			Extended to May 15, 2020		_
	Ο	00	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	(except private foundation	s 2018
		of the Treasury	Do not enter social security numbers on this form as it m		Open to Public
		nue Service	Go to www.irs.gov/Form990 for instructions and the lat		Inspection
A F	or th			JUN 30, 2019	
B c	heck if	le: C Name o	forganization	D Employer identification	ation number
	Addre		ward Classical Cabaal Ing		
-			uard Classical School Inc	37_15	32379
-	_chang Initial		usiness as		34313
-	_return Final	1710	and street (or P.O. box if mail is not delivered to street address) Room/su 1 East Ohio Drive		91-2384
	⊥return termir ated	<u></u>	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	13,056,084.
	Amen Return	ded Auro	ra, CO 80017	H(a) Is this a group ret	
			nd address of principal officer:Harsha Sekar	for subordinates?	37
	pendi	^{ng} same	as C above	H(b) Are all subordinates inc	
11	ax-ex				st. (see instructions)
			s://www.vanguardclassical.org	H(c) Group exemption	(,
				ear of formation: 2008 M	
	art I	Summary			
e	1	Briefly describ	be the organization's mission or most significant activities: See Sche	dule O	
Activities & Governance					
erná	2	Check this bo	$x \mathrel{\blacktriangleright}$ if the organization discontinued its operations or disposed of n	nore than 25% of its net ass	
NO.			ting members of the governing body (Part VI, line 1a)		7
ۍ ه			lependent voting members of the governing body (Part VI, line 1b)		7
ies			of individuals employed in calendar year 2018 (Part V, line 2a)		189
ivit	6	Total number	of volunteers (estimate if necessary)		227
Act			d business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated	business taxable income from Form 990-T, line 38		0.
		.		Prior Year 1,441,272.	Current Year 1,693,340.
anı			and grants (Part VIII, line 1h)	10,326,908.	11,359,174.
Revenue		•	ce revenue (Part VIII, line 2g)	10, 520, 908.	2,910.
Re			come (Part VIII, column (A), lines 3, 4, and 7d)	391.	660.
			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,768,571.	13,056,084.
				0.	0.
			to or for members (Part IX, column (A), lines 1-3)	0.	0.
s			r compensation, employee benefits (Part IX, column (A), lines 5-10)	12,962,816.	7,030,786.
Expenses			undraising fees (Part IX, column (A), line 11e)	0.	0.
(pei			ing expenses (Part IX, column (D), line 25)		
ш	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)	5,506,847.	5,137,605.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,469,663.	12,168,391.
		Revenue less	expenses. Subtract line 18 from line 12	-6,701,092.	887,693.
s or				Beginning of Current Year	End of Year
ssets	20	Total assets (Part X, line 16)	11,567,405.	7,425,991.
Net Assets or Fund Balances	21		(Part X, line 26)	33,529,985.	28,500,878.
			fund balances. Subtract line 21 from line 20	-21,962,580.	-21,074,887.
		Signatur		tomoute and to the basis of	and the second back of the second
	-		I declare that I have examined this return, including accompanying schedules and sta	· · · · · · · · · · · · · · · · · · ·	knowledge and belief, it is
uue,	, correc	, and complete I⊾	. Declaration of preparer (other than officer) is based on all information of which prep	arer nas any knowledge.	
0:	-	Signatur	e of officer	Date	

Sign	Signature of officer		Dato							
Here	Harsha Sekar, Board Ch	air								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature Date	Check PTIN							
Paid	Tom Sistare		self-employed P00356968							
Preparer	Firm's name 🕨 Hoelting & Compa		Firm's EIN 30-0514455							
Use Only	Firm's address 💊 31 E Platte Ave,	Ste 300								
	Colorado Springs	, CO 80903	Phone no.719-630-1091							
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)									

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	m 990 (2018) Vanguard Classical School Inc	37-1532379	Page 2								
Pa	art III Statement of Program Service Accomplishments										
	Check if Schedule O contains a response or note to any line in this Part III										
1	Briefly describe the organization's mission:										
	The mission of Vanguard Classical School is to f										
	academic achievement and character development t	hrough a rigorous,									
	content-rich, inclusive learning environment.										
2	Did the organization undertake any significant program services during the year which were not I		V N.								
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.										
3		aram services?	XNo								
3	B Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X N If "Yes," describe these changes on Schedule O.										
4	· · · · · · · · · · · · · · · · · · ·										
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and										
	revenue, if any, for each program service reported.										
4a) (Revenue \$ 11,359,8	34.)								
	Vanguard Classical School graduates will be lite										
	and the ideals of Western Civilization, while va										
	ideas, abilities, and cultures in today's world,		d								
	to contribute meaningfully to their communities.										
4b)								
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)								
4c	Code:) (Expenses \$ including grants of \$) (Revenue \$)								
4d	Other program services (Describe in Schedule O.)										
	(Expenses \$ including grants of \$) (Revenue \$)									
4e	Total program service expenses ► 10,344,377.	- 00									

Form	990	(2018)

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

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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,			
	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? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		x
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
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	104	х	
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	X	
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	- 23	x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	та		<u> </u>
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i>	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u>-</u> -
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		v
20-	complete Schedule G, Part III	19 20a		X X
20a b	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

			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			
	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			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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,"			77
	complete Schedule L, Part II	26		x
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			x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
-	instructions for applicable filing thresholds, conditions, and exceptions):	00-		x
a h	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a 28b		X
b	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		- 23
С		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•••	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 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
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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?			
Dai	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t 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			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10		
		1c		

Form 990	(2018)
Part V	Sta

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 189									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)									
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		X						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
b		5a 5b		X X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		Х						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions 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 services provided to the payor?	7a		X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37						
	to file Form 8282?	7c		X						
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e		х						
e										
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		X X						
g h										
8										
-	sponsoring organizations maintaining donor advised funds, bid a donor advised fund maintained by the									
9										
а	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:									
	Initiation fees and capital contributions included on Part VIII, line 12 10a	_								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-								
11	Section 501(c)(12) organizations. Enter:									
a	Gross income from members or shareholders 11a	-								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
100	amounts due or received from them.) <u>11b</u> Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	100								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a								
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									
	organization is licensed to issue qualified health plans									
с	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?	15		X						
	If "Yes," see instructions and file Form 4720, Schedule N.			17						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X						
	If "Yes," complete Form 4720, Schedule O.									

Form **990** (2018)

Vanguard Classical School Inc

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			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	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 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
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 appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	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 reached at the			
	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 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 chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
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 approval 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	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	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, and 990-T (Section 501(c)(3)	s only)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d 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 books and records			
	Boos Financial Services, Inc 303-643-5642			
	10190 Bannock St Suite 104, Northglenn, CO 80260			

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.

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours per week	box offi	, unle	ss pe	rson	ON ore than one on is both an ctor/trustee)		Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Harsha Sekar Board Chair	3.00	x		x				0.	0.	0.
(2) Robert Fulton	1.00								0.	
Treasurer		x		x				0.	0.	0.
(3) Hanosky Hernandez	1.00									
Director		x						0.	Ο.	Ο.
(4) Jack Robinson	1.00									
Director		Х						0.	0.	0.
(5) Karen Secor	1.00									
Director		Х						0.	0.	0.
(6) Danielle Tomwing	1.00								•	
Director	2.00	X						0.	0.	0.
(7) Judy Ham	3.00								0	0
Director	1.00	X				-		0.	0.	0.
(8) Sonja Herrera	1.00	x						0.	0.	0.
Director (9) Chris Jensen	1.00	^						0.	0.	0.
Director	1.00	x						0.	0.	0.
(10) Lisa Sagaser	1.00								0.	
Director		x						0.	0.	0.
		$\left \right $								
		$\left \right $								
		╞								
		I		1		1				

	90 (2018) Vanguard	Classic	al	S	cho	201	. I	nc	37-15	<u>3237</u>	'9 i	Page 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Emp	loye	ees,	and	High	est (Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per week	box,	not che unless	(C) Positie eck mo s perso a dire	ore tha on is b	oth an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) Estima amoun othe	t of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer Kavremolovee	Ney employee Highest compensated	employee Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		ompens from t organiza and rela rganiza	he ation ated
								Q				
								0		_		
	Sub-total Fotal from continuation sheets to Part VI							0.		0.		0.
	otal (add lines 1b and 1c)							0.		0.		0.
2 1	otal number of individuals (including but n							received more than \$100	,000 of reportable			•
	compensation from the organization		_								Yes	0 No
3 [Did the organization list any former officer,	director or tru	stee	kev	emr	olove	e or	highest compensated e	mplovee on		Tes	
	ne 1a? If "Yes," complete Schedule J for s									3	5	X
4 F	or any individual listed on line 1a, is the su	im of reportable	e coi	mpe	nsati	on a	nd ot	ther compensation from				
	and related organizations greater than \$150									4	•	X
	Did any person listed on line 1a receive or a endered to the organization? <i>If "Yes," com</i>					-		-		5	5	x
-	on B. Independent Contractors											
	Complete this table for your five highest co he organization. Report compensation for t									ensatic	on from	
	(A) Name and business	address	NO	NE				(B) Description of s	ervices	Com	(C) pensati	on
	otal number of independent contractors (i		ot lim	nited	to th	nose 0	liste	d above) who received m	nore than			

Form 990 (20	18
Part VIII	

		Check if Schedule O conta	ains a response	or note to any line	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues						
	с	Fundraising events	1c					
		Related organizations						
ini,	е	Government grants (contributi	ions) 1e	1,377,985.				
r S	f	All other contributions, gifts, grant	ts, and					
ibu		similar amounts not included abov	/e 1f	315,355.				
ontrib nd Oth	g	Noncash contributions included in lines	1a-1f: \$					
a C	h	Total. Add lines 1a-1f		►	1,693,340.			
				Business Code				
Program Service Revenue	2 a	Per Pupil Revenue		611110	8,877,874.			
ervi Ie	b	Mill Levy		611110	2,312,916.	2,312,916.		
en C	С	Pupil Activities		611110	168,384.	168,384.		
ran ?ev	d							
Log	е							
۵	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		►	11,359,174.			
	3	Investment income (including	dividends, inter	rest, and				
		other similar amounts)		🕨 📘	2,910.			2,910.
	4	Income from investment of tax		· · · ·				
	5	Royalties						
			(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
		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						
		Gain or (loss)						
		Net gain or (loss)		····· •				
ne	8 a	Gross income from fundraising						
Other Reven		including \$		ľ l				
Re		contributions reported on line						
her	h	Part IV, line 18 Less: direct expenses						
ō		Net income or (loss) from fund		· ►				
		Gross income from gaming ac	-					
	• •	Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances						
	b	Less: cost of goods sold						
		Net income or (loss) from sale						
ľ		Miscellaneous Revenu		Business Code				
f	11 a	Miscellaneous Revenue		611110	660.	660.		
	b							
	с							
	d	All other revenue						
		Total. Add lines 11a-11d			660.			
	12	Total revenue. See instructions			13,056,084.	11,359,834.	Ο.	2,910.

Form 990 (2018) Vanguard Classical School Inc Part IX Statement of Functional Expenses

_	Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)		1 729 070	024 526	
7	Other salaries and wages	5,563,505.	4,728,979.	834,526.	
8	Pension plan accruals and contributions (include	1,050,026.	892,522.	157 504	
~	section 401(k) and 403(b) employer contributions)	417,255.	354,667.	157,504.	
9	Other employee benefits	41/,400.	554,007.	02,300.	
0	Payroll taxes				
1	Fees for services (non-employees):				
	Management	40,171.		40,171.	
	Legal	21,700.		21,700.	
	Accounting	21,700.		21,700.	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	39,091.		39,091.	
	column (A) amount, list line 11g expenses on Sch O.)	77,427.	65,813.	11,614.	
12	Advertising and promotion	11, ±21.	05,015.		
3	Office expenses	48,619.	41,326.	7,293.	
14	Information technology	40,015.	41,520.	1,255.	
15	Royalties	2,536,901.	2,156,366.	380,535.	
6	Occupancy	2,330,301.	2,150,500.		
7	Travel				
8	Payments of travel or entertainment expenses for any federal, state, or local public officials	~			
9	Conferences, conventions, and meetings	32,924.	27,985.	4,939.	
9		,	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,,,,,,,,	
	Payments to affiliates				
1 2	Depreciation, depletion, and amortization				
2 3		81,091.	68,927.	12,164.	
3 4	Other expenses. Itemize expenses not covered	01,001		,,	
	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.)				
а	Purchased Services	1,776,244.	1,509,807.	266,437.	
b	Instructional Supplies	360,543.	360,543.		
c	Repairs & Maintenance	309,900.	263,415.	46,485.	
d	Food Service Expenses	219,875.	219,875.		
	All other expenses See Sch O	-406,881.	-345,848.	-61,033.	
5	Total functional expenses. Add lines 1 through 24e	12,168,391.	10,344,377.	1,824,014.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Vanguard Classical School Inc

37-1532379 Page 11

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,504,355.	1	1,658,342.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	170,628.
	4	Accounts receivable, net	93,277.	4	2,084.
	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			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ř	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	231,354.	9	201,186.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	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	
	15	Other assets. See Part IV, line 11	9,738,419.	15	5,393,751.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,567,405.	16	7,425,991.
	17	Accounts payable and accrued expenses	757,216.	17	716,986.
	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,			
bili		key employees, highest compensated employees, and disqualified persons.		00	
Lia	00	Complete Part II of Schedule L		22	
	23 24	Secured mortgages and notes payable to unrelated third parties		23 24	
	24 25	Unsecured notes and loans payable to unrelated third parties		24	
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	32,772,769.	25	27,783,892.
	26	Total liabilities. Add lines 17 through 25	33,529,985.	26	28,500,878.
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			.,
S		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	-22,352,809.	27	-21,551,991.
Fund Balances	28	Temporarily restricted net assets	390,229.	28	477,104.
dВ	29	Permanently restricted net assets		29	
'n		Organizations that do not follow SFAS 117 (ASC 958), check here			
p		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
Ź	33	Total net assets or fund balances	-21,962,580.	33	-21,074,887.
	34	Total liabilities and net assets/fund balances	11,567,405.	34	7,425,991.
					Form 990 (2018)

Part X Balance Sheet

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Form	990 (2018) Vanguard Classical School Inc	37-	-1532	2379	Pa	ge 12
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,05		
2	Total expenses (must equal Part IX, column (A), line 25)	2	12	2,16		
3	Revenue less expenses. Subtract line 2 from line 1	3				93.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-21	L,96	2,5	80.
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	-21	L,07	4,8	87.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				
					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					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis				17	
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis 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 th				v	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	-				x
	Act and OMB Circular A-133?			3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ			0		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>		3b	000	(2018)
				10111		(2010)

1	(Form	990	or	990-	F7'
ļ	FUIII	330	U	330-	ᇿᄼ

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047
2018
Open to Public

Department of the Treasury Internal Revenue Service					Attach to Form 990 or F					Open to Public Inspection
Name of the organization			Go to www.irs.go	/Form990 for instruction	ons and ti	ne latest i	nformation.	Employor	identification number	
Man	ie or	the organizati		ward Class	igal School	Tna				7-1532379
Da	Vanguard Classical School Inc 37-1532379 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.								7-1032379	
					-	-			15.	
	organ		-		(For lines 1 through 12, c	•				
1	X	-			on of churches described			1)(A)(I).		
2					Attach Schedule E (Form					
3	\square				anization described in se					
4			-	ation operated in co	njunction with a hospital	described	d in sectio	on 170(b)(1)(A	(III). Enter	the hospital's name,
_		city, and stat								
5					llege or university owned	d or opera	ted by a g	overnmental	unit descrit	bed in
-				Complete Part II.)						
6	\square		· -	-	nental unit described in s					
7					intial part of its support f	rom a gov	ernmental	unit or from	the general	public described in
-				omplete Part II.)						
8	\square	-			(1)(A)(vi). (Complete Par					
9					in section 170(b)(1)(A)(
		-	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state c	of the colleg	je or
10		university:							- l- l- f	and an an an a sind a farmer
10					e than 33 1/3% of its sup					
					ct to certain exceptions,					
					(less section 511 tax) fr	om busine	esses acqu	lired by the o	rganization	atter June 30, 1975.
11				mplete Part III.)	ively to test for public sa	foty Soo	contion E($\Omega(\alpha)(A)$		
12									orry out the	nurnesses of one or
12					ively for the benefit of, to ed in section 509(a)(1) o					
					of supporting organizatio					
а		_			supervised, or controlled					
a	L				gularly appoint or elect a					
				complete Part IV, Se		i majority (deporting
b		-			d or controlled in connec	tion with it	ts sunnart	ed organizati	on(s) by ha	avina
					anization vested in the s					
				at complete Part IV,					age the sup	poned
с		-			g organization operated	in connec	tion with	and function:	ally integrat	ed with
Ŭ					s). You must complete I				any integrat	
d		_			porting organization oper				orted organi	ization(s)
	-				zation generally must sat					
			-	-	nplete Part IV, Sections	•		-		
е					written determination fro				e II. Type III	
-			0		nally integrated support				· · · , · , · · ·	
f	Ente			• •						
g				n about the supporte						·
	((i) Name of supp	orted	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	inization listed ing document?	(v) Amount c	f monetary	(vi) Amount of other
		organizatior	ו		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)

Schedule A (Form 990 or 990-EZ) 2018 Vanguard Classical School Inc Part II Support Schedule for Organizations Described in Sections 170(b)

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.)

Se	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.						
Se	ction 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's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3)	
_	organization, check this box and stop						▶∟
Se	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2018 (li					14	%
	Public support percentage from 2017					15	%
16a	33 1/3% support test - 2018. If the o						
	stop here. The organization qualifies a						
k	33 1/3% support test - 2017. If the o	-					
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact		-		•	•	
	meets the "facts-and-circumstances"	•	•		•		
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets th						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box	and see instructior	ns ►

Schedule A (Form 990 or 990-EZ) 2018 Vanguard Classical School Inc 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.)

See	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	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt 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 facilities						
Ū	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10 <i>a</i>	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organi	ization,
	check this box and stop here						
See	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2018 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16	Public support percentage from 2017	⁷ Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Investion	stment Incom	e Percentage)			
17	Investment income percentage for 20)18 (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2018. If the	organization did r				33 1/3% , and line	17 is not
	more than 33 1/3%, check this box a						>
b	33 1/3% support tests - 2017. If the						and
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization						
	23 10-11-18						0 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 Vanguard Classical School Inc

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.)

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Schedule A (Form 990 or 990 EZ) 2018 Vanguard Classical School Inc Part IV Supporting Organizations (continued)

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Schedule A (Form 990 or 990-EZ) 2018 Vanguard Classical School Inc Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1 a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 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		
Section 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-functiona	llv integra	ted Type III supporting or	anization (see

instructions).

1

Schedule A (Form 990 or 990 EZ) 2018 Vanguard Classical School Inc

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Sect	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 organizatio	ns	
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 responsiv	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			
Sect	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			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
<u> </u>	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:			
	Excess from 2014			
	Excess from 2015			
-	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			

Schedule A	(Form 990 or 990-EZ) 2018 Vanguard Cla	ssical	School	Inc	37-1532379 Page 8
Part VI	Supplemental Information. Provide the exp Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9 line 1; Part IV, Section D, lines 2 and 3; Part IV, Sec Section D, lines 5, 6, and 8; and Part V, Section E, I (See instructions.)	blanations rec a, 9b, 9c, 11 tion E, lines 1	uired by Part a, 11b, and 11 c, 2a, 2b, 3a, ;	II, line 10; Part II, line 17a o c; Part IV, Section B, lines ⁻ and 3b; Part V, line 1; Part V	I and 2; Part IV, Section C, /, Section B, line 1e; Part V,

(Form 9	9 90)
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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.



Department of the Treasury Internal Revenue Service Name of the organization

Vanguard Classical School Inc

Employer identification number 37-1532379

Par			s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir		
		(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	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor		
Par	impermissible private benefit?		Yes No
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or c		torically important land area
	Protection of natural habitat	Preservation of a cei	rtified historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic st		
d	Number of conservation easements included in (c) acquired		
2	listed in the National Register		
3	Number of conservation easements modified, transferred, revear	eleased, extinguished, or terminated by tr	le organization during the tax
4	· · ·	ecomont is located	
4 5	Number of states where property subject to conservation ea Does the organization have a written policy regarding the pe		
5	violations, and enforcement of the conservation easements		
6	Staff and volunteer hours devoted to monitoring, inspecting		······································
U	Stan and volunteer hours devoted to monitoring, inspecting	, handling of violations, and emotering col	iservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserv	ation easements during the year
•			allon outomonic during the year
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 17	0(h)(4)(B)(i)
-	and section 170(h)(4)(B)(ii)?	•	
9	In Part XIII, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes	s the organization's accounting for
	conservation easements.		5
Par	rt III Organizations Maintaining Collections of	of Art, Historical Treasures, or C	Other 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 state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (As	SC 958), to report in its revenue statemer	nt and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:	· · · · · · · · · · · · · · · · · · ·	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	···· · · · · · · · · · · · · · · · · ·		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS		
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		► \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18

Schedule D (Form 990) 2018

	· · · · · · · · · · · · · · · · · · ·	d Classica					32379	
Par	t III Organizations Maintaining C	Collections of Ar	rt, Historica	I Treas	sures, or Oth	er Similar Asse	ets(continue	ed)
3	Using the organization's acquisition, access	ion, and other record	ls, check any of	f the follo	wing that are a s	significant use of its	collection i	tems
	(check all that apply):							
а	Public exhibition	d	Loan or	exchang	ge programs			
b	Scholarly research	е	Other_					
с	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explair	n how they furt	her the o	rganization's exe	empt purpose in Pa	t XIII.	
5	During the year, did the organization solicit of	or receive donations of	of art, historical	treasure	es, or other simila	ir assets	_	
	to be sold to raise funds rather than to be m						Yes	No No
Par	t IV Escrow and Custodial Arran		ete if the organi	zation an	swered "Yes" or	n Form 990, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod						_	
	on Form 990, Part X?					L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:		A	·		
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance							
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow	or custo	dial account liabi	ility?	Yes	No No
	If "Yes," explain the arrangement in Part XIII							
Par	t V Endowment Funds. Complete	i					i _	
		(a) Current year	(b) Prior yea	ır (c)	Two years back	(d) Three years back	(e) Four ye	ears back
	Beginning of year balance							
	Contributions				/			
	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	rent year end balanc		mn (a)) he	eld as:			
а	Board designated or quasi-endowment		_%					
	Permanent endowment	%						
С	Temporarily restricted endowment	%						
_	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are h	eld and a	administered for 1	the organization		
	by:							es No
	(i) unrelated organizations							
	(ii) related organizations						. 3a(ii)	_
	If "Yes" on line 3a(ii), are the related organiza			e R?			. 3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Fai	t VI Land, Buildings, and Equipm			1. 0		line 10		
	Complete if the organization answere						()	
	Description of property	(a) Cost or of		Cost or o	• •		(d) Book v	alue
		basis (investn	nent) D	asis (othe	er) de	preciation		
	Land		<u> </u>					
	Buildings		<u> </u>					
	Leasehold improvements				<u> </u>			
	Equipment							
	Other		V column (B)	lino 100 \	<u> </u>			0.
rotal	. Aud mies la unough le. (Column (d) must e	yuan onn 330, Part	л, сошти (В), Г	ni c 100.)		🔽 📘		• •

Schedule D (Form 990) 2018

Schedule D	(Form 990)	2018	Vanguard	Classical	School	Inc
Part VII	Investn	nents - O	ther Securities			

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely-held equity interests		
) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.

i art i m	mestinents	r rogram neiat	cu.
	Complete if the or	anization answered	"Yes" on Form

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(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.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Construction in Progress	48,104.
(2) Deferred Outflows of Resources	5,345,647.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	5,393,751.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	Net Pension Liabilities	16,388,074.
(3)	Deferred Inflows of Resources	10,577,333.
(4)	Net OPEB Liability	818,485.
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.) 🕨	27,783,892.

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

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018	Vanguard	Classical	School	Inc
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Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	ue per Returr	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements			13,056,084.
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	2b		
с	c Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			13,056,084.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	a Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	b Other (Describe in Part XIII.)			
с	c Add lines 4a and 4b			0.
5	5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			13,056,084.
D -				
Ра	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Exper	ises per Retu	irn.
Ра	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	-	
1		e 12a.	-	ırn. 12,168,391.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.	-	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	9 12a.	-	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a	-	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b	-	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	-	12,168,391.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses	2a 2b 2c 2d	· 1	12,168,391.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses in Part XIII.)	2a 2b 2c 2d	1	12,168,391.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	1	12,168,391.
1 2 b c d 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	1	12,168,391.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	1	12,168,391. 0. 12,168,391.
1 2 d c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 4a 4b	1 2e 3	12,168,391. 0. 12,168,391. 0.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	1 2e 3	12,168,391. 0. 12,168,391.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

	HEDULE E	Schools	0	MB No.	1545-004	47
(For	(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.		2018			
	ment of the Treasury	Attach to Form 990 or Form 990-EZ.		pen to		ic
	I Revenue Service	Go to www.irs.gov/Form990 for the latest information.		nspect		
Nam	e of the organization		Employer iden			mber
Pa	et 1	Vanguard Classical School Inc	37-1	.534	3/9	
Га					YES	NO
1	Does the organiza	tion have a racially nondiscriminatory policy toward students by statement in its charter, by	lawe		120	
•		strument, or in a resolution of its governing body?		1	х	
2		tion include a statement of its racially nondiscriminatory policy toward students in all its bro		<u> </u>		
2		her written communications with the public dealing with student admissions, programs, an		2	х	
3	•	on publicized its racially nondiscriminatory policy through newspaper or broadcast media d	•			
•	•	on for students, or during the registration period if it has no solicitation program, in a way th	e e			
	•	o all parts of the general community it serves? If "Yes," please describe. If "No," please exp				
				3	Х	
	The schoo	pace, use Part II 1 informs and enforces Anti discriminatory Po	licy			
	and Proce	dures throughout its publications.				
4	Does the organiza	tion maintain the following?				
а		the racial composition of the student body, faculty, and administrative staff?		4a	Х	
		ting that scholarships and other financial assistance are awarded on a racially nondiscrimin		4b	Х	
С	Copies of all catale	pgues, brochures, announcements, and other written communications to the public dealing	• • • • •			
С		ogues, brochures, announcements, and other written communications to the public dealing ams, and scholarships?	with student	4c	x	
	admissions, progra	ams, and scholarships?	with student	4c 4d	X X	
	admissions, progra Copies of all mate		with student			
	admissions, progra Copies of all mate	ams, and scholarships? ial used by the organization or on its behalf to solicit contributions?	with student			
	admissions, progra Copies of all mate	ams, and scholarships? ial used by the organization or on its behalf to solicit contributions?	with student			
	admissions, progra Copies of all mate	ams, and scholarships? ial used by the organization or on its behalf to solicit contributions?	with student			
	admissions, progra Copies of all mate If you answered "f	ams, and scholarships? ial used by the organization or on its behalf to solicit contributions? lo" to any of the above, please explain. If you need more space, use Part II.	with student			
d 5	admissions, progra Copies of all mate If you answered "N 	ams, and scholarships? ial used by the organization or on its behalf to solicit contributions? lo" to any of the above, please explain. If you need more space, use Part II. tion discriminate by race in any way with respect to:	with student			
d 5 a	admissions, progra Copies of all mate If you answered "N 	ams, and scholarships? ial used by the organization or on its behalf to solicit contributions? lo" to any of the above, please explain. If you need more space, use Part II. tion discriminate by race in any way with respect to: privileges?	with student			X
d 5 a b	admissions, progra Copies of all mate If you answered "N Does the organiza Students' rights on Admissions policie	ams, and scholarships? ial used by the organization or on its behalf to solicit contributions? lo" to any of the above, please explain. If you need more space, use Part II. tion discriminate by race in any way with respect to: privileges? s?	with student	4d		XXX
d 5 a b c	admissions, progra Copies of all mate If you answered "N Does the organiza Students' rights ou Admissions policie Employment of fac	ams, and scholarships? ial used by the organization or on its behalf to solicit contributions? lo" to any of the above, please explain. If you need more space, use Part II. tion discriminate by race in any way with respect to: privileges? s? ulty or administrative staff?	with student	4d 5a		X X
d 5 a b c d	admissions, progra Copies of all mate If you answered "N Does the organiza Students' rights on Admissions policie Employment of fac Scholarships or ot	ams, and scholarships? ial used by the organization or on its behalf to solicit contributions? lo" to any of the above, please explain. If you need more space, use Part II. tion discriminate by race in any way with respect to: privileges? s? culty or administrative staff? her financial assistance?	with student	4d 5a 5b		X X X
d 5 a b c d	admissions, progra Copies of all mate If you answered "N Does the organiza Students' rights on Admissions policie Employment of fac Scholarships or ot	ams, and scholarships? ial used by the organization or on its behalf to solicit contributions? lo" to any of the above, please explain. If you need more space, use Part II. tion discriminate by race in any way with respect to: privileges? s? ulty or administrative staff?	with student	4d 5a 5b 5c		X X X X
d 5 a b c d e	admissions, progra Copies of all mate If you answered "N Does the organiza Students' rights on Admissions policie Employment of fac Scholarships or ot Educational policie	ams, and scholarships? ial used by the organization or on its behalf to solicit contributions? lo" to any of the above, please explain. If you need more space, use Part II. tion discriminate by race in any way with respect to: privileges? s? culty or administrative staff? her financial assistance?	with student	4d 5a 5b 5c 5d		X X X X X
d 5 a b c d e f g	admissions, progra Copies of all mate If you answered "N Does the organiza Students' rights of Admissions policie Employment of fac Scholarships or ot Educational policie Use of facilities? Athletic programs'	ams, and scholarships? ial used by the organization or on its behalf to solicit contributions? lo" to any of the above, please explain. If you need more space, use Part II. tion discriminate by race in any way with respect to: privileges? s? pulty or administrative staff? her financial assistance? s?	with student	4d 5a 5b 5c 5d 5e		X X X X X X
d 5 a b c d e f g	admissions, progra Copies of all mater If you answered "N Does the organiza Students' rights on Admissions policie Employment of fac Scholarships or ot Educational policie Use of facilities? Athletic programs' Other extracurricu	ams, and scholarships? ial used by the organization or on its behalf to solicit contributions? lo" to any of the above, please explain. If you need more space, use Part II. tion discriminate by race in any way with respect to: privileges? s? culty or administrative staff? her financial assistance? s? ar activities?	with student	4d 5a 5b 5c 5d 5e 5f		X X X X X
d 5 a b c d e f g	admissions, progra Copies of all mater If you answered "N Does the organiza Students' rights on Admissions policie Employment of fac Scholarships or ot Educational policie Use of facilities? Athletic programs' Other extracurricu	ams, and scholarships? ial used by the organization or on its behalf to solicit contributions? lo" to any of the above, please explain. If you need more space, use Part II. tion discriminate by race in any way with respect to: privileges? s? pulty or administrative staff? her financial assistance? s?	with student	4d 5a 5b 5c 5d 5e 5f 5g		X X X X X X
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d 5 a b c d e f 9 h 6a	admissions, progra Copies of all mate If you answered "N Does the organiza Students' rights of Admissions policie Employment of fac Scholarships or ot Educational policie Use of facilities? Athletic programs' Other extracurricu If you answered "N Does the organizati If you answered "N	ams, and scholarships? ial used by the organization or on its behalf to solicit contributions? lo" to any of the above, please explain. If you need more space, use Part II. tion discriminate by race in any way with respect to: privileges? s? buty or administrative staff? her financial assistance? s? car activities? fes? car activities? fes? tion receive any financial aid or assistance from a governmental agency? on's right to such aid ever been revoked or suspended? fes? on either line 6a or line 6b, explain on Part II.	with student	4d 5a 5b 5c 5d 5g 5f 5g 5h 6a		X X X X X X X X
d 5 a b c d e f g h 6a	admissions, progra Copies of all mate If you answered "N Does the organiza Students' rights of Admissions policie Employment of fac Scholarships or ot Educational policie Use of facilities? Athletic programs' Other extracurricu If you answered "N Does the organiza Has the organizati If you answered "N Does the organiza	ams, and scholarships? ial used by the organization or on its behalf to solicit contributions? lo" to any of the above, please explain. If you need more space, use Part II. tion discriminate by race in any way with respect to: privileges? s? buty or administrative staff? her financial assistance? s? car activities? fes? car activities? fes? tion receive any financial aid or assistance from a governmental agency? buty or such aid ever been revoked or suspended?	with student	4d 5a 5b 5c 5d 5g 5f 5g 5h 6a		X X X X X X X X

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chedule E (Form 990 or 990-EZ) 2018	Vanguard	Classical	School	Inc
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Schedule E	E (Form 990 or 990 EZ) 2018 Vanguard Classical School Inc	37-1532379 Page 2
Part II	E (Form 990 or 990-EZ) 2018 Vanguard Classical School Inc Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b,	and 7, as applicable.
	Also provide any other additional information.	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization



37-1532379

Form 990, Part I, Line 1, Description of Organization Mission:

Vanguard Classical School Inc

Provide education to children of all abilites K-12, at two sites, under

a charter from Aurora Public Schools.

Form 990, Part VI, Section B, line 11b:

Form 990 is prepared from audited financial statements and provided to the

governing board prior to being filed.

Form 990, Part VI, Section B, Line 12c:

All board members are required to disclose any time an issue is voted upon for which they have a conflict of interest and abstain from voting on the issue. Annually, board members sign a conflict of interest statement.

Form 990, Part VI, Section B, Line 15:

The school reviews salary surveys and other comparable salary information for like positions. The finance committee discusses the salary and submits a recommendation to the board. The board approves the authorized salary for the Executive Director in executive session.

Form 990, Part VI, Section C, Line 19:

The organization provides these documents upon request from the public and and publishes on their website.

Form 990, Part IX, Line 24e, All Other Functional Expenses:

Utilities :

Program service expenses

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization Vanguard Classical School Inc	Employer identification number 37-1532379
Management and general expenses	20,307.
Fundraising expenses	0.
Total expenses	135,383.
Other Expenses :	
Program service expenses	39,837.
Management and general expenses	7,030.
Fundraising expenses	0.
Total expenses	46,867.
Pension Accrual:	
Program service expenses	-500,761.
Management and general expenses	-88,370.
Fundraising expenses	0.
Total expenses	-589,131.
Total Other Expenses on Form 990, Part IX, line 24e, Col	A -406,881.

Form 990, Part IX, Line 24E:

The school is a participant in the State's public pension plan (PERA) and began reporting a portion of the State's unfunded net pension liability following Governmental Accounting Standards Board Statement (GASB) No. 68, Accounting and Financial Reporting for Pensions - an amendment of GASB Statement No. 27 in fiscal year 2015. The School also participates in the State's Postemployment Healthcare Benefit Plan per GASB statement 75. As a result of these GASB statements, the school records an expense in its Government Wide financial reports each year that swings widely from year to year based on future investment return assumptions, participation, and other projections made by PERA's Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization Vanguard Classical School Inc	Employer identification number 37-1532379
actuaries. Due to the unpredictable and uncontrollable n	ature of these
swings, and that the liability is not a true liability of	the school,
these State driven accruals are reported as Other in Part	IX to allow
the reader to track the impact of these accruals separate	ly and to
remain consistent with historical reporting.	

SCH	IEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No. 1545-0047

2018 Open to Public Inspection

Employer identification number

37-1532379

Name of the organization

Vanguard Classical School Inc

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
Ability Connection Colorado aka Cerebral							
Palsy Of Colorado Inc, 801 Yosemite St,							
Denver, CO 80102	501 c (3) Organization	Colorado		501 c (3)	N/A		Х
	7						

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

Schedule R (Form 990) 2018

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)		(e)	(f)		(g)	(1	h)	(i)		(j)	(k	()
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predomir (related, excluded fr sections	nant income unrelated, om tax under 5 512-514)	Share of t income		Share of end-of-year assets	alloca	ortionate tions?	Code V-UE amount in b 20 of Sched K-1 (Form 10	ox ⁿ	eneral or nanaging partner?	owne	nta rsł
					,										
t IV Identification of Related Or organizations treated as a co	ganizations Taxable a rporation or trust durin	as a Corpo	pration or Trust. C year.	omplete if t	he organizat	ion answere	d "Yes" o	on Form 990, F	art IV,	line 34	4, because it h	nad or	ne or m	ore rel	at
(a) Name, address, and E of related organizatio	IN n	Prim	(b) ary activity	(c) Legal domicile (state or foreign country)	(d) Direct con entity		(e) /pe of ent corp, S c or trust)	orp, inco	of total		(g) Share of end-of-year assets	Perc	(h) entage ership	(i Sect 512(b contr enti Yes	olle

				 <u> </u>

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						
 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 						
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity						
 b Gift, grant, or capital contribution to related organization(s) 	1a 1b	X	Х			
c Gift, grant, or capital contribution from related organization(s)	1c		x			
 d Loans or loan guarantees to or for related organization(s) 	1d		X			
e Loans or loan guarantees by related organization(s)	1e		X			
	10					
f Dividends from related organization(s)	1f		х			
 f Dividends from related organization(s) g Sale of assets to related organization(s) 	1g		X			
 b Purchase of assets from related organization(s) 	1h		X			
i Exchange of assets with related organization(s)	11		X			
i Lassa of facilities, equipment, or other essent to related ergenization(s)	1j		X			
j Lease of facilities, equipment, or other assets to related organization(s)	· 'J					
In the second facilities any important another second from velocial even viscotion (a)	41.	x				
k Lease of facilities, equipment, or other assets from related organization(s)	1k 11		x			
I Performance of services or membership or fundraising solicitations for related organization(s)			X			
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	v	<u> </u>			
o Sharing of paid employees with related organization(s)	10	X				
p Reimbursement paid to related organization(s) for expenses	1p		X			
q Reimbursement paid by related organization(s) for expenses	1q		Х			
r Other transfer of cash or property to related organization(s)	1r		Х			
s Other transfer of cash or property from related organization(s)	1s		Х			
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.						

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
Ability Connection Colorado aka Cerebral			
(1) Palsy Of Colorado Inc	A	2,414,241.	Actual costs
Ability Connection Colorado aka Cerebral			
(2) Palsy Of Colorado Inc	0	376,468.	Actual costs
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2018 Vanguard Classical School Inc

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(r Dispro tion allocat Yes) opor- ate ions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes I	al or Pe jing er? 0	(k) ercentage ownership
			P									

Schedule R (Form 990) 2018

Part VII	Supplemental Information.
	Provide additional information for responses to questions on Schedule R. See instructions.

(Rev. January 2019)

Application for Automatic Extension of Time To File an **Exempt Organization Return**

Department of the Treasury Internal Revenue Service

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identify	ing number			
Type or print	Name of exempt organization or other filer, see instru	Employe	mployer identification number (EIN)						
	Vanguard Classical School	37-1532379							
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 17101 East Ohio Drive	see instruc	tions.	Social se	Social security number (SSN)				
instructions.									
Enter the	Return Code for the return that this application is for (fil	le a separa	te application for each return)			0 1			
Applicat	ion	Return	Application			Return			
ls For		Code	Is For			Code			
Form 990) or Form 990-EZ	01	Form 990-T (corporation)			07			
Form 990)-BL	02	Form 1041-A			08			
Form 472	20 (individual)	03	Form 4720 (other than individual)			09			
Form 990)-PF	04	Form 5227			10			
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990)-T (trust other than above) Boos Financial	06	Form 8870			12			
 If this box 1 I re the I 	organization does not have an office or place of busines is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ▶ quest an automatic 6-month extension of time until organization named above. The extension is for the org calendar year or X tax year beginning JUL 1, 2018 he tax year entered in line 1 is for less than 12 months, of Change in accounting period	Group Exe and atta May panization's	emption Number (GEN) I ch a list with the names and EINs of $\frac{y}{15}$, $\frac{2020}{20}$, to file b return for: d ending JUN_30, 2019	f this is fo all memb	r the whole opers the extension of the e	group, check this			
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720 / nonrefundable credits. See instructions.	, or 6069,	enter the tentative tax, less	3a	\$	0.			
b If th	b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b									
	lance due. Subtract line 3b from line 3a. Include your pang EFTPS (Electronic Federal Tax Payment System). See	-		3c	¢	0.			
	If you are going to make an electronic funds withdrawal				nd Form 887	<u> </u>			
	or Driveov Act and Benerwork Peduction Act Nation	ooo inctr	untions		Form	060 (Dov 1 2010)			

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

OMB No. 1545-1709