** PUBLIC DISCLOSURE COPY **

990

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

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury

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

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, and ending JUN 30, 2019 Open to Public Inspection

B (Check if	C Name of organization		D Employer identif	ication number		
	Addre	Leman Classical School					
H	chang Name			ا 81_1	.263925		
H	chano ∏Initial	- J	Room/suit	+			
H	return □Final	19560 Strob Pd	ROOM/Suit		er -767–1600		
	⊒return termir			G Gross receipts \$	4,695,246.		
	ated ∏Aṃen			-			
H	⊒return ∏Appli	•		H(a) Is this a group	s? Yes X No		
	⊥tion pendi	same as C above					
_	F-1/ -1/	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) €	or 52	H(b) Are all subordinates			
		te: ► www.lemanacademy.com/parker	01 32	———————————————————————————————————————	a list. (see instructions)		
		organization: X Corporation Trust Association Other	I Vos	H(c) Group exemption 2016	M State of legal domicile: CO		
		Summary	L 16a	ii oi ioiiiialioii. 2010	VI State of legal dominione.		
_	1	Briefly describe the organization's mission or most significant activities: Leman	n Aca	demy of Exce	llence's		
Activities & Governance	l '	mission is to offer a rigorous, Classical	1 Edu	cation based	on the		
nar	2	Check this box if the organization discontinued its operations or dispose					
Ver	3			3	4		
ၓၟ	4	Number of independent voting members of the governing body (Part VI, line 1a)			4		
ە ە	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			56		
iţie	6	Total number of volunteers (estimate if necessary)			20		
흕	_	Total unrelated business revenue from Part VIII, column (C), line 12					
ĕ		Net unrelated business taxable income from Form 990-T, line 38					
		Tect difficiated business taxable moonie from 1 on 1 350 1, fine 50		Prior Year	Current Year		
•	8	Contributions and grants (Part VIII, line 1h)		0.			
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	<u> </u>		
š		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.			
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	3,508,448.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
be	1	Total fundraising expenses (Part IX, column (D), line 25)	0.				
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	2,334,386.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0.	5,842,834.		
		Revenue less expenses. Subtract line 18 from line 12		0.	-1,147,588.		
or		·		Beginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		8,690.	6,415,750.		
ASS	21	Total liabilities (Part X, line 26)		461.	7,555,109.		
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		8,229.	-1,139,359.		
Pa	art II	Signature Block					
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and state	ments, and to the best of n	ny knowledge and belief, it is		
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	hich prepar	er has any knowledge.			
Sig	n	Signature of officer		Date			
Her	е	Victoria Hostin, Officer					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check Check	PTIN		
Paid		Thomas G. Sistare		self-emplo			
	parer	Firm's name Hoelting & Company, Inc.		Firm's EIN ▶	30-0514455		
Use	Only	Firm's address 31 E Platte Ave, Ste 300			0 600 6001		
		Colorado Springs, CO 80903		Phone no. 71	9-630-1091		
May	the I	RS discuss this return with the preparer shown above? (see instructions)			Yes X No		

га	Statement of Program Service Accomplishments	v
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	Leman Academy of Excellence's mission is to offer a rigorous	
	Classical Education based on the traditions of Western cultur	
	all disciplines are interrelated allowing scholars the abili-	
	think independently and critically. We purpose to partner with	th
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
_	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	hy avnancae
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the tot	
		ai expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$ 4,806,822 • including grants of \$) (Revenue \$	4,264,626.)
4a	(Code:) (Expenses \$4,806,822. including grants of \$) (Revenue \$) Organizd and operated exclusively for educational purposes	4,204,020.
	organiza and operated exclusively for educational purposes	
		_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	1
-10	(Code) (Expenses #	/
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 4 , 806 , 822 .	
		Form 990 (2018)

Form 990 (2018) Leman Classical School Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			. v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11d	Х	
е	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			Х
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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	17		х
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		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Form 990 (2018) Leman Classical School Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			\ ₃₂
	Schedule J	23		Х
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			\ ₃₇
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		X
00	Schedule L, Part I	25b		Α.
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	000		x
07	complete Schedule L, Part II	26		1
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	21		1
20	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		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee: In res, complete our date 2, ratery	200		
·	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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b		4		
С				
	(gambling) winnings to prize winners?	1c		

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

				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				1			
	filed for the calendar year ending with or within the year covered by this return	2a 56						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C)	3b	X				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?	4a		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 Advanced in the control of the second secon	` '						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
b	, , , , , , , , , , , , , , , , , , , ,							
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		<u> </u>			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-						
	any contributions that were not tax deductible as charitable contributions?		6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts						
	were not tax deductible?		6b					
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		X			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<u> </u>			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			37			
	to file Form 8282?	1	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e		—			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		 			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		—			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations received a contribution of cars, boats, airplanes, or other vehicles, did the organizations are interested funds.		7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•	8					
9	sponsoring organization have excess business holdings at any time during the year?		0					
э a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?		9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b					
10	Section 501(c)(7) organizations. Enter:		30					
а	· · · · · ·	10a			1			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			l			
11	Section 501(c)(12) organizations. Enter:	100						
 a		11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against							
-	,	11b						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a					
	1	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	'						
	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
		13b						
С		13c						
14a	Did the consideration we six and a second of the description of the de		14a		Х			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0	14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration or						
	excess parachute payment(s) during the year?		15		Х			
	If "Yes," see instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.							

Part VI 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				
Sec	tion A. Governing Body and Management								
		1 1	. —	Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a ·	4						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b	1						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other							
	officer, director, trustee, or key employee?		2		Х				
3	Did the organization delegate control over management duties customarily performed by or under t								
	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	4		Х				
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?		6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a								
	more members of the governing body?		7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	persons other than the governing body?		7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?		8a	Х					
b	Each committee with authority to act on behalf of the governing body?		8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)							
				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such of								
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy before filing the form?	11a		X				
b									
12a	and a second control of the control								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe							
	in Schedule O how this was done		12c		X				
13	Did the organization have a written whistleblower policy?		13	Х					
14	Did the organization have a written document retention and destruction policy?		14	Х					
15	Did the process for determining compensation of the following persons include a review and approve	al by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?							
а	The organization's CEO, Executive Director, or top management official		15a		X				
b	Other officers or key employees of the organization		15b		X				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a							
	taxable entity during the year?		16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's							
	exempt status with respect to such arrangements?		16b						
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ► None								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, a	and 990-T (Section 501(c)(s)s only) availa	able				
	for public inspection. Indicate how you made these available. Check all that apply.								
		n in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest policy, ar	ıd finan	cial					
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's b	ooks and records 🕨							
	Leman Classical School - 720-767-1600								
	1950 Stroh Rd. Parker. CO 80134								

Form 990 (2018)

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

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

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

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

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 organiz (A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Position						Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an				h an	compensation	compensation	amount of
	week	offi	cer ar	nd a d	irecto	or/trus	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	rdire				pe		organization	(W-2/1099-MISC)	from the
	related	tee o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	Itrus	nal tri		oyee	dwo				and related
	below	Individual trustee or director	Institutional trustee	je.	Key employee	loyee	ner			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Forr			
(1) Victoria Hostin	10.00							_	_	_
Officer		Х		Х				0.	0.	0.
(2) Susan McGinley	1.00							_	_	_
Officer		Х		Х				0.	0.	0.
(3) Dana Knauff	1.00	1_		l_				_	_	_
Officer		Х	_	Х				0.	0.	0.
(4) Wendi Burkhardt	1.00									_
Officer		Х		Х				0.	0.	0.
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832007 12-31-18 Form **990** (2018)

81-1	263	925	P	age 8						
(E)		(F) Estimated								
Reportable ompensation			stimate nount							
rom related rganization		com	other pensa	ntion						
2/1099-MI		fr	om th	е						
		an	anizat d relat	ed						
		orga	anizati	ons						
	0.			0.						
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of reportab	_									
			Yes	0 N o						
ee on										
ganization		3		X						
		4		X						
for services		5		X						
000 (
,000 of cor	npens	ation 1	rom							
es	(C) Compensation									

	1990 (2018) Leman Cla									81-12	263	925	Pa	age 8	
Pa	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C	Compensated Employe	es (continued)					
	(A)	(B)		(C)					(D)	(E)			(F)		
	Name and title	Average hours per		Position (do not check more than or box, unless person is both			than		· ·	Reportable Reportable			Estimated		
		week				erson is both ar director/trustee)			compensation from	compensation from related		amount of other			
		(list any	ector						the	organizations			oensa	ıtion	
		hours for related	or din	99			ated		organization	(W-2/1099-MIS	SC)		om the		
		organizations	rustee	ıl trust		ee Ge	mpens		(W-2/1099-MISC)			•	anizati I relati		
		below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Jer .					nizatio		
		line)	Indi	Instii	Officer	Key e	High emp	Former							
1b	Sub-total	<u> </u>							0.		0.			0.	
С	Total from continuation sheets to Part VI							>	0.		0.			0.	
d	Total (add lines 1b and 1c)							<u> </u>	0.		0.			0.	
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wh	no r	received more than \$100	,000 of reportabl	е			0	
	compensation from the organization												Yes	No	
3	Did the organization list any former officer,	director, or tru	ıste	e. ke	ev er	nplo	vee.	or	highest compensated e	mplovee on	Г			110	
	line 1a? If "Yes," complete Schedule J for s											3		Х	
4	For any individual listed on line 1a, is the su	ım of reportab	le co	omp	ensa	ation	and	d ot	her compensation from	the organization					
	and related organizations greater than \$150											4		X	
5	Did any person listed on line 1a receive or a	=				-		elat	ted organization or indiv	idual for services		_		Х	
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Scheaui	e J T	or s	ucn	pers	son .					5			
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of com	pensa	ation f	rom		
	the organization. Report compensation for										•				
	(A)								(B)			(C			
	Name and business	address	N	INC	<u> </u>			4	Description of s	ervices	C	omper	ısatıoı	n ——	
-								\dashv							
								_							
								_							
2	Total number of independent contractors (i \$100,000 of compensation from the organization)		ot li	mite	d to		se lis)	stec	d above) who received m	nore than					
	w 100,000 of compensation from the organia	LULIUII					-								

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII ... (B) (C) (**D)** Revenue excluded Related or Unrelated Total revenue from tax under exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b c Fundraising events d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and 426,391 similar amounts not included above 426,391 g Noncash contributions included in lines 1a-1f: \$ 426,391. h Total. Add lines 1a-1f Business Code 611110 2 a Per Pupil Revenue 14,065,326.4,065,326. Program Service Revenue ь Kindgarten Tuition 611110 158,310. 158,310. c Other Program Services 611110 45,219. 40,990. 4,229. f All other program service revenue 4,268,855. g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c). See Part IV, line 18 a Other b Less: direct expenses _____ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns and allowances _____a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b d All other revenue e Total. Add lines 11a-11d 4,229. 4,695,246.4,264,626. Total revenue. See instructions

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX To not include amounts reported on fines 60, 73, 80, 98, and 10th of Part VIII. To all opponses Program sovice opponses I Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 17 to any analysis of the seed of the s		Check if Schedule O contains a respon	se or note to any line in	this Part IX		
Total expenses	- Do /					
Grants and other assistance to domestic organizations and domestic generates. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 12 Grants and other assistance to domestic individuals. See Part IV, line 12 Grants and other assistance to domestic individuals. See Part IV, line 15 and 16 Grants assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 Grants assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 Grants assistance of Grants of Grants and Vages Grants and Grants and Vages Grants and Continuations (include ascide 40(8)), gain and Continuation (include 40(8)), gain and Continuation (i		•		Program service	Management and	Fundraising
### and domestic governments. See Part IV, line 21 Grants and other assistance to foreign organizations, creeign governments, and foreign individuals. See Part IV, line 25 Grants and other assistance to foreign organizations, creeign governments, and foreign individuals. See Part IV, line 15 and 16 Benefits paid to or for members Benefits paid to or for members Compensation of current officers, directors, trustess, and key employees persons (as defined under section 4958(K)(II) and persons described in section 4958(K)(III) and persons described in section 4958(K)(III) and persons described in section 4958(K)(III) and persons 41, 55, 815. 1, 787, 182.				expenses	general expenses	expenses
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organizations, foreign governments, and foreign inclividuals. Sac Part IV, lines 15 and 16		individuals. See Part IV, line 22				
Individuals. See Part IV, lines 15 and 16 Banefits paid to or for members	3	Grants and other assistance to foreign				
Individuals. See Part IV, lines 15 and 16 Banefits paid to or for members		organizations, foreign governments, and foreign				
Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees						
Compensation of current officers, directors, trustees, and key employees	4					
trustaese, and Key employees Compensation not included above, to disqualitied persons (as defined under section 4958(p(1)) and 4958(p(1)		F				
6 Compensation not included above, to disqualified persons (as defined under section 4988(r)(1)) and persons described in section 4988(r)(3)(8) 7 Other salaries and wages 8 Pension plan acrusals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): 12 Management 13 Legal 14 Legal 15 Legal 16 Lobying 17 Investment management tees 19 Other, (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on School to 11 Travel 10 Cocupancy 11 Fees for services (non-employees): 12 Advertising and promotion 13 Office expenses 14 (678 3, 976 702 1170, 297 117	J					
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20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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 0.) a Educational Services b Maintenance c Tinstructional Supplies d Supplies e All other expenses 57,912. 49,225. 8,687. 57,912. 49,225. 8,687. 849,225. 8,687. 97,810. 83,139. 14,671. 84,620. 71,927. 12,693. 58,992. 58,992. 44,492. 37,818. 6,674. 44,492. 37,818. 6,674. 57,916. 39,478. 6,238. 57,916. 39,478. 6,238. 57,916. 39,478. 6,238. 57,916. 39,478. 6,238. 57,842,834. 4,806,822. 1,036,012. 0.	10	· · · · · · · · · · · · · · · · · · ·				
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22 Depreciation, depletion, and amortization 23 Insurance 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 0.) a Educational Services b Maintenance c Instructional Supplies d Supplies e All other expenses 5 Total functional expenses. Add lines 1 through 24e 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 in following SOP 98-2 (ASC 958-720) 5 Total functional expenses. Add lines 1 through 24e 5 Total functional expe		• • • • • • • • • • • • • • • • • • • •			+	
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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						0.
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)						
educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)						
Check here if following SOP 98-2 (ASC 958-720)		1 1 1				
	000=	F 3 (, ,)				Form 990 (2018)

		Check if Schedule O contains a response or note to any line in this Part X			<u></u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	8,690.	1	468,465.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	r		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	g		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ets		employees' beneficiary organizations (see instr). Complete Part II of Sch L $_{\dots}$		6	
Assets	7	Notes and loans receivable, net		7	
4	8	Inventories for sale or use		8	0 000
	9	Prepaid expenses and deferred charges		9	2,909.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
		Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	5 0// 27 <i>6</i>
	15	Other assets. See Part IV, line 11	0 (00	15	5,944,376. 6,415,750.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1.44	16	146,040.
	17	Accounts payable and accrued expenses	•	17	140,040.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
ΙĮ		key employees, highest compensated employees, and disqualified persons.		22	
Lia	22	Complete Part II of Schedule L		23	
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		24	
	23	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	0.	25	7,409,069.
	26	Total liabilities. Add lines 17 through 25	461.	26	7,555,109.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
S		complete lines 27 through 29, and lines 33 and 34.			
JCe	27	Unrestricted net assets	8,229.	27	-1,268,359.
alaı	28	Temporarily restricted net assets	•	28	129,000.
g B	29	Permanently restricted net assets		29	,
Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
P		and complete lines 30 through 34.			
Net Assets or	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et A	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances		33	-1,139,359.
	34	Total liabilities and net assets/fund balances	8,690.		6,415,750.

Par	Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			Ш	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,6				
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,8				
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,1	-1,147,588			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		3	3,2	29.	
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	-1,1	139	, 3	59.	
Par	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					X	
				,	Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	_				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2	2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat						
	consolidated basis, or both:						
	Separate basis Consolidated basis X Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2	2c	X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch						
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si			Т			
	Act and OMB Circular A-133?	-		За		X	
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		s	3b			

Form **990** (2018)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization Leman Classical School 81-1263925 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.) 1 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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. 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)		•	12	
13	First five years. If the Form 990 is for	the organization'				n 501(c)(3)	
	organization, check this box and stop	here					>
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2018 (li	ne 6, column (f) d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2018. If the o	rganization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or r	nore, check this b	ox and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			▶□
b	33 1/3% support test - 2017. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test	: - 2018. If the org	janization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check t	this box and stop I	here. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	publicly supporte	d organization		▶□
b	10% -facts-and-circumstances test	: - 2017. If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	e "facts-and-circu	ımstances" test, o	check this box and	stop here. Explair	n in Part VI how the	е
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a publ	icly supported org	anization	▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box a	and see instruction	ns ▶∟

Part III | 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.)

Galledar year (or fiscal year segnining in) Galledar year (or fiscal	Section	n A. Public Support	now, please com	piete Part II.)				
1 Giffs, grants, contributions, and membership feet received. (Do not include any "unusual grants.") 2 Gross eneights from admissions, merchandles acid or services per formed, or facilities turnished in any activity that is related to the organization's trave-empt purpose 3. Gross neceipts from activities that are not an unrelated trade or business under section 513. 4 Tax revenues levide 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. 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons. 5 A mounts included on lines 1, 2, and 3 received from disqualified persons. 6 Total. Add lines 1 through 5. 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons. 8 D invest ten ideal of the travel of the services of			(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
membership fees received. (Do not include any trustal grants?) 2. Gross receipts from admissions, memchandiss old or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3. Gross receipts from admissions performed, or facilities furnished to the organization's tax-exempt purpose 3. Gross receipts from admissions that are not an unrelated trade or business under section 513. 4. Tax revenues levied for the organization or services or solidites furnished by a governmental unit to the organization without charge 5. The value of services or solidites furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5		· ` ` · · · · · · · · · · · · · · · · ·	(-,	(-, 25.5	(-, 25.5	(=, ==::	(=,	(-)
include any *unusual grants*) Gross receipts from admissions, merchandies sold or services per formed, or facilities furnished in any activity that is related to the organization's trave-empt purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues levied for the organization's trave-empt purpose 5. The value of services or facilities furnished by a governmental unit to the organization's benefit and offither paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization's whorld charge 6. Total. Add lines 1 through 5. 7. A mounts included on lines 1, 2, and 3 received from disqualified persons by a furnished by a governmental unit to the organization without charge. 6. Total. Add lines 1 through 5. 7. A mounts included on lines 1, 2, and 3 received from disqualified persons by a furnished by a governmental control of the services of services or facilities with the services of services or facilities with the services of services or facilities for the services or facilities for the services of services or facilities for services for services or facilities for services for services for services or facilities for services for serv		, ,						
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merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's take-weeping purpose 3. Gross receipts from activities that are not an unrelated trade or bus- iness under section 513 4. Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 5. The value of services or statities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. 7. A mounts included on lines 1, 2, and 3. received from disqualified persons by Amounts froution on lines 2 and received from the third dequalified persons by Amounts froution on lines 2 and received from the third dequalified persons by Amounts froution on lines 2 and received from the third dequalified persons but section B. Total Support Calendar year (or freatly ear beginning in) 9. Amounts frontine 16 10a. Gross income from interest, dividending payments received and income from is minimal sources by Unrelated business taxable income (less section 511 laxes) from businesses acquired after June 30, 1975 c. Add lines 10a and 10b 11. Nat income from interest, dividending payments received and all income from interest dividending payments received and all income from interest, dividending payments received and all income from interest, dividending payments received and income from interest dividending payments received and income from interest, dividending payments received and income f		, , , , , , , , , , , , , , , , , , ,						
any activity that is related to the organization's tax-exempt purpose of organization's tax-exempt purpose of the organization's benefit and either paid to or expended on its behalf or organization's benefit and either paid to or expended on its behalf or organization's benefit and either paid to or expended on its behalf or organization's benefit and either paid to or expended on its behalf organization's benefit and either paid to or expended on its behalf organization's benefit and either paid to or expended on its behalf organization without charge of the organization without charge organization organization without charge organization organization without charge organization organization without charge organization without charge organization without charge organization organization organization organization without charge organization organiz		•						
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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
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	8		
	9a		
	01-		
	9b		
	9с		
	40		
	10a		
	10b		
m 9	90 or 99	0-EZ	2018
-			

Pa	rt IV	Supporting Organizations (continued)			
		ontinuosy		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
		, the governing body of a supported organization?	11a		
b		ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations			
				Yes	No
1	Did th	e directors, trustees, or membership of one or more supported organizations have the power to			110
		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		par? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported	•		
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		If how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
		or type it supporting organizations		Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	110
•		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		apported organization(s).	1		
Sec		D. All Type III Supporting Organizations			
		717 III Typo III oupporting organizations		Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the		100	110
•		ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
		(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3		ason of the relationship described in (2), did the organization's supported organizations have a	_		
•		cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		orted organizations played in this regard.	3		
Sec		E. Type III Functionally Integrated Supporting Organizations			
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the yea (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.			
c		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	s).	
2		ties Test. Answer (a) and (b) below.		Yes	No
a		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-		es of each of the supported organizations? Provide details in Part VI.	3a		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete 9	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionall	y integra	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

rai	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	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:			
а	Excess from 2014			
b	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2018

Leman Classical School 81-1263925 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

Leman Classical School

81-1263925

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 426,391.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

Leman Classical School

81-1263925

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	In kind gift of management services	_	
1		_	
		\$\$	06/30/19
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		- - -	
		_ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		_ _ _	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		 _	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		_ _ _	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		- -	
3453 11-08		_ \$	990. 990-EZ. or 990-PF) (2

Name of organization Employer identification number Leman Classical School 81-1263925 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Leman Classical School

Employer identification number 81-1263925

Pa	rt I Organizations Maintaining Donor Adviso	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, li	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor		
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or		
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic st	tructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing cons	servation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, han	ndling of violations, and enforcing conserva	tion easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) about	ove satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Forn	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	khibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	I gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		> \$
h	Assets included in Form 990 Part Y		

Pai	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tı	reasures, c	or Othe	r Simil	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, checl	k any of the	following that	t are a si	gnificant	use of its	collectio	n item	IS
	(check all that apply):										
а	Public exhibition	d		Loan or exc	change progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	the organization	on's exer	npt purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit o				•			_	_		,
_	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par	•	ete if the	organizatio	on answered "	'Yes" on	Form 990), Part IV,	line 9, o	ſ	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributio	ns or other as	sets not	included				
	on Form 990, Part X?		-						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
									Amoun	t	
С	Beginning balance						. 1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or c	ustodial acco	unt liabili	ity?	L	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	kplanatio	on has beer	n provided on	Part XIII					
Pai	t V Endowment Funds. Complete it	the organization an	swered	"Yes" on F	orm 990, Part	IV, line 1	0.				
		(a) Current year	(b) P	rior year	(c) Two year	s back ((d) Three y	ears back	(e) Fou	r years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment >	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	red for th	ne organiz	zation			
	by:									Yes	No
	(i) unrelated organizations										
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza				·				3b		
4	Describe in Part XIII the intended uses of the		wment	funds.							
Pai	t VI Land, Buildings, and Equipm										
	Complete if the organization answered	1			1						
	Description of property	(a) Cost or o basis (investr		` ,	t or other (other)	٠,	cumulate preciation	ed	(d) Boo	k valu	e
1a	Land										
b	Buildings										
С	Leasehold improvements										
d	Equipment										
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10c.)						0.

Schedule D (Form 990) 2018 Leman Class Part VII Investments - Other Securities.	ICAL SCHOOL		81-1263925	Page •
Complete if the organization answered "Yes"	on Form 900 Part IV Jir	a 11h Saa Form 000	Part Y line 12	
(a) Description of security or category (including name of security)	(b) Book value		raluation: Cost or end-of-year market va	alue
(1) Financial derivatives		 ``	,	
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of v	raluation: Cost or end-of-year market va	ılue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.				
	on Form 000 Port IV lin	a 11d Can Farm 000	Dort V. line 15	
Complete if the organization answered "Yes"	Description	e 11a. See Form 990,	(b) Book value	
(1) Deferred Outflows of Reso	•		5,943,	
(2) Deposits	<u>urceb</u>			386
(3)				-
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		▶ 5,944,	376
Part X Other Liabilities.	,			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Forr	n 990, Part X, line 25.	
1. (a) Description of liability		(b) Book value		
(4) Fadaval in a succession				

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Net Pension Liabilities	4,431,494.
(3) Deferred Inflows of Resources	2,756,249.
(4) Net OPEB Liability	221,326.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	7,409,069.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

	t XI Reconciliation of Revenue per Audited Financial Sta		•	· -
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	4,695,246.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		_
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	4,695,246.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		0
С	Add lines 4a and 4b			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,695,246.
Pa	Reconciliation of Expenses per Audited Financial St	<u>-</u>	nses per Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			E 040 004
1	Total expenses and losses per audited financial statements		1	5,842,834.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1		
а	Donated services and use of facilities			
b	Prior year adjustments			
С.	Other losses			
d	Other (Describe in Part XIII.)	' <u>'</u>		0.
e	Add lines 2a through 2d			5,842,834.
3	Subtract line 2e from line 1		3	3,042,034.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4-1		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4D		•
			46	() -
_	Add lines 4a and 4b Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, line 1)			
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 t XIII Supplemental Information.	3.)	5	0 • 5 , 842 , 834 • X. line 2: Part XI.
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.) 4; Part IV, lines 1b and 2b;	5	5,842,834.
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	5,842,834.
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	5,842,834.
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	5,842,834.
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	5,842,834.
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	5,842,834.
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	5,842,834.
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	5,842,834.
5 Pa Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 T XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) 4; Part IV, lines 1b and 2b;	5	5,842,834.

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Schools

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Leman Classical School

 $Employer\ identification\ number \\ 81-1263925$

aı	t I			
			YES	I
	Doos the examination have a recially pendingriminatory policy toward students by statement in its charter, bylave		123	Ľ
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	x	
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	'		
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	х	
	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.			
	If you need more space, use Part II	3	Х	П
	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	х	
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	T
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student			T
	admissions, programs, and scholarships?	4c	Х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
				_
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.			
	Does the organization discriminate by race in any way with respect to:	52		
а	Does the organization discriminate by race in any way with respect to: Students' rights or privileges?	5a		
a b	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies?	5b		
a b c	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff?	5b 5c		
a b c d	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance?	5b		
a b c d	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies?	5b 5c 5d		-
a b c d e f	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e		
a b c d e f g	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs?	5b 5c 5d 5e 5f		
a b c d e f	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities?	5b 5c 5d 5e 5f 5g		
a b c d e f	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities?	5b 5c 5d 5e 5f 5g		
a b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g	x	
a b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	
a b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5b 5c 5d 5e 5f 5g 5h	X	
b c d e f g h	Does the organization discriminate by race in any way with respect to: Students' rights or privileges? Admissions policies? Employment of faculty or administrative staff? Scholarships or other financial assistance? Educational policies? Use of facilities? Athletic programs? Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? Has the organization's right to such aid ever been revoked or suspended?	5b 5c 5d 5e 5f 5g 5h	X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule E (Form 990 or 990-EZ) 2018

Schedule E (Form 990 or 990-EZ) 2018 Leman Classical School 81-1263925 Page 2
Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information.
Line 6 - Explanation of Government Financial Aid:
Per pupil funding and federal grant funding is recived through the
Colorado Department of Education

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public . Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization Leman Classical School Employer identification number 81-1263925

Par	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contrib	etermin	•	5
1	Art - Works of art		items contributed	r om ood, r are viii, iii e rg				
2	Art - Works of art Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
_	Cars and other vehicles							
6 7								
8	Boats and planes							
9	Intellectual property Securities - Publicly traded							
10	Securities - Closely held stock							
11	Г							
• • •	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
13								
14	Historic structures Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (Services Rend)	X	1	426,391.	Estimated f	air	va	lue
26	Other ()			-				
27	Other (
28	Other ()							
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for c	contributions				
	for which the organization completed Form 828							
							Yes	No
30a	During the year, did the organization receive by	contribution	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	of the initia	al contribution, and	d which isn't required to be υ	sed for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribu	itions?	31		X
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2018

Schedule M	(Form 990) 2018	Leman Classical	School	81-1263925 Pag	је 2
Part II	Supplementa is reporting in Par this part for any a	I Information. Provide the inf t I, column (b), the number of cor dditional information.	formation required by Part I, lines 30b, 32b, and 33 ntributions, the number of items received, or a com	and whether the organization	
				_	
				_	
		_			

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

Leman Classical School

Employer identification number 81-1263925

Form 990, Part I, Line 1, Description of Organization Mission: traditions of Western culture where all disciplines are interrelated allowing scholars the ability to think independently and critically. We purpose to partner with supportive parents, pursue excellence, provide a safe and challenging environment, and instill morals and values in order to produce tomorrow's leaders today. Form 990, Part III, Line 1, Description of Organization Mission: supportive parents, pursue excellence, provide a safe and challenging environment, and instill morals and values in order to produce tomorrow's leaders today. Form 990, Part VI, Section B, line 11b: The School provides form 990 to its board memebrs for review and approval prior to submission. Form 990, Part VI, Section C, Line 18: Documents are made available upon request. Form 990, Part VI, Section C, Line 19: The School can be contacted directly for all documents pertaining to governance.

Form 990, Part XII, Line 2c:

The board of directors is responsible for selecting and overseeing the independent auditors. This process has not changed since last year.

Schedule O (Form 990 or 9	990-EZ) (2018	3)		Page 2
Name of the organization		Classical	School	Employer identification number 81-1263925

Form	990-T	E	Exempt Organization Business Income Tax Return (2018) No. 1545-0687								
				nd proxy tax unde					2010		
		For cal	lendar year 2018 or other tax yea					<u>.9</u> .	2018		
Depar	tment of the Treasury		► Go to www. Do not enter SSN number	•		ons and the latest information		ŀ	Open to Public Inspection for 501(c)(3) Organizations Only		
A	Check box if address changed		Name of organization (_		and see instructions.)	2001 10 4 00 1(0)(0)	D Emplo	oyer identification number loyees' trust, see actions.)		
D E		Print	Leman Class	ical School					1-1263925		
	kempt under section 3 501(c)(3)	or			coo in	etructions			ated business activity code		
	408(e) 220(e)	Туре	Number, street, and room or suite no. If a P.O. box, see instructions. Number, street, and room or suite no. If a P.O. box, see instructions. E Unrelated business activity code (See instructions.)								
	408A 530(a)		City or town, state or prov		foreig	n nostal code		1			
]529(a)		Parker, CO	80134	Torong	T pootat oodo		611	110		
C Boo			F Group exemption numb	er (See instructions.)	<u> </u>						
at e	6,415,7	50.	F Group exemption numb G Check organization type	X 501(c) corp	oration	501(c) trust	401(a)	trust	Other trust		
H En	ter the number of the o	organiza	ition's unrelated trades or b	usinesses.	1	Describe t	he only (or first) un	related			
tra	de or business here	▶ Se	ee Statement	1		. If only one, o	complete Parts I-V.	If more	than one,		
des	scribe the first in the b	lank spa	ce at the end of the previou	s sentence, complete Pa	rts I an	d II, complete a Schedule	M for each addition	nal trade	e or		
bus	siness, then complete	Parts III	-V.								
I Du	ring the tax year, was	the corp	oration a subsidiary in an a	ffiliated group or a paren	ıt-subsi	diary controlled group?		Ye	es X No		
			tifying number of the paren								
			Leman Classi			<u>'</u>	ne number 🕨 7				
			de or Business Inc	ome		(A) Income	(B) Expenses	S	(C) Net		
	Gross receipts or sale		4,229.			4 000					
b	Less returns and allov			c Balance ▶	1c	4,229.					
2			A, line 7)		2	4 220			4 220		
3	Gross profit. Subtract				3	4,229.			4,229.		
			h Schedule D)		4a						
			art II, line 17) (attach Form		4b						
			sts ship or an S corporation (at		4c 5						
5 6			siip or air 5 corporation (at	· ·	6						
7			me (Schedule E)		7						
8			and rents from a controlled		8						
9			on 501(c)(7), (9), or (17) or	ĭ .	9						
10			me (Schedule I)		10						
			e J)		11						
			ns; attach schedule)		12						
			gh 12		13	4,229.			4,229.		
Pa			ot Taken Elsewher								
			utions, deductions must	•			•				
14	Compensation of off	icers, di	rectors, and trustees (Sche	dule K)				14			
15								15			
16								16			
17	Bad debts							17			
18	Interest (attach sche	dule) (s	ee instructions)					18			
19	Taxes and licenses							19			
20	Charitable contribution	ons (Se	e instructions for limitation	rules)				20			
21	Depreciation (attach	Form 48	562)			21		001			
22			n Schedule A and elsewhere			· · · · · · · · · · · · · · · · · · ·		22b			
23	Depletion	rrod oo	managian plans					23			
2 4 25	24 Contributions to deferred compensation plans 25 Employee benefit programs										
26	Excess exempt expe	nses (S	chedule I)					25 26			
27	Excess readership or	nsts (Sc	hedule J)					27			
28	Other deductions (at	tach sch	nedule)			See State	ement 2	28	4,972.		
29	Total deductions. A	dd lines	14 through 28					29	4,972.		
30	Unrelated business t	axable ii	ncome before net operating	loss deduction. Subtrac	t line 29	9 from line 13		30	-743.		
31			loss arising in tax years beg					31			
32	·	_	ncome. Subtract line 31 fro		-	,		32	-743.		

Page 2

Form 990-7	Γ (2018)	Leman Classical So	chool			81-1	26392	25		Page 2
Part I	II 7	Total Unrelated Business Taxa	ble Income							
33	Total	of unrelated business taxable income compu	ted from all unrelated trade	s or businesses (see instructio	ns)	33		-7	43.
34	Amou	unts paid for disallowed fringes					34			
35	Dedu	ction for net operating loss arising in tax year	s beginning before January	1, 2018 (see ins	tructions)		35			
36	Total	of unrelated business taxable income before	specific deduction. Subtrac	t line 35 from the	sum of					
	lines :	33 and 34					36			43.
37	Speci	fic deduction (Generally \$1,000, but see line	37 instructions for exceptio	ns)			37		1,0	00.
38		lated business taxable income. Subtract line								
	enter	the smaller of zero or line 36					38		-7	43.
Part I		Tax Computation								
39		nizations Taxable as Corporations. Multiply					▶ 39	_		0.
40		s Taxable at Trust Rates. See instructions for								
		Tax rate schedule or Schedule D (Fo					40			
41		y tax. See instructions								
42		native minimum tax (trusts only)								
43	lax o	on Noncompliant Facility Income. See instru	ctions				43	+		
44 Part \		. Add lines 41, 42, and 43 to line 39 or 40, w Fax and Payments	lichever applies				44			0.
		gn tax credit (corporations attach Form 1118	truete attach Form 1116)		45a					
		credits (see instructions)					_			
C	Cana	ral business credit. Attach Form 3800			45c		_			
ď	Credit	t for prior year minimum tax (attach Form 88			45d		-			
		credits. Add lines 45a through 45d					45e			
46	Suhtr	act line 45e from line 44					46	+		0.
47	Other	taxes. Check if from: Form 4255	Form 8611 Form 86		8866 0	ther (attach schedu	le) 47			
48		tax. Add lines 46 and 47 (see instructions)						+		0.
49		net 965 tax liability paid from Form 965-A or						+		0.
		nents: A 2017 overpayment credited to 2018						+		
		estimated tax payments								
		eposited with Form 8868								
d	Foreig	gn organizations: Tax paid or withheld at sou	rce (see instructions)		50d					
		up withholding (see instructions)								
		t for small employer health insurance premiu								
		credits, adjustments, and payments: F								
		Form 4136	Other	 Total ▶	- 50g					
51	Total	payments. Add lines 50a through 50g					51			
52	Estim	ated tax penalty (see instructions). Check if F	form 2220 is attached 🕨				52			
53	Tax d	lue. If line 51 is less than the total of lines 48,	49, and 52, enter amount of	owed			► 53			
54	Over	payment. If line 51 is larger than the total of I	ines 48, 49, and 52, enter a	mount overpaid			► 54			
55		the amount of line 54 you want: Credited to				Refunded	5 5			
Part \	/ {	Statements Regarding Certain	Activities and Oth	ner Informat	tion (see in	structions)				
56		y time during the 2018 calendar year, did the	•	•		•			Yes	No
		a financial account (bank, securities, or other	,							
		N Form 114, Report of Foreign Bank and Fin	ancial Accounts. If "Yes," en	ter the name of th	ne foreign cou	ıntry				
	here	·								X
57		g the tax year, did the organization receive a		the grantor of, or	transferor to,	a foreign trust?				Х
		s," see instructions for other forms the organ		► Ф						
58	_	the amount of tax-exempt interest received of der penalties of perjury, I declare that I have examine			d statements a	nd to the best of my	knowledge	and belief it	ic true	
Sign	co	rrect, and complete. Declaration of preparer (other the	an taxpayer) is based on all infor	mation of which prep	parer has any kr	nowledge.		and belief, it	13 11 110,	
Here			1	Office	r			IRS discuss th		with
		Signature of officer	 Date	Title			instruction	arer shown bel	low (see	N∩
		Print/Type preparer's name	Preparer's signature		Date	Check		TIN	20 21	
D.::		· · · · · · · · · · · · · · · · · · ·	Tropuloi 3 Signature		ruto	self- employ	- I	1 11 V		
Paid		Thomas G. Sistare				Jon Girihio		P00356	6968	
Prepa		Firm's name ► Hoelting & (Company, Inc.	<u> </u>		Firm's EIN		30-051		5
Use C	חוע		te Ave, Ste			I IIIII 3 LIIV	<u>- '</u>			
		Firm's address ► Colorado S	=			Phone no.	719	-630-1	1091	

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory valuation N/A					
1 Inventory at beginning of year	1		6 Inventory at end of year	ar		6		
2 Purchases	2		7 Cost of goods sold. St	ubtract li	ine 6			
3 Cost of labor	3		from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs			line 2			7		
(attach schedule)	4a		8 Do the rules of section	263A (v	vith respect to		Yes	No
b Other costs (attach schedule)	4b		property produced or a	acquired	for resale) apply to			
5 Total. Add lines 1 through 4b			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Personal Property	Lease	ed With Real Pro	pert	y) 	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued			0/2)5			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%	and personal property (if the percent personal property exceeds 50% or if ent is based on profit or income)	age	3(a) Deductions directly columns 2(a) an		cted with the income in attach schedule)	n		
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columr	ı (A)	▶		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Del	ot-Financed	l Income (see	e instructions)					
			Gross income from or allocable to debt-	(2)	3. Deductions directly conto debt-finance		perty	
1. Description of debt-fir	nanced property		financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)		
(1)								
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average and of or all debt-financed debt-financed		e adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		(8. Allocable deduct column 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					nter here and on page 1, Part I, line 7, column (A).		Enter here and on pag Part I, line 7, column	
Totals			•		0			0.
Total dividends-received deductions in					>	_		0.

Form **990-T** (2018)

1 . _N												
1. Name of controlled organization		ation				related income e instructions)		tal of specified ments made	includ	t of column 4 led in the cont ation's gross	rolling	6. Deductions directly connected with income in column 5
(1)												
(2)												
(3)												
(4)												
	pt Controlled Organ	nizations			•				•			
7.	Taxable Income		nrelated inconsee instructions		9. Total	of specified payi made	ments	10. Part of column in the controll gross	mn 9 tha ing orgai s income	nization's		eductions directly connected h income in column 10
(1)												
(2)												
(3)												
(4)												
					•			Add colur Enter here and line 8, o		e 1, Part I,		dd columns 6 and 11. nere and on page 1, Part I, line 8, column (B).
Totals										0.		0 .
Schedu	le G - Investme		me of a	Section	1 501(c)((7), (9), or	(17) Or	ganizatior	1			
		tructions) cription of inco	ome			2. Amount of	income	3. Deductio	ected	4. Set-	asides	5. Total deductions and set-asides
(1)								(attach sched	iuie)	(,	(col. 3 plus col. 4)
(2)												
(3)												
(4)												
						Enter here and	on page 1,					Enter here and on page
						Part I, line 9, co	lumn (A).					Part I, line 9, column (B).
Totals					>		0.					0
	lle I - Exploited	Exempt				r Than Ac	lvertisi	ing Income	•			
	Description of xploited activity	2. Gunrelated incom	Gross business e from business	directly of with proof unit	penses connected oduction related s income	4. Net incomfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 n 3). If a e cols. 5	5. Gross inco from activity is not unrelat business inco	that ted	6. Exp attribut colur		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)												
(2)												
(3)												
(4)												
			` '	page 1	re and on 1, Part I, , col. (B).							Enter here and on page 1, Part II, line 26.
Totals	ıle J - Advertis	ing Inco	0 .	actruction	0.							0
Part I	Income From					enlidated	Racie					
T dit i		- Criodic	ais nep		11 a 001		Dasis					
	1. Name of periodical		2. Gross advertising income	adv	3. Direct ertising costs	or (loss) (cocol. 3). If a ga	tising gain ol. 2 minus ain, comput nrough 7.			6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)												
(2)												
(3)												
(4)												
Totals (car	ry to Part II, line (5))	>		0.	0).						0

Form 990-T (2018) Leman Classical School 81–12639 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form **990-T** (2018)

			
Form 990-T	Description of Organization's Primary Unrelated Business Activity	Statement	1
Champions aft	er school program revenue		
To Form 990-T,	Page 1		
Form 990-T	Other Deductions	Statement	2
Description		Amount	
Utilities Custodial Supplies (Bathrooms)		2,472. 2,500.	
Total to Form 990-T, Page 1, line 28		4,972.	