Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), or section 527, or section 4947(a)(1) nonexempt charitable trust OMB No. 1545-0047

2000

Open to Public

_		ue Service I P The organization may have t		urn to satis	sty state reporting	g requirer	ments. Inspect	1011
		2000 calendar year, or tax year period begin			000, and endin	<u> </u>	. 20	
	heckit iplicable:			wn, state,	and ZIP code		loyer identification n	umber
∐c	hange of	addr. label or RENAISSANCE AC	ADEMY INC			95-	4489540	
∐ c	hange of	I TVDE.					phone number .	
∐ !n	it-al retur	n See 4490 CORNISHON				(81	8)952-3055	
Fı	nal r e turr	Specific LA CANADA, CA	91011			F Chec	k ▶ if application p	ending
∐ Aı	nended r	eturn tions.				_		_
			_		Note: H and	I are not	applicable to sec 527	orgs.
G c	rganiza	ation type (check only one) \blacktriangleright X 501(c)(3)	(Insert no.) 527 or	4947(a)(1	∐ H(a) Is this a	group return	ntor affiliates? . Ye	es 🏻 No
		ion 501(c)(3) organizations and 4947(a)(1) no		usts	H(b) if "Yes," o	enter numbe	or of affiliates	_
П	iust att	ach a completed Schedule A (Form 990 or 9	00-EZ).		H(C) Are all at	filiates inclu	ided? Ye	es No
<u>م</u> ال	ccounti	ng method: X Cash Accrual Othe	r (specify)▶	_	1			_
		ere 🕒 📙 if the organization's gross receipts :			H(G) is this a :	separate ret tion covered	turn filed by an d by a group ruling? 🔀 Ye	es 🗌 No
		The organization need not file a return with the		-	Enter 4-	digit group (evemption no. (GEN)	1171
_		a Form 990 Package in the mail, it should file ates require a complete return.	a return without financi	ai data.	L Check	this box if	organization is not re	quired
	J. 110 G.	<u> </u>					le B (Form 990 or 990-E2	າ ▶ 🏿
Pa	rt I	Revenue, Expenses, and Changes	s in Net Assets o	r Fund I	Balances (Se	e Specific	: Instructions.)	
	1	Contributions, gifts, grants, and similar amount	nts received:					
	а	Direct public support		1a				
	þ	Indirect public support		1b				
	C	Government contributions (grants)		1c				
	d	Total (add lines 1a through 1c) (cash \$	none	cash \$) 1d		0.
	2	Program service revenue including governme			/II, line 93)	. 2	827,	440.
	3	Membership dues and assessments				. 3		
	4	Interest on savings and temporary cash inves	tments			. 4	2,	169.
	5	Dividends and interest from securities	. 5					
	6a	Gross rents						
	b	Less: rental expenses						
	С	Net rental income or (loss) (subtract line 6b fr	om line 6a)			. 6c		
R	7	Other investment income (describe ▶) 7		
ž	8a	Gross amount from sales of assets other	(A) Securities		(B) Other			
REVENUE	+	than inventory		8a		-		
Ų	b	Less: cost/other basis & sales expenses		8b				
_	С	Gain or (loss) (attach schedule)		8c				
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))			8d		
	9	Special events and activities (attach schedule)					
	а	Gross revenue (not including \$, of					
		contributions reported on line 1a)	 	9a	30,88	3.		
	b	Less: direct expenses other than fundraising e	expenses	9b	14,29	$\overline{1.}$		
	С	Net income or (loss) from special events (sub	tract line 9b from line 9	a)		. 9с	16,	592.
	10a	Gross sales of inventory, less returns and allo	wances	10a				
	b	Less: cost of goods sold		10b				
	С	Gross profit or (loss) from sales of inventory (attach schedule) (subtr	act line 10	from line 10a).	. 10c		
	11	Other revenue (from Part VII, line 103)				11		
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7,	ad, ec. (oc. and 11).			. 12	846,	201.
E	13	Program services (from line 44, column (B)).	heveiv			13	670,	586.
EXPEZSES	14	Management and general (from line 44, colun		્	\$[. 14	139,	805.
N	15	Fundraising (from line 44, column (D))	S HILL S A	10	}]	. 15		
S	16	Payments to affiliates (attach schedule)	Lai Jar & A Y	ำกับ ได้	2[16		
	17	Total expenses (add lines 16 and 44, column		هم. 	- <u>;</u>	17	810,	391.
Ą	18	Excess or (deficit) for the year (subtract line 1	from hae 42 P FIN.	UT.		. 18	35,	810.
ASSET T	19	Net assets or fund balances at beginning of y				19	77,	365.
ŤΕ	20	Other changes in net assets or fund balances				. 20		<u>-3.</u>
Ś	21	Net assets or fund balances at end of year (co	ombine lines 18, 19, an	d 20) .		. 21	113,	172.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2000)

Part II Statement of

	Functional Expenses Specific Instructi	ons.)			se dusis but option	a. 101 0111C13 \000
Dono	ot include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)					
	(cash \$ noncash \$)	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc	25	46,227.	0.	46,227.	<u> </u>
26	Other salaries and wages.	26	323,779.	288,811.	34,968.	·
27	Pension plan contributions	27	3237.13.	200,011.		
28	Other employee benefits	28				
29	Payroll taxes	29	20,707.	16,163.	4,544.	
30	Professional fundraising fees	30	20,101.	10,103.	4,544.	
31		31				
32	Accounting fees		1.65			
_	Legal fees.	32	165.	- 31 037	165.	
33	Supplies	33	34,437.	31,937.	2,500.	
34	Telephone	34	3,619.	1,810.	1,809.	
35	Postage and shipping	35	4,579.	973.	3,606.	
36	Occupancy		129,346.	116,411.	12,935.	
37	Equipment rental and maintenance		6,390.	6,058.	332.	
38	Printing and publications		3,290.	1,974.	1,316.	
39	Travel		195.		195.	
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				-
43	Other expenses (itemize): a See Attached	43a	226,853.	196,726.	30,127.	
t)	43b				
C		43c			<u> </u>	
C		43d				
e		43e				
44	Total functional expenses (and lines 22 through 43). Organizations completing columns (B)-(D),					
	carry these totals to lines 13-15	44	810,391.	670,586.	139,805.	0.
Repo	orting of Joint Costs. Did you report in column (B) (Pro	ogram se				
	paign and fundraising solicitation?					∏ Yes 🄀 No
	s." enter (i) aggregate amount of these joint costs \$:
(iii) t	he amount allocated to Management and general \$: and (Iv)	the amount allocate	ed to Fundraising \$	
Par	t III Statement of Program Service Acco	mplisl	nments (See Spe	cific Instructions)	<u> </u>	
All or serve 4947	t is the organization's primary exempt purpose? ganizations must describe their exempt purpose achieved, publications issued, etc. Discuss achievements that (a)(1) nonexempt charitable trusts must also enter the academic action of the company of	mount o	of grants and allocat	ions to others.)	e number of clients organizations and I N	Program Service Expenses (Required for 501(c)(3) & (4) orgs & 4947(a)(1) trusts but optional for others.)
	DRGANIZED ACTIVITIES USING A					
_						
-		(Gr	ants and allocations	\$)	
b_						
					 	
_						
		(Gr	ants and allocations	\$)	
С						
				-		
		(Gr	ants and allocations	\$)	
ď		-			<i>.</i>	
_				-		
-						
_		(Gr	ants and allocations		1	
e ¯	Other program services (attach schedule)		ants and allocations			
f	Total of Program Service Expenses (should equal lin				· · · · · · · · · · · · · · · · · · ·	0.
CAA	0 99012 NIF 33748	.,			۶	Form 990 (2000)

Part IV Balance Sheets (See Specific Instructions)

No		here required, attached schedules and amounts olumn should be for end-of-year amounts only.	within the description	(A) Beginning of year		(B) End of year
	45	Cash non-interest-bearing		73,344.	45	41,557.
	46	Savings and temporary cash investments		16,593.	46	65,677.
	47a		47a			
	b	Less: allowance for doubtful accounts	47b		47c	
		Pledges receivable				
			48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, an	d key employees			
A S	-4 -	(attach schedule)			50	
	51a	Other notes and loans receivable (attach	lea I			
		schedule).			1	
S E		Less allowance for doubtful accounts		1 706	51c	4 70 0 6
T	52			1,736.	52	1,736.
S	53	Prepaid expenses and deterred charges			53	
	54	Investments securities (attach schedule)	▶ ∐ Cost ∐ FMV		54	
	ววล	Investments land, buildings, and	FF-			
		equipment: basis	55a 63,917.	-		
	D	Less: accumulated depreciation (attach	27 061	16 140		26 056
	EG	schedule)		16,142.		36,056.
	56	Investments other (attach schedule)	the state of the s		56	
		Land, buildings, and equipment: basis	5/a	1		
-	58	Less: accumulated depreciation (attach schedule).	 57b	·	E7-	
i		Other assets (describe > See Statement A			57c	8,515.
ļ		assets (describe - See Statement A	ictacheu)		36	0,010.
	59	Total assets (add lines 45 through 58) (must eq	ual lina 74\	107,815.	59	153,541.
	60	Accounts payable and accrued expenses		107,013.	60	133,341.
L	61	Grants payable			61	
-ī	62				62	
B	63	Loans from officers, directors, trustees, and key			-	
- 1					63	
<u> </u>	64a	Tax-exempt bond liabilities (attach schedule)		_	64a	
†		Mortgages and other notes payable (attach sche			64b	
I E	65	Other Habilities (describe See Statement	Attached	30,450.		40,369.
ร			<u> </u>			,
	66	Total liabilities (add lines 60 through 65)		30,450.	66	40,369.
	Orga	nizations that follow SFAS 117, check here l	and complete lines 67			
		through 69 and lines 73 and 74.	_			
NF	67	Unrestricted		77,365.	67	113,172.
Eυ	68	Temporarily restricted			68	
T N D	69	Permanently restricted			69	
Α	Orga	nizations that do not follow SFAS 117, check h	ere . 🕨 🗌 and complete			
S B S A E L		lines 70 through 74.				
E L	70	Capital stock, trust principal, or current funds			70	
T A S N	71	Paid-in or capital surplus, or land, building, and			71	
C (72	Retained earnings, endowment, accumulated inc	come, or other funds		72	
O E R S	73	Total net assets or fund balances (add lines 6)	7 through 69 OR lines 70			
ר ס		through 72, column (A) must equal line 19 and c	olumn (B) must equal			
		line 21)		77,365.	73	113,172.
	74	Total liabilities and net assets / fund balances	(add lines 66 and 73)	107,815.	74	153,541.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?.... > Yes Note that the schedule -- see Specific Instructions.

Form	990 (2000) RENAISSANCE ACADEMY INC 95-4489540		p	age 5
	rt VI Other Information (See Specific Instructions.)	N/A		No
76	Did organization engage in any activity not previously reported to IRS? If "Yes," attach detailed description of each activity	76		X
<i>77</i>	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.			
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79 .		Х
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common			
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		Х
b	If "Yes," enter the name of the organization ▶			
	and check whether it is exempt OR nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the			
_	instructions for line 81			'
b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at			Į
	substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount	·		·
	as revenue in Part I or as an expense in Part II. (See instructions for reporting in			
	Part III.)	J .		
_	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a		
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	Х	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	_	X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not		L.,_	
O.E.	tax deductible?		N/A	1
85 h	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
D	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A	<u> </u>
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a	}		1 :
С	waiver for proxy tax owed for the prior year. Dues, assessments, and similar amounts from members	-] ,
	Section 162(e) lobbying and political expenditures	_		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	┨. │		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	┨. │		
g g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	850	N/A	
	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable	Jog	11/21	$\vdash \vdash$
	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	}
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a		,	
b	Gross receipts, included on line 12, for public use of club facilities	1		ĺ
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	1		
b	Gross income from other sources. (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or		١.	1
	partnership, or an entity disregarded as separate from the organization under Regulations sections			
	301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:			
	section 4911 ▶			
þ	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction		l	
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	a statement explaining each transaction	89b		X
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			
	Enter: Amount of tax on line 89c, above, reimbursed by the organization			
	List the states with which a copy of this return is filed CALIFORNIA			
	Number of employees employed in the pay period that includes March 12, 2000 (See inst.)	201		22
91	The books are in care of ► LAURA LEWIS Located at ► 4490 CORNISHON, LA CANADA, CA Telephone no.► (818) 952- ZIP Code ► 91011	305	<u> </u>	
92	Located at ► 4490 CORNISHON, LA CANADA, CA ziPcode ► 91011 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here			
V-	and enter the amount of tax-exempt interest received or accrued during the tax year			▶ []
		Form !	ر موه	2000
		· VIIII •	(2000)

Part VII	Analysis of Income-Pi	roducing Acu	Villes (See Spec	fic Instructions.)		
Enter gros	ss amounts unless otherwise	Unrelated b	usiness income	Excluded by secti	on 512, 513, or 514	(E)
indicated.		(A)	(B)	(C)	(D)	Related or exempt
93 Progr	ram service revenue:	Business code	Amount	Exclusion code	Amount	function income
	ERATION OF THE	0000				
b	SCHOOL			 	_ .	<u>827,440.</u>
· -	3CHOOF					. <u> </u>
c						
d						
е						
f Medi	care/Medicaid payments					
	& contracts from govt, agencies					
_	bership dues & assessments			<u> </u>		
95 Interes	ston savings and temporary cash			1 4		
invest	lments			14	2,169.	
	ends & interest from securities					
97 Natra	ntal income or (loss) from real estate	t				
a debt-	-financed property				-	
	lebt-financed property					
98 Netre	intal income or (loss) from personal			-	·	
	ity			 		<u></u>
100 Gain o	r investment income					
than ir	nventory					
	come or (loss) from special events			1 1	16,591.	
102 Gross	profit/(loss) from sales of inventory .					
103 Other	r revenue: a					_
b			-		-	•
c		-				
ď				- 		
-				_		
e	 -					
	Otal (add columns (B), (D), and (E))				18,760.	827,440.
105 Total	(add line 104, columns (B), (D), a	and (E))			▶	846,200.
Note: Line	105 plus line 1d, Part I, should eq	ual the amount o	n line 12, Part I.			
Part VIII	Relationship of Activit	ies to the Ac	complishment	of Exempt Purp	OSES (See Specific	Instructions.)
Line No.	Explain how each activity for wh					
₹	organization's exempt purposes					ccompissiment of the
93	REVENUE FROM OP		_	den parposes).		
				01.7500		
102	REVENUE FROM TH	E SALE OF	BOOKS, T	-SHIRTS & C	CAPS	
						
				_		
Part IX	Information Regarding	Faxable Subs	idiaries and D	sregarded Entit	ies (See Specific Ins	tructions.)
	(A)	(B)		c)	(D)	(E)
Name,	address, and EIN of corporation, thership, or disregarded entity	Percentage	of Nature o	f activities	Total income	End-of-year
- Par	A supplied disregarded entity	ownership ir			-	assets
N/	Α		<u>%</u> .			
			%			
			%			
			%		·-·	
Part X	Information Regarding	Fransfers Ass	sociated with F	Personal Renefit	Contracts (See S	pacific Instructions \
L	he organization, during the year, re					pecilic irisudcitoris.)
		•	•		n a personai	П., П .,
	fit contract?					∐Yes XINO
	he organization, during the year, p		-	n a personal benefit o	contract?	. Yes 🗶 No
Note: If "	Yes" to (b) , file Form 8870 and Fo					
Please	Under penalties of perjury, I declare the belief, it is true, correct, and complete	nat Phave examined t	his return, including ac	companying schedules an	d statements, and to the t	est of my knowledge and
	See General Infriedran WA	C A A A	. I) is based on all informatio	on or which preparer has a	ny knowleage, (Impolitant.
Sign		\mathcal{M} \mathcal{M}	124M	MOIN LAUF	RA LEWIS (OFFICER
Here	Signature of officer	<u> </u>	<u> </u>	 		OF LICHU
_	Signature of officer		Date/		r print name and title.	
	Preparer's	(10)		Date	em · ·	rer's SSN or PTIN
Paid	signature / / / /	V-1-1-00	rull	06/29/2001	L ployed ► PO	0160826
Preparer's	Firm's name (or yours Art	hur T. Mo	ore, Inc.			4586487
Use Only	if self-employed) and $\frac{210}{}$	N. Glenc		#C	Phone no. ▶	
			· · · · ·	🕶	1	
	address & ZIP code Bur	bank, CA	91502		T /81819.	45-1964

SCHEDULE A

· (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3) (Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2000

Department of the Treasury Internal Revenue Service Name of the organization Supplementary Information -- (See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer Identification number

RENAISSANCE ACADEMY INC	 		95-448954	0
Part I Compensation of the Five High (See the instructions, List each one. If ther	est Paid Employees Ot e are none. enter "None ")	her Than Office	ers, Directors, a	nd Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empt benefit plans & deferred compensation	(e) Expense account and other allowances
NA				
		-		
		_		
Total number of other employees paid over			,	
Part II Compensation of the Five High	est Paid Independent C	Contractors for	Professional Se	ervices
(See the instructions, List each one (wheth (a) Name and address of each independent contract			of service	(c) Compensatio
NA				
		_		
Total number of others receiving over \$50,000 for professional services				

NTF 33191

	•
Pane	

Pa	art III Statements About Activities		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to			
		1		Χ
	If "Yes," enter total expenses paid or incurred in connection with the lobbying activities ▶ \$	ī		
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other			
	organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the	1		l
	lobbying activities.]		İ
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its			
	trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with	1		1
	which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary:			
а	Sale, exchange, or leasing of property?	2a		X
				V
b	Lending of money or other extension of credit?	2b		_X
_		_		
С	Furnishing of goods, services, or facilities? SEE FORM 990, PC 2 PART IV	2c		Δ
4	SEE FORM 770, PC & FMC IV	[
u	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	_X	
_	Transfer of any part of its income or assets?	2e		Χ
•	If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	20		$oldsymbol{\perp}$
	and answer to any question is inest, attach a detailed statement explaining ine transactions.	1	Ì	./
3	Does the organization make grants for scholarships, fellowships, student loans, etc.?	3		ĮΧ
_	_	4a		X
	Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans	7a		
-	from it in furtherance of its charitable programs qualify to receive payments. (See the instructions.)			
Ра	Reason for Non-Private Foundation Status (See the instructions)			
The o	organization is not a private foundation because it is: (Please check only ONE applicable box.)			
5	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6	A school Section 170(b)(1)(A)(ii). (Also complete Part V, page 5)			
7	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name	ne, ci	ty,	
	and state >			
10	An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(t	b)(1)(A)(iv)	
	(Also complete the Support Schedule in Part IV-A.)			
11a				
	Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
11b	A S S S S S S S S S S S S S S S S S S S			
12	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and groups and support from contributions.			
	receipts from activities related to its charitable, etc., functions subject to certain exceptions, and (2) no more than 33 1/3			
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acqu	ıred	by the)
12	organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)			
13	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization			
	described in (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (Sec	е		
	section 509(a)(3).)			
	Provide the following information about the supported organizations. (See the instructions.)			
	(a) Name(s) of supported organization(s) (b)		e num n abo	
			450	
			_	
			_	
14	An organization organized and operated to test for public safety. Section 509(a)(4). (See the instructions.)			
	1. 2. 3. 3. 3. 4. (Get the first definition)			

ne:	IAISSANCE ACADEM dule A (Form 990 or 990-EZ) 20	000			·		–4489540 Page
аг	Support Sched Note: You may use	ule (Complete o the worksheet in	nly if you checked a the instructions for c	box on line 10, 11, or 12, onverting from the accrua) Use cash method al to the cash metho	of acc	counting.
_	far year (or fiscal year beginning in)▶	(a) 1999	(b) 1998	(c) 1997	(d) 1996		(e) Total
	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)						
	Membership fees received						
	Gross receipts from admissions, merchandise sold or services performed, or furnishing of tacilities in any activity that is not a business unrelated to the organization's charitable, etc., purpose						-
	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents. royalties, and unrelated business tarable income (less section 511 taxes) from businesses accoursed by the organization after June 30, 1975.						
	Net income from unrelated business activities not included in line 18					_	
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					_	-
	Total of lines 15 through 22						
	Line 23 minus line 17						
	Enter 1% of line 23						
	Organizations described on I	ines 10 or 11:	a Enter 2% of a	amount in column (e), line	≥ 24 ▶	26a	
)	Attach a list (which is not open	to public inspec	tion) showing the na	me of and amount contri	buted by each		
	person (other than a governme	ental unit or publi	cly supported organ	ization) whose total gifts f	or 1996		
	through 1999 exceeded the an	nount shown in li	ne 26a. Enter the sui	m of all these excess amo	ounts	26b	
						1-1-	
_	Total support for section 509(a					26c	
נ	Add: Amounts from column (e		18	19			
			22	26b	· •	26d	
	Public support (line 26c minus					26e	
_	Public support percentage (li		_ _	·		26f	
	Organizations described on I attach a list (which is not open person." Enter the sum of such	to public inspect	tion) to show the nar	led in lines 15, 16, and 17 ne of, and total amounts	that were received received in each yea	from a or from	"disqualified perso , each "disqualified
(1999)	(1998)		(1997)	(1996)		
	For any amount included in lin for each year, that was more the in lines 5 through 11, as well a (1) or (2), enter the sum of the	nan the larger of s individuals.) Aft	(1) the amount on lir er computing the dif	qualified person, attach a ne 25 for the year or (2) \$ ference between the amo	list to show the nan 5,000 (Include in the	ne of, a	ganizations describe
,	(1999)	(1998)		(1997)	(1996)		

27h h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 9. Unusual Grants: For an organization described in line 10. 11, or 12 that received any unusual grants during 1996 through 1999 attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See the instructions.) 28

and line 27b total .

20

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

f Total support for section 509(a)(2) test: Enter amount on line 23, column (e). . . . ▶ | 27f |

e Public support (line 27c total minus line 27d total)

CAA

d Add Line 27a total

17

%

27¢ 27d

27e

27g

Private School Questionnaire (See the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other			
30	governing instrument, or in a resolution of its governing body?	29	X	
-	catalogues, and other written communications with the public dealing with student admissions, programs, and	1		
	scholarships?	30	X	
31	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?	31	X	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	 • • • • • • • • • • • • • • • • • • •		
	INCLUDED IN MATERIALS AS IT RELATES TO SOLICITATION OF STAFF		•	
		-	•	
32	Does the organization maintain the following:	ľ.,		
	Records indicating the racial composition of the student body, faculty, and administrative staff? Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory	32a	X	
_	basis?	32b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with	-		
Ч	student admissions, programs, and scholarships?	32c	X	<u> </u>
u	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	X	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:	*****		
а	Students' rights or privileges?	33a		X
ь	Admissions policies?	33b		Х
С	Employment of faculty or administrative staff?	33c		X
d	Scholarships or other financial assistance?	33d		Х
_				
е	Educational policies?	33e		X
f	Use of facilities?	33f		Х
~	Athletic organiza?	20-		.,
y	Athletic programs?	33g		<u>X</u>
h	Other extracurricular activities?	33h		X
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		Х
				-
D	Has the organization's right to such aid ever been revoked or suspended?	34b		X
	, 22 and 18 2 to only 3 to of 5, product oxplain using all allaction statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of			
	Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	Х	

Schedule A (Form 990 or	<u> </u>					Page 5
Part VI-A Lobby	ing Expenditures ! completed ONLY by an	by Electing Public eligible organization the	Charities (See the at filed Form 5768)	instructions.)	_	
F-4	the organization belong	- •			_	
Check here ▶ b if	you checked "a" above	and "limited control" pr	ovisions apply.			
(The te	Limits on Lobbyir	-	rred.)	(a) Affiliated gro totals	up	(b) To be completed for ALL electing organizations
36 Total lobbying expend		<u>-</u>	· •	<u>-</u>		organizations
37 Total lobbying expend				1.		
38 Total lobbying expend						
39 Other exempt purpose						
40 Total exempt purpose						
41 Lobbying nontaxable a					EV 4	BURNIES BERNEL
if the amount on line	40 ls Ti	he lobbying nontaxable	amount is			
Not over \$500,000		0% of the amount on line	9 40			
Over \$500,000 but not	over \$1,000,000 \$1	00,000 plus 15% of the exce	ss over \$500,000			
Over \$1,000,000 but n	ot over \$1,500,000 . s1	75,000 plus 10% of the exces	ss aver \$1,000,000 🕨 4°	1		
	ot over \$17,000,000 \$2					
	\$ 1				North (
42 Grassroots nontaxable						
43 Subtract line 42 from li					0.	0.
44 Subtract line 41 from li	ine 38. Enter -0- if line 4	1 is more than line 38.	<u>4</u>	4	0.	0.
			1			
Caution: If there is an	amount on either line 43					
		r Averaging Perio		` '		
(Some o	rganizations that made a			ete all of the five co	umns	below.
	_	See the instructions for	r lines 45 through 50.)			
		Lobbying Expen	ditures During 4-Yea	r Averaging Period	I	
Calendar year (or fiscal year beginning in) ▶	(a) 2000	(b) 1999	(c) 1998	(d) 1997		(e) Total
45 Lobbying						
nontaxable amount						
46 Lobbying ceiling amount (150% of line 45(e))						
47 Total lobbying			- 1		<u>`</u>	
expenditures						
48 Grassroots						
nontaxable amount						
49 Grassroots ceiling amount (150% of line 48(e))						
50 Grassroots lobbying						
expenditures				ľ		
	ing Activity by Nor					·
(For repe	orting only by organization	ons that did not complet	e Part VI-A) (See the is	nstructions.)		
During the year, did the org	ganization attempt to infl	uence national, state or	local legislation, includ	ing any Yes	No	Amount
attempt to influence public	opinion on a legislative	matter or referendum, th	rough the use of:	res	NO	Amount
	ment (include compens	·	•	·		
	ts					
	, legislators, or the publi					
_	ished or broadcast state					
	nizations for lobbying pu				<u> </u>	
	gislators, their staffs, gov					
	ns, seminars, conventio					
i Total lobbying expen	ditures (add lines c thro	ugh h)				
If "Yes" to any of the	above, also attach a stat	tement giving a detailed	description of the lobb	ving activities.		

CAA

Schedule A (Form 990 or 990-EZ) 2000

Part VI	I Information R Exempt Organ	legarding Tra	ansfers To and Transaction the instructions	ons and Relationships With None	charitable	
51 Did t				ng with any other organization described in	section E01/c) of
			izations) or in section 527, relating		section 501(c) 01
			noncharitable exempt organization		[V-	. No
		-			Yes	No X
					51a(i)	X
	er transactions:				a(ii)	- ^-
		accore with a nor	ncharitable exempt exemization		l Ma	١,,
					b(i)	X X
					b(II)	<u>^</u>
					b(ili)	X
					b(lv)	X
					b(v)	+ ^
					b(vi)	X
d If the	a answer to any of the al	bove is "Yes," co	mplete the following schedule. Co reporting organization. If the organization of the control of	lumn (b) should always show the fair mark nization received less than fair market valu- ts, or services received	Cet value of the e in any trans	action
(a)	(b)		(c)	(d)		-
Line no.	Amount involved	Name of nor	charitable exempt organization	Description of transfers, transactions, & st	naring arrange	ements
			N-			
		NI	<u> </u>			
		ļ				
		<u> </u>				
].				
secti		other than sectio	ed with, or related to, one or more n 501(c)(3)) or in section 527? (b)	· · · · · · · · · · · · · · · · · · ·	Yes 2	∛ No
	Name of organization	on	Type of organization	(c) Description of relationsh	nip	
	·		<u>.</u>		- 	
	 	 .				
		- · ··				
		 				
						
						
						
						
				<u> </u>		
		· · · · · · · · · · · · · · · · · · ·				

Page: 1

EIN: 95-4489540

Form	990 - Exempt	Organization Tax Return
Line	9a - Special	Fundraising Events and Activities

Description of Event	Gross Rec.	Contrib.	Exp.
JOGATHON ANNUAL FUNDRAISER	30,883.	0.	14,291.
TOTAL	30,883.	0.	14,291.
	=========	========	========

Form 990 - Exempt Organization Tax Return Line 42 - Depreciation, Depletion, Etc.

Description	(A) Total	(B)Program Services	(C) Mgmt. & General	(D)Fund- raising
EQUIPMENT 1995	146.	131.	15.	0.
EQUIPMENT 1996	2,088.	1,879.	209.	0.
EQUIPMENT 1998	1,979.	1,781.	198.	0.
EQUIPMENT 2000	6,591.	5,932.	659.	0.
TOTAL	10,804.	9,723.	1,081.	0.
	=========	=========	=========	

Form 990 - Exempt Organization Tax Return Line 43 - Other Expenses

Description	(A) Total	(B)Program Services	(C) Mgmt. & General	(D)Fund- raising
ADVERTISING	35,196.	35,196.	0.	0.
AUTO & TRUCK	7,780.	5,835.	1,945.	0.
BANK CHARGES	1,964.	0.	1,964.	0.
OUTSIDE SERVICES	21,831.	21,331.	0.	0.
DUES & MEMBERSHIPS	2,817.	0.	2,817.	0.
EDUCATION	6,858.	3,429.	3,429.	0.
FIELD TRIP EXPENSES	22,159.	22,159.	0.	0.
COMMISSION PAID	3,311.	3,311.	0.	0.
INSURANCE	21,731.	17,385.	4,346.	0.
JANITORIAL	2,759.	2,483.	276.	0.
OFFICE EXPENSES	11,003.	0.	11,003.	0.
BONUSES	9,050.	7,240.	1,810.	0.
PAYROLL EXPENSES	1,442.	1,154.	288.	0.

Continued on Page 2

Supplemental Schedules - 2000 Company: RENAISSANCE ACADEMY INC			Page: 2 EIN: 95-4489540		
UTILITIES MISC	3,102. 4,221. 883. 59,717. 9,988. 1,036.	8,989. 518.	310. 422. 0. 0. 999. 518.	0. 0. 0. 0. 0.	
TOTAL	226,853.	196,726.		0.	
EMPLOYEE ADVANCES UNDEPOSITED FUNDS				6,600. 1,915.	
TOTAL			===	8,515. ========	
Form 990 - Part IV - Bala Line 65 - Other Liabilit					
Description					
•				Amount	
•				Amount 	

					1
	j				
Renaissance Academy Inc			95-4489	9540	
Form 990, Part II, line 42	-	·			
Depreciation Schedule					
	Date				Current Year
Description	Aquired	Cost	Life	Method	Deduction
Classroom Equipment	6/30/95	2,530	5 yr	200% DB	146
Classroom Equipment	6/30/96	18,121	5 yr	200% DB	2,088
Classroom Equipment	6/30/98	10,309	5 yr	200% DB	1,979
Classroom Equipment	6/30/00	32,957	5 yr	200% DB	6,591
					
Total Depreciation Exp		63,917	<u> </u>		10,804