXPENSES INCLUDED ON PART   | ' VIII                                  | , LINE 8B                               | \$<br>,    | 252,848                                 | 8                                       |
|          |   |   |   | -          |   |   |
|          |   | *****                                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |            |   |   |
|          |   |   |   |            |   |   |
| P        | ART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED   | ) IN F                                  | INANCIALS                               | OT         | HER                                     |   |
|          |   |   |   |            |   |   |
| F        | UNDRAISING DIRECT EXPENSES INCLUDED ON PART   | : VIII                                  | , LINE 8B                               | Ş          | 252,84                                  | 8                                       |
|          |   |   |   |            |   |   |
|          |   | 31121113+71                             |   |            |   |   |
|          |   |   |   |            |   |   |
|          |   |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |            | 1551147717777                           |   |
|          |   |   |   |            |   |   |
|          |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |   |            |   |   |
|          |   |   |   |            |   |   |
|          |   |   |   |            |   |   |
|          |   |   |   | ,,,,       |   | ••••••                                  |
|          |   |   |   |            |   |   |
|          |   |   |   |            | ***************                         | 1111111                                 |
|          |   |   |   |            |   |   |
|          |   | ***********                             |   |            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | * |
|          |   |   |   |            |   |   |

| Schedule D (Fo                          | orm 990) 2018                           | SCHOOL                            | DISTRICT                                | OF         | COLUMBUS                                | 47-0693924                              | Page <b>5</b>                             |
|---|---|-----------------------------------|---|------------|---|---|---|
| Part XIII                               | Supplemen                               | ital Informa                      | tion (continued                         | )          |   |   |   |
|   |   |                                   |   |            |   |   |   |
|   |   |                                   | · · · · · · · · · · · · · · · · · · ·   |            |   |   | 7 * * 1 3 1 3 1 1 1 4 4 3 3 1 1 2 4 7 2 4 |
|   |   |                                   | g salaring                              | (a. 77)    | AND ARTHUR AND THE SET WITHOUT          |   | _   |
|   |   |                                   | ····/J                                  | [q, L]     |   |   | <u> </u>                                  |
|   |   |                                   |   | <i>5</i> 7 |   |   | Ĭ   |
|   |   |                                   |   | Ø. II.     |   | N                                       |   |
|   |   |                                   |   |            |   |   |   |
|   |   |                                   |   | •••••      | . , ,                                   | · · · · · · · · · · · · · · · · · · ·   |   |
|   |   |                                   |   |            |   |   |   |
| 1 ***********                           |   |                                   |   |            | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |   |
|   |   |                                   |   |            |   |   |   |
| 7 717 1517 111 111 1                    |   |                                   |   |            |   |   | **************                            |
| _                                       |   |                                   |   |            |   |   |   |
| - ///////////////////////////////////// | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                   |   |            | **************************              | 111111111111111111111111111111111111111 | *****************                         |
|   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                   |   |            |   |   |   |
|   |   |                                   |   |            |   |   | ***************************************   |
|   | *************                           |                                   |   |            |   | ,                                       |   |
|   |   |                                   |   |            |   |   |   |
|   | *********                               |                                   |   |            | ***************                         | *************************************** |   |
|   |   |                                   |   |            |   |   |   |
|   |   |                                   |   |            |   |   | *********                                 |
|   |   |                                   |   |            |   |   |   |
|   |   |                                   |   |            |   |   |   |
|   |   |                                   |   |            |   |   |   |
|   |   | * 1 * 1 # 1 1 2 / 1 1 / / / 1 1 1 |   |            |   | *************************************** | *********                                 |
|   |   |                                   |   |            |   |   |   |
| ,                                       |   |                                   |   |            |   |   | *!!!!!!!!!!!!!!!!!!!!!!!!!!!              |
|   |   |                                   |   |            |   |   |   |
|   |   |                                   |   |            |   |   | **********                                |
|   |   |                                   |   | ,          |   |   |   |
|   |   |                                   |   |            |   |   |   |
|   |   |                                   |   |            | · · · · · · · · · · · · · · · · · · ·   | *************************************** |   |
|   |   |                                   |   |            |   |   |   |
|   |   |                                   |   |            |   |   |   |
|   |   |                                   |   |            |   |   |   |
| , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1 *** * * * * * * * * * * * * * * * * * |                                   |   |            |   |   |   |
|   |   |                                   |   |            |   |   |   |
|   |   | **************                    |   |            | **************************              |   | *****************                         |
|   |   |                                   |   |            |   |   |   |
| /                                       |   |                                   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |            |   |   | ***************                           |
|   |   |                                   |   |            |   |   |   |
|   | ,                                       |                                   |   |            | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |   |
|   |   |                                   |   |            |   |   |   |
|   |   |                                   |   |            |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ***************************************   |
|   |   |                                   |   |            |   |   |   |
|   |   |                                   |   |            |   |   |   |
|   |   |                                   |   |            | *************                           | · · · · · · · · · · · · · · · · · · ·   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |
|   |   |                                   |   |            |   |   |   |
|   |   | ************                      | ***************                         |            |   |   |   |
|   |   |                                   |   |            |   |   |   |
|   | ****                                    |                                   |   | . , <      |   |   |   |
|   |   |                                   |   |            |   |   |   |

### 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
2018
Onen to Public

Department of the Treasury Internal Revenue Service Name of the organization

SCHOOL DISTRICT OF COLUMBUS

Open to Rublic inspection
Employer identification number

|           | FOUNDATION   |             | E                         |              |                   |                     | STATE OF THE PARTY | <i>17</i> ₹06939              | 924 <i>7</i>                                     |
|-----------|--|-------------|---------------------------|--------------|-------------------|---------------------|--|-------------------------------|--|
| P         | Fundraising Activities. Complete Form 990-EZ filers are not required   | f the ord   | janizatio<br>lete this    | h an<br>parl | swer              | ed "Yes" on F       | orm 990  | Part V line                   | 77.  |
| 1         | Indicate whether the organization raised funds through   |             |                           |              |                   | Check all that ap   | oly.   | Man -                         | 155  |
| а         | Mail solicitations   | e 🗌 s       | olicitation               | of no        | n-gove            | ernment grants      |  |                               |  |
| b         | Internet and email solicitations   |             |                           |              | •                 | ent grants          |  |                               |  |
| С         | □ <b>5.</b>  |             | pecial fun                |              |                   | -                   |  |                               |  |
| d         |  | <b>3</b>    | p - 0.0                   | a. a.o.      |                   |                     |  |                               |  |
| -         | Did the organization have a written or oral agreement  | with any In | idividual (i              | ncludi       | ina off           | icers, directors, t | rustees.   |                               |  |
|           | or key employees listed in Form 990, Part VII) or entity   | / in conne  | ction with                | profes       | ssiona            | I fundraising sen   | /ices?   | 4111171117111                 | Yes No   |
| b         | If "Yes," list the 10 highest paid individuals or entities compensated at least \$5,000 by the organization. | fundralser  | s) pursuar                | nt to a      | green             | nents under whic    | h the fundra   | iser is to be                 |  |
|           | componented at least 40,000 by the organization.   |             |                           | (iii) Di     |                   |                     | (v)  | Amount paid to                | (vi) Amount pald to                              |
|           | <ul><li>(i) Name and address of individual<br/>or entlity (fundraiser)</li></ul>                             | (10)        | Activity                  | custo        | have<br>ody or    | (iv) Gross receip   | is (o  | r retained by)                | (or retained by)                                 |
|           | or entry (unitrialser)   | ``          | ,                         |              | rol of<br>utions? | from activity       | fund   | draiser listed in<br>col. (i) | organization                                     |
|           | · <del>-</del>   |             |                           | Yes          | No                |                     |  |                               | <del>                                     </del> |
| 1         |  |             |                           |              |                   |                     | 1  |                               |  |
|           |  | -           |                           |              |                   | <del>"- "</del>     |  | <u>_</u>                      | <del> </del>                                     |
| 2         |  |             |                           |              |                   |                     |  |                               |  |
|           |  |             |                           |              |                   |                     | ļ  |                               |  |
| 3         |  |             |                           |              |                   | - · · · ·           | _  |                               |  |
|           |  |             |                           |              |                   |                     |  |                               |  |
| 4         |  |             |                           |              |                   | <del></del>         | <del></del>  |                               | <del>  -</del>                                   |
| ~         |  |             |                           |              |                   |                     |  |                               |  |
|           |  |             |                           |              |                   |                     |  |                               |  |
| 5         | •  |             |                           |              |                   |                     |  | <u>-</u>                      |  |
|           |  | ŀ           |                           |              |                   |                     | İ  |                               |  |
| 6         |  | -           |                           | <u> </u>     |                   |                     |  | <u> </u>                      | <del> </del>                                     |
| •         |  |             |                           |              |                   |                     |  |                               |  |
|           |  |             |                           |              |                   |                     |  |                               |  |
| 7         |  | 1           |                           |              |                   |                     |  |                               |  |
|           |  |             |                           |              |                   |                     |  |                               |  |
| 8         |  | +           |                           |              |                   | <u> </u>            |  |                               | -  |
|           |  |             |                           |              |                   |                     |  |                               |  |
|           |  | _           |                           | 1            | ļ                 |                     |  |                               | -  |
| 9         |  |             |                           |              |                   |                     |  |                               |  |
|           |  |             |                           |              |                   |                     |  |                               |  |
| 10        |  |             |                           |              |                   |                     |  |                               |  |
|           |  |             |                           |              |                   |                     |  |                               |  |
| T-4       | <u> </u>   |             | <del></del>               |              | <u> </u>          | <u>. —</u>          |  |                               |  |
| Tota<br>3 | List all states in which the organization is registered o  |             |                           | ontrib       | utions            | s or has been no    | tified it is ex  | empt from                     |  |
| •         | registration or licensing.   |             |                           |              |                   | - 3, 1140 20011 110 |  | ampenoid                      |  |
|           |  |             | , , , , , , , , , , , , , |              |                   |                     |  |                               | ************                                     |
|           |  |             |                           | * * * * * *  | ,                 |                     | ,,,,,,   | *************                 | 11/11/71/11/11/11/11/11/11/11/11/11/11/1         |
|           |  |             |                           | • • • • •    |                   | ***************     |  | ************                  | ***********************                          |
|           |  |             |                           |              |                   |                     | ,,,,,,,,,  |                               | ***************************************          |
|           |  |             |                           |              |                   |                     |  |                               | ******************                               |

Schedule G (Form 990 or 990-EZ) 2018 SCHOOL DISTRICT OF COLUMBUS 47-0693924 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through CHS SPORTS BAND BOOSTE (event type) (event type) |col. (c)) 52,699 1 Gross receipts 39,574 68,098 160,371 2 Less: Contributions 3 Gross income (line 1 minus 52,699 39,574 68,098 line 2) ....... 160,371 4 Cash prizes 5 Noncash prizes ...... 6 Rent/facility costs ..... 7 Food and beverages 8 Entertainment 53,998 37,729 9 Other direct expenses 78,932 170,659 10 Direct expense summary. Add lines 4 through 9 in column (d) 170,659 -10,288than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue. 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs ..... 5 Other direct expenses Yes % 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? b If "Yes," explain:

| Sche   | dule G (Form 990 or 990-EZ) 2018   | SCHOOL                                  | DISTRICT                                | OF               | COLUMBUS                                | 47-0693924                                | Page <b>3</b>   |
|--------|--|---|---|------------------|---|---|-----------------|
| 11     | Does the organization conduct gaming   | activities with n                       | onmembers?                              |                  |   |   | Yes No          |
| 12     | Is the organization a grantor, beneficia   | ry or trustee of a                      | trust, or a membe                       | rofa             | partnership or other enti               | ty  | .,              |
|        | formed to administer charltable gamin  | g?                                      | , |                  |   | <u> </u>                                  | Yes No          |
| 13     | Indicate the percentage of gaming act  |   |   |                  |   |   |                 |
| а      | The organization's facility  | £                                       | otto a l                                | Marani<br>Marani | er By Arman                             | 133 JES 433                               | <i>I</i> %      |
| b      | An outside facility  | ĺ                                       |   |                  | - 11/X                                  | 33h /                                     | <del>7</del>    |
| 14     | The organization's facility  An outside facility  Enter the name and address of the pe | rson who prepar                         | es the organization                     | s dar            | ning/special events book                | rs and                                    |                 |
|        | records:   |   | TOWNS BOUND NO.                         |                  | M. Mobosier of All to soo.              | Carrier Masser II III                     |                 |
|        | Name >   | *************                           | *************************************** | *****            |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | •••             |
|        | Address >  | **************                          |   |                  |   | 17431111417411141112121141117441111111111 |                 |
| 15a    | Does the organization have a contract  | with a third part                       | v from whom the o                       | rdaniz           | ation receives gaming                   |   |                 |
|        | _  |   |   | -                |   | ***************************************   | Yes No          |
| b      | If "Yes," enter the amount of gaming re  | evenue received                         | by the organization                     | <br>n <b>▶</b>   | \$                                      | and the                                   | _ res _ NO      |
|        | amount of gaming revenue retained by   | v the third party l                     | ► \$                                    |                  | *                                       |   |                 |
| c      | If "Yes," enter name and address of the  | e third party:                          | *                                       |                  |   |   |                 |
| Ū      | in 100, of tol plants and address of a   | o ama party.                            |   |                  |   |   |                 |
|        | Name ▶   |   |   |                  |   |   |                 |
|        |  |   | ,                                       | ,,,              | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |                 |
|        | Address ▶  | *************                           |   |                  |   |   | • • • •         |
| 16     | Gaming manager information:  |   |   |                  |   |   |                 |
|        | Name ▶   |   |   |                  |   |   |                 |
|        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ******************                      |                  | ******************                      | [141141421111441144411411111411212        |                 |
|        | Gaming manager compensation ▶ \$   |   |   |                  |   |   |                 |
|        |  |   |   |                  |   |   |                 |
|        | Description of services provided ▶   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   | * * * * * *      |   |   |                 |
|        | Director/officer Em  | ıployee                                 | Independer                              | it cont          | ractor                                  |   |                 |
| 17     | Mandatas distributions   |   |   |                  |   |   |                 |
|        | Mandatory distributions:   | :- k-,,,4- w1,1                         |   |                  |   |   |                 |
| а      | Is the organization required under state   |   |   |                  |   |   | <b>_</b>        |
|        | retain the state gaming license?   |   |   |                  |   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   | Yes No          |
| b      | Enter the amount of distributions requ   | ired under state                        | iaw to be distribute                    | ed to o          | ther exempt organizatio                 | ns or                                     |                 |
| ****** | spent in the organization's own exemp  |   |   |                  | . 11 5 (1.11                            | 60 ) (00)                                 |                 |
|        |  |   |   |                  |   | ne 2b, columns (iii) and (v);             | and             |
|        |  | o, 15b, 15c, 1                          | 6, and 1/b, as                          | appli            | cable. Also provide                     | any additional information.               |                 |
|        | See instructions.  |   |   |                  |   |   |                 |
|        | 2174141  |   |   |                  |   |   | *************** |
|        |  | **************                          |   |                  |   | *****************************             |                 |
|        |  | ************                            |   |                  |   |   |                 |
|        |  | *************                           | . , , , , , , , , , , , , , , , , , , , |                  |   |   |                 |
|        |  | *************                           |   |                  |   |   |                 |
|        |  |   |   |                  | ,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,       |   | *************   |
|        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |   | />>                                     |                  |   |   | **************  |
| ,      |  |   |   | ******           |   |   |                 |
|        |  |   |   |                  |   |   |                 |
|        | ***************************************  | 17*11**1112111                          |   |                  | . * * * * * * * * * * * * * * * * * * * | ***********************                   | *************** |
|        |  | .,,                                     |   |                  | ************                            | ***************************************   |                 |
|        | ***************************************  | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |   |                  | *************************************** |   |                 |
|        |  |   |   |                  |   | ***************************************   | **************  |

Schedule G (Form 990 or 990-EZ) 2018

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.

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

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

SCHOOL DISTRICT OF COLUMBUS

General Information on Grants and Assistance

Parti

FOUNDATION

2018

OMB No. 1545-0047

Open to Public Inspection 

Employer-Identification number

47-0693924

8 X 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 or assistance Yes 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 עוס אינונים מאשוע עוס שאשוע אינון אינ (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 109,052 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 47-6004811 (p) EIN the selection criteria used to award the grants or assistance? (a) Name and address of organization (1) COLUMBUS PUBLIC SCHOOLS or government <u>@</u> 3 3 9 9 8 8 <u></u>

Schedule I (Form 990) (2018)

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

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

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. SCHOOL DISTRICT OF COLUMBUS Schedule I (Form 990) (2018)

Part III

| rait III can be unpilicated in additional space is needed | VII al abace la Hecueu.  |   |
|---|--------------------------|---|
| (a) Type of grant or assistance                           | (b) Number of recipients | (e) Method⊴of va<br>L FMV≋apprai  |
| 1 SCHOLARSHIPS TO CPS STUDE 26                            | 26                       | 180,194   |
| 2   |                          |   |
| , n   |                          |   |
| 4   |                          |   |
| ıo  |                          |   |
| 9   |                          |   |
| 7   |                          |   |
| Part IV Supplemental Information. Prov                    | vide the information rec | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. |

| (2018) |
|--------|
| (066   |
| (Form  |
| dule I |
| Sche   |

### **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.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SCHOOL DISTRICT OF COLUMBUS

Employer identification number 47-0693924 FOUNDATION

| 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  |
| TO THE BOARD PRESIDENT. THE BOARD MEMBERS AND STAFF ARE REQUIRED TO SIGN A  |
| 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  |
| COMMITTEE 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 SCHOOL DISTRICT OF COLUMBUS                                      | Employer Identification number 47-0693924 |
|---|---|
| STATEMENTS ARE NOT MADE READILY AVAILABLE TO THE PUBLIC, HANDLED ON A CASE-BY-CASE BASIS. | BUT REQUESTS ARE                          |
| FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS                                   | EXPLANATION                               |
| FUNDRAISING DIRECT EXPENSES INCLUDED ON PART VIII, LINE                                   | 8B \$ 252,848                             |
| FUNDRAISING DIRECT EXPENSES INCLUDED ON PART VIII, LINE                                   | 8B \$ -252,848                            |
| ,   |   |
|   |   |
|   |   |
|   | ······································    |
|   |   |
|   |   |
|   |   |
| ·   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |
|   |   |
| ,<br>   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |
| · · · · · · · · · · · · · · · · · · ·   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| ,   |   |
|   |   |
|   | PAGE 1 OF 1                               |