## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	2023 calendar year, or tax year beginning JUL 1, 2023 and 6	ending J	<u>JUN 30, 2024</u>				
В	Check if applicable	C Name of organization		D Employer identifi	cation number			
Г	Addres	The Odyssey School						
	Name change			84-14552	88			
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite					
	Final return/	6550 East 21st Avenue		303-326-3944				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,675,833.			
L	Amend	Deliver, CO 80207		H(a) Is this a group return				
	Applica tion pendin			for subordinates	=			
_	-	same as C above		H(b) Are all subordinates in				
		mpt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) o	or 527	7	list. See instructions			
	Websit	e: www.odysseydenver.org organization: X Corporation Trust Association Other	I Veer	H(c) Group exemption				
		Summary	L Year	or formation: 1990  r	M State of legal domicile; CO			
-	_	Briefly describe the organization's mission or most significant activities: See S	Schedii	ile O				
Se	' '	briefly describe the organization's mission of most significant activities.	Jeneau	110 0				
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net as:	sets.			
Ver	3			3	20			
တိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			20			
Š	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			63			
/itie	6	Total number of volunteers (estimate if necessary)			150			
Ċ	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u></u>		0.			
				Prior Year	Current Year			
<u>o</u>	8	Contributions and grants (Part VIII, line 1h)		523,492.	471,428.			
enc	9	Program service revenue (Part VIII, line 2g)		3,552,972.	4,136,517.			
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		40,247.	66,391.			
	ייין ייין	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-6,160 <b>.</b>	1,497.			
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,110,551.	4,675,833.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u>0.</u>	0.			
	1 45 .	Benefits paid to or for members (Part IX, column (A), line 4)		2,658,735.	2,884,375.			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
Sen	h loa	Fotal fundraising expenses (Part IX, column (D), line 25)	0.	<u> </u>				
ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,294,819.	1,585,885.			
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,953,554.	4,470,260.			
		Revenue less expenses. Subtract line 18 from line 12		156,997.	205,573.			
or	G	•	Ве	eginning of Current Year	End of Year			
Net Assets or	20	Total assets (Part X, line 16)		2,272,927.	2,738,617.			
ASS	21	Total liabilities (Part X, line 26)		1,464,331.	1,724,448.			
<u>S</u>	22	Net assets or fund balances. Subtract line 21 from line 20		808,596.	1,014,169.			
	art II	Signature Block						
	•	ties of perjury, I declare that I have examined this return, including accompanying schedules			/ knowledge and belief, it is			
true	, correc	a, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.				
		Signature of officer		 Date				
Sig		Pete Martinez, Executive Director		Date				
He	re	Type or print name and title						
		Print/Type preparer's name Preparer's signature	Ti	Date Check [	PTIN			
Pai	ď	Thomas G. Sistare Thomas G. Sistar	l l	)2/12/25 of self-employ				
	parer	Firm's name Hoelting & Company, Inc.	<u> </u>		0-0514455			
	Only	Firm's address 31 East Platte Avenue, Suite 300		THITISLIN S				
	<b>,</b>	Colorado Springs, CO 80903		Phone no. (7	19) 630-1091			
Ma	v the IF	S discuss this return with the preparer shown above? See instructions		1	Yes X No			

1 (4)	Check if Schodula O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:
'	The Odyssey School is a diverse, public, K-8 Expeditionary Learning
	School. We teach students how to learn through a focus on academic
	achievement, critical thinking and social responsibility, preparing
	them for high school and beyond.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X No
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	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	(Code:)(Expenses \$ 3,937,213. including grants of \$) (Revenue \$4,138,014. ) The Odyssey School is a diverse, public, K-8 Expeditionary Learning
	The Odyssey School is a diverse, public, K-8 Expeditionary Learning
	School. We teach students how to learn through a focus on academic
	achievement, critical thinking and social responsibility, preparing
	them for high school and beyond. Serves 307 kids.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
.5	, (====================================
	Other pregram comities (Describe on Schodule O.)
4d	Other program services (Describe on Schedule O.)
4 -	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses 3,937,213.
4e	Total program service expenses 3, 937, 213.

# Form 990 (2023) The Odyssey School Part IV Checklist of Required Schedules

	one and a second a		V	NI.
	le the expenientian described in section E01(a)(2) or 4047(a)(1) (ather then a private formulation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	х	
2	If "Yes," complete Schedule A	2	21	х
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions			
3		3		X
4	public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		
7		4		X
5	during the tax year? If "Yes," complete Schedule C, Part II	<b>├</b> -		
3	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ا ا		
Ü	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,	_ <u> </u>		
•	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</i>			
•	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	<u> </u>		
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	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	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4.	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
15		4-		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16	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,	10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	├ <del>`</del> ′		<del></del> -
. •	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."			
-	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<u> </u>	Х
			000	

Form 990 (2023) The Odyssey School
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			<b></b>
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		х
<b>L</b>	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
C	· · · · · · · · · · · · · · · · · · ·	28c		x
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
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	<u> </u>		
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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 on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
	1 1		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С				
	(gambling) winnings to prize winners?	1c		

The Odyssey School 84-1455288 Page 5 Form 990 (2023) Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 63 filed for the calendar year ending with or within the year covered by this return 2a **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2b Х Did the organization have unrelated business gross income of \$1,000 or more during the year? **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c 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

		6a	X							
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts								
	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	X						
b	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	•								
	to file Form 8282?		7c	X						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the								
	sponsoring organization have excess business holdings at any time during the year?		8							
9	Sponsoring organizations maintaining donor advised funds.									
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:									
а	a Initiation fees and capital contributions included on Part VIII, line 12									
b										
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?		13a							
	<b>Note:</b> 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	13b	_							
С	Enter the amount of reserves on hand	13c								
	* * * * * * * * * * * * * * * * * * * *		14a	X						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or								
	excess parachute payment(s) during the year?		15	<u> </u>						
	If "Yes," see the instructions and file Form 4720, Schedule N.									
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.									
17	7 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?									
	If "Yes," complete Form 6069.			00						
22200	10.01.03		Form 9	90 (2023)						

Form 990 (2023) The Odyssey School 84–1455288 Page
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 on Schedule Q. See instructions.

	to line oa, ob, or rob below, describe the circumstances, processes, or changes on schedule of see instructions.			
Sec	Check if Schedule O contains a response or note to any line in this Part VI			X
366	tion A. doverning body and management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 20		100	110
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b				
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, 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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а		8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		l	l
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	401		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a		11a	Λ	
b 100		400	Х	
12a	, , , , , , , , , , , , , , , , , , ,	12a 12b	X	
b		120	21	
С		12c	Х	
13	on Schedule O how this was done	13	X	
14	Did the organization have a written whistleblower policy?  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	
b		15b	Х	
	If "Yes" to line 15a or 15b, describe the process on 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 filedNone			
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)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	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			
	The Organization - 303-326-3944			
	6550 East 21st Avenue, Denver, CO 80207			

#### Form 990 (2023)

## 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D)  Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of			
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer P	Key employee	Highest compensated 5		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) Kathryn Martinez	2.00							110.00		0= =44
Executive Director				Х				112,095.	0.	27,741.
(2) Travis Haley	2.00			l					•	•
President		Х		Х				0.	0.	0.
(3) Ryan Lally	2.00	37		٦,					0	0
Treasurer	2 00	Х		Х		_		0.	0.	0.
(4) Laurel Lenz	2.00	37		٠,					0	•
(5) Alex Hannum	1 00	Х		Х				0.	0.	0.
Board Director	1.00	Х						0.	0.	0.
(6) Dawn Loge	1.00	Λ						0.	0.	<u> </u>
Board Director	1.00	Х						0.	0.	0.
(7) Jeff Williams	1.00	Λ						· ·	0.	<u> </u>
Board Director	1.00	Х						0.	0.	0.
(8) Kelley Krupicka	1.00	25						•	•	
Board Director		Х						0.	0.	0.
(9) Kelley McCloud	1.00								•	
Board Director		Х						0.	0.	0.
(10) Melia Repko-Erwin	1.00								-	
Board Director		Х						0.	0.	0.
(11) Amanda Brown	1.00									
Board Director		Х						0.	0.	0.
(12) Emily Wheat	1.00									
Board Director		Х						0.	0.	0.
(13) Alisha Smith	1.00									
Board Director		Х						0.	0.	0.
(14) Caitlin Vaughn	1.00									
Board Director		Х						0.	0.	0.
(15) Patrick Lane	1.00									
Board Director		Х						0.	0.	0.
(16) Laurel Lenz	2.00									
Secretary		Х		Х				0.	0.	0.
(17) Nadja Cockrell	1.00									
Board Director		X						0.	0.	990 (2022)

332007 12-21-23 Form **990** (2023)

	Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employee	s (continued)				
Complete the complete to the	(A)	(B)	5 1 5 1 min						(D)	(E)			(F)	
Compensation   Comp	Name and title	Average	(do					nne	Reportable	Reportable	Estimated		d	
Substitute   Sub		1 '	box	, unle	ss per	son i	is both	n an	compensation	compensation		an	nount (	of
related organizations below line   1			_	cer ar	nd a di	recto	or/trus	tee)					other	
related organizations below line   1		1 '	ector										•	
1.00   X   0   0   0   0   0   0   0   0			or di	9			ated		organization	· ·	′			
1.00   X   0   0   0   0   0   0   0   0			ıstee	truste		eo	bens		(W-2/1099-MISC/	1099-NEC)	, I			
1.00   X   0   0   0   0   0   0   0   0		1 ~	ual tri	ional		ploye	t com		1099-NEC)					
1.00   X   0   0   0   0   0   0   0   0			divid	stitut	fficer	ey em	ighes	ormer				orga	arıızatı	JI 15
Board Director  (39) Ten Phan  Roard Director  (20) Keren Melined  1.00	(18) Alison Hadden	1.00	=	<del>  =</del>	0	¥	Ξ ω	4			$\dashv$			
Total rumber of individual is facilitation of the organization and related organization. Bear of the organization reportable compensation from the organization and related organization. Report compensation for the calendar year ending with the organization. Report compensation for the calendar year ending with the organization. Report compensation for the calendar year ending with the organization is tavy for purpose.   American and the organization report fined to the calendar year ending with the organization. Report compensation for the calendar year ending with or within the organization of services   Compensation for the calendar year ending with or within the organization is tary former office.   Compensation for many fined to the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual   X   X   X   X   X   X   X   X   X			x						0.	C	۱. (			0.
Board Director    X	(19) Tom Phan	1.00								<del>`</del>	Ť			
Cap   Sersen Melined   1.00   X   0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	Board Director		Х						0.	C	۱. (			0.
1.00   X	(20) Keren Melmed	1.00									ヿ			
Discretion   X	Board Director		Х						0.	C	) .			0.
1b Subtotal 1b Subtotal 1c Total from continuation sheets to Part VII, Section A 1c Total (add lines 1b and 1c) 1c Total (add lines 1b and 1c) 1c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual 1 For any Individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule I for such individual 2 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such individual 3 X 3 X 4 X 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Description of services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	(21) Alisha Smith	1.00												
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  1	Board Director		Х						0.	C	١.			0.
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  1			_											
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  1														
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  1														
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  1				┢			┢				$\dashv$			
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  1			1											
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  1											一			
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  1														
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  1														
Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  1										_	$\dashv$			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No	***************************************											2	7,74	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes   No	c Total from continuation sheets to Part VI	I, Section A												
compensation from the organization  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than											١.	2	7,74	11.
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3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  1 Total number of independent contractors (including but not limited to those listed above) who received more than	compensation from the organization												Voc	
line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	2 Did the experiencies list any former officer	divactor to lat	aa 1			0.70		hia	hoot componented ampl	0.400 00	Г		162	NO
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 X  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  NONE  Bescription of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than												2		x
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual											·	J		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	· · · · · · · · · · · · · · · · · · ·									•	- 1	4		Х
Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation  NONE  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than														
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the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A) (B) (C) Compensation  None Description of services  Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than	Section B. Independent Contractors													
(A) Name and business address NONE Description of services Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than		-	-							· · · · · · · · · · · · · · · · · · ·	nsat	ion fro	om	
Name and business address NONE Description of services Compensation  Total number of independent contractors (including but not limited to those listed above) who received more than		the calendar ye	ear e	endir	ng wi	ith c	or wi	thin T		ear.				
2 Total number of independent contractors (including but not limited to those listed above) who received more than		address	NT	) NI E	7					ervices	C			1
^			147	) I V I					2000p.110 0. 0	5.11.000				•
^														
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			ot lir	nited	d to t	_	_	ted	above) who received mo	ore than				

Form 990 (2023) The Odyssey School
Part VIII Statement of Revenue

			Check if Schedule O	onta	ains a re	sponse (	or note to any lin	e in this Part VIII			
						•	•	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
ωs	1	а	Federated campaigns		1	а					
ant	Ċ		Membership dues		······   _	b					
ية ق			Fundraising events			c					
ifts, r A			Related organizations			d					
Ω.ë			Government grants (contri				258,183.				
Contributions, Gifts, Grants and Other Similar Amounts			All other contributions, gifts,		' -	<del>* </del>					
et ju		•	similar amounts not included			f	213,245.				
걸		g	Noncash contributions included in I			g \$	,				
Sugar		_	Total. Add lines 1a-1f	1100 1		<b>3</b> 14		471,428.			
<u> </u>			Totall / Ida III loo Ta Ti				Business Code				
<sub>o</sub>	2	а	Per Pupil Rev	eni	ue		611110	3,343,087.	3.343.087.		
Program Service Revenue	_		Mill Levy Ove				611110	742,856.			
Ser		c	Charges for S				611110	50,574.	50,574.		
E S		d					-	, ,	, ,		
Beg		e									
Pro			All other program service	rever	nue						
			Total. Add lines 2a-2f					4,136,517.			
	3		Investment income (includ								
							, 	66,391.			66,391.
	4		Income from investment o								-
	5	;	Royalties								
			•		(i) F	Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)								
	7	а	Gross amount from sales of		(i) Sec	urities	(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
e			and sales expenses	7b							
le l		С	Gain or (loss)	7с							
Be		d	Net gain or (loss)			<u></u>					
her Revenue	8	а	Gross income from fundraising	ng ev	ents (not	t					
₹			including \$		c	of					
			contributions reported on	line	1c). See						
			Part IV, line 18			8a		-			
		b	Less: direct expenses			8b					
		С	Net income or (loss) from	fund	raising e	events					
	9	а	Gross income from gamin	_		- 1					
			Part IV, line 19								
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gami	ing activ	rities					
	10	а	Gross sales of inventory, le								
			and allowances					-			
			Less: cost of goods sold								
		С	Net income or (loss) from	sales	s of inve	ntory					
<u>s</u>			w:11	_			Business Code	1 400	1 400		
eor	11		Miscellaneous	R	even	ue_	611110	1,497.	1,497.		
Miscellaneous Revenue		b									
Sce		C	All alla and								
ž			All other revenue					1,497.			
	40		Total rayanua Saa instructio					4,675,833.		0.	66,391.
	12		Total revenue. See instruction	115				- , し , し , し ) ) •	F , エンO , U L 4 •	ı •	00,091.

### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 101,392. 145,318. 43,926. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 2,105,492. 1,894,943. 210,549. 7 Pension plan accruals and contributions (include 49,177. 434,965. 385,788. section 401(k) and 403(b) employer contributions) <u>18,</u>033. 159,501. 141,468. Other employee benefits 9 39,099. 34,678. 4,421. 10 Payroll taxes 11 Fees for services (nonemployees): Management 2,808. 2,808. Legal 52,498. 52,498. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 8,441. 7,177. 1,264. column (A), amount, list line 11g expenses on Sch O.) 51. 43. 8. Advertising and promotion 12 13 Office expenses 42,160. 35,836. 6,324. Information technology 14 Royalties 15 309,232. 262,847. 46,385 16 Occupancy 1,917. 1,629. 288. 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 2,773. 2,357. 416. 20 Payments to affiliates 21 <u> 29,</u>779. 25,312. 4,467. Depreciation, depletion, and amortization 22 40,394. 34,335. 6,059. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 456,418. 387,955. 68,463. Purchased Services Mill Levy Expenses 340,177. 340,177. 163,932. 163,932. Instructional Supplies 68,213. 57,981. 10,232. d Educational Services 7,729. 67,092. 59,363. e All other expenses 4,470,260. 3,937,213. 533,047. 0. Total functional expenses. Add lines 1 through 24e 25 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)

Pal	ιλ	Balance Sneet					
		Check if Schedule O contains a response or r	ote to any	v line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,363,822.	1	8,090.
	2	Savings and temporary cash investments				2	1,579,219.
	3	Pledges and grants receivable, net			10,988.	3	27,354.
	4	Accounts receivable, net			6,251.	4	12,660.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	ostantial c	ontributor, or 35%			
		controlled entity or family member of any of the	nese perso	ons		5	
	6	Loans and other receivables from other disqu	sons (as defined				
		under section 4958(f)(1)), and persons describ	ion 4958(c)(3)(B)		6		
S	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			1,860.	8	5,592.
Ä	9	Prepaid expenses and deferred charges			18,073.	9	1,956.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	326,542.			
	b	Less: accumulated depreciation	10b	234,413.	47,199.	10c	92,129.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		824,734.	15	1,011,617.	
	16	Total assets. Add lines 1 through 15 (must e	qual line 3	3)	2,272,927.	16	2,738,617.
	17	Accounts payable and accrued expenses			8,237.	17	13,245.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	e Part IV o	of Schedule D		21	
S	22	Loans and other payables to any current or fo	rmer office	er, director,			
ij		trustee, key employee, creator or founder, sub	ostantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese perso	ons		22	
_	23	Secured mortgages and notes payable to unr				23	44,600.
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,	payables t	o related third			
		parties, and other liabilities not included on lin	ies 17-24).	Complete Part X	4.56.004		1 666 600
		of Schedule D			1,456,094.		1,666,603.
	26	Total liabilities. Add lines 17 through 25			1,464,331.	26	1,724,448.
10		Organizations that follow FASB ASC 958, c	heck here	· X			
čě		and complete lines 27, 28, 32, and 33.			CE 4 710		026 007
alar	27	Net assets without donor restrictions			654,719.	27	836,997.
Ä	28	Net assets with donor restrictions			153,877.	28	177,172.
Ĕ		Organizations that do not follow FASB ASC	958, che	ck here			
F		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund				29	
sse	30	Paid-in or capital surplus, or land, building, or				30	
Ĭ,	31	Retained earnings, endowment, accumulated			000 500	31	1 014 160
Š	32	Total net assets or fund balances			808,596.	32	1,014,169.
	33	Total liabilities and net assets/fund balances			2,272,927.	33	2,738,617.

Pa	rt 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	4,67					
2	Total expenses (must equal Part IX, column (A), line 25)	mn (A), line 25) <b>2</b> 4						
3	Revenue less expenses. Subtract line 2 from line 1	3			73. 96.			
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4							
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 on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	1,01	L <b>4</b> ,1	69.			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>			X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a								
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed							
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis X Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	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 on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>						
			Fori	ո <b>990</b>	(2023)			

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

Open to Pub

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

The Odyssey School Employer identification number 84-1455288

Pa	rt I	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.						
he	organi	zation is not a private found											
1		A church, convention of chi					)(A)(i).						
2	X	A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990).)								
3		A hospital or a cooperative		·		(b)(1)(A)(ii	i).						
4		A medical research organization					•	the hospital's name,					
		city, and state:	•					•					
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in					
		section 170(b)(1)(A)(iv). (C	Complete Part II.)	•	·	, ,							
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	Ħ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
		section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust describe	• •	1\(\Delta\(\mathbb{V}\)vi\) (Complete Par	+ II )								
9	H	An agricultural research org			•	ed in coniu	inction with a land-grant	college					
3		or university or a non-land-g				-	-	-					
		· · · · · · · · · · · · · · · · · · ·	rant college or agrici	uiture (see iristructioris).	Litter tile i	iairie, city	, and state of the college	; OI					
10		university: An organization that norma	lly receives (1) more t	than 33 1/30% of its supr	ort from o	ontribution	ne momborship foos and	d gross receipts from					
10		activities related to its exem											
				•	` '			•					
		income and unrelated busin		(less section 511 tax) in	om busines	sses acquii	red by the organization a	inter June 30, 1975.					
		See section 509(a)(2). (Cor	•		fat. 0aa	ti F6	00(-)(4)						
11	H	An organization organized a	•	•	•								
12		An organization organized a	•	•	•			• •					
		more publicly supported or	-					neck the box on					
		lines 12a through 12d that	* *					at the a					
а		Type I. A supporting orga	•		•	-							
		the supported organization			majority o	of the direc	tors or trustees of the st	ipporting					
		organization. You must o	-										
b		Type II. A supporting org	•					•					
		control or management o			ame perso	ns that co	ntrol or manage the supp	ported					
		organization(s). You mus	- · · · · · · · · · · · · · · · · · · ·										
С		Type III functionally inte						ed with,					
	_	its supported organization											
d		Type III non-functionally					· · · · · · · · · · · · · · · · · · ·	* *					
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and an attentiv	/eness					
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.						
е		Check this box if the orga					Type I, Type II, Type III						
		functionally integrated, or	• .	nally integrated supporti	ng organiz	ation.							
f		r the number of supported of											
g		ide the following information  Name of supported	about the supporte	d organization(s).  (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other					
	,,	organization	(11) = 114	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)					
				above (see instructions))	Yes	No	Capper (cos menasus)	capper (coe mendenens)					
	_												
ota	ı							1					

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

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

Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	· ·				12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3)	
0	organization, check this box and stop						
	tion C. Computation of Publi			. (6)		T I	
	Public support percentage for 2023 (I					14	%
	Public support percentage from 2022					15	<u>%</u>
16a	33 1/3% support test - 2023. If the contain here. The argenization qualifies						
<b>L</b>	stop here. The organization qualifies		~			or mara abadı thi	
D	33 1/3% support test - 2022. If the condition have						
170	and <b>stop here.</b> The organization qual	-				and line 14 is 10%	
11 a	'a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
h	10% -facts-and-circumstances test	-		*	-	17a and line 15 is:	L
b	more, and if the organization meets the	_					10/0 UI
	organization meets the facts-and-circu				-		
12	Private foundation. If the organization		-		· · · · · ·		H
10	i iivate iounuation. Ii tile organizatio	in ala not check a		a, 100, 11a, 01 1/1	D, OHEON HIIS DUX A	ina see manuchons	·

## Schedule A (Form 990) 2023 The Odyssey School 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(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						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	T	T		T	T	T
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
K	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
-	or loss from the sale of capital						
12	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	L ne organization's fi	ret second third :	fourth or fifth tax	l vear as a section 5	(01(c)(3) organizatio	l on
17		-			-		
Se	ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022		•			16	%
	ction D. Computation of Inves		-				
							%
		nent income percentage from 2022 Schedule A, Part III, line 17					
	33 1/3% support tests - 2023. If the						
-	more than 33 1/3%, check this box ar						
k	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che	•			•	·	
20	Private foundation. If the organization						

### Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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.)

		Vaa	Na
		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4a		
	4b		
	4c		
	5a		
	FI.		
	5b 5c		
	50		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
ule	10b A (Forn	n ganı	5053
uic	~~ (I UI I		

Pai	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			110
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
a	The organization satisfied the Activities Test. Complete line 2 below.	-,.		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	no)	
2	Activities Test. Answer lines 2a and 2b below.	ii isti uctioi	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
~	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		2b		
3	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	За		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
D	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
	or to supported organizations:    Tes. Describe    Fait VI the role blaved by the organization in this renam	l OD		ı

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	71 113313 Tage 0
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus		·	,
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1_	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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		

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

Schedule A (Form 990) 2023

instructions).

Par	t V   Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	ınizations <sub>(continu</sub>	ued)	
Secti	on D - Distributions		•	Ź	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.		6		
7	Total annual distributions. Add lines 1 through 6.		7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7:				
a	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
88	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
d	Excess from 2022				

Schedule A (Form 990) 2023

e Excess from 2023

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047 Inspection

Name of the organization

The Odyssey School

**Employer identification number** 84-1455288

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Similar Funds	or Accou	nts. Complete if the		
	organization answered Tes Sitt Offi 550,1 art iv, iiii	(a) Donor advi	sed funds	<b>(b)</b> Fur	nds 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 v		held in donor advis	sed funds			
	are the organization's property, subject to the organization's	-			Yes No		
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Pai	art II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.						
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	<i>'</i> )				
	Preservation of land for public use (for example, recreated	tion or education)	Preservation o	f a historically	important land area		
	Protection of natural habitat	L	Preservation o	f a certified hi	storic structure		
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contr	ibution in the form	of a conserva			
	day of the tax year.				Held at the End of the Tax Year		
а	Total number of conservation easements			<u>2a</u>			
b	-			2b			
С	Number of conservation easements on a certified historic stru			2c			
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register						
3	Number of conservation easements modified, transferred, rele	eased, extinguished, c	r terminated by the	e organization	during the tax		
_	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per				□ v □ v.		
•	violations, and enforcement of the conservation easements it		and onforcing con		Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations,	and emorcing cons	servation ease	ements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations and	enforcing conserva	ation easemen	ts during the year		
•	Amount of expenses mounted in monitoring, inspecting, mand	alling of violations, and	critorollig coriscive	tion cascinoi	its during the year		
8	Does each conservation easement reported on line 2d above	satisfy the requiremen	nts of section 170(h	n)(4)(B)(i)			
Ū	and section 170(h)(4)(B)(ii)?				Yes No		
9	In Part XIII, describe how the organization reports conservation						
_	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	3					
Pai	t III Organizations Maintaining Collections of	f Art, Historical Ti	easures, or O	ther Simila	ır Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	evenue statement a	and balance s	heet works		
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, or research in fo	urtherance of	public		
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	escribes these iten	ns.			
b	If the organization elected, as permitted under FASB ASC 956	8, to report in its rever	ue statement and	balance shee	t works of		
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furt	herance of pu	blic 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 treat	asures, or other simila	assets for financia	al gain, provid	е		
	the following amounts required to be reported under FASB A	SC 958 relating to the	se items:				
а	Revenue included on Form 990, Part VIII, line 1				\$		
b	Assets included in Form 990, Part X				\$		

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment		326,542.	234,413.	92,129.
e Other				
Total. Add lines 1a through 1e. (Column (d) must eau	92,129.			

Schedule D (Form 990) 2023

Part VII Investments - Other Securities  Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	1100100   age 0
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	I-of-year market value
(1) Financial derivatives			•
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  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.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	I-of-vear market value
(1)	(1)		, , , , , , , , , , , , , , , , , , , ,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))  Part IX Other Assets  Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description	,	(b) Book value
(1) Deferred Outflows of Resou	rces		1,000,654.
(2) Net OPEB Asset			10,963.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities			1,011,617.
Complete if the organization answered "Yes" o	n ⊦orm 990, Part IV, line	11e or 11t. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			1 540 704
(2) Net Pension Liabilities (3) Deferred Inflows of Resour			1,548,704.
• • •	ces		117,899.
(4)			
(5)			
<u>(6)</u>			
<u>(7)</u>			
Total (October (b) reserve a reset Forms 2000, Port V. King 205, and	(D))		1,666,603.
Total. (Column (b) must equal Form 990, Part X, line 25, col.  2. Liability for uncertain tax positions. In Part XIII. provide t	. ,,		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

	84-	1455288	Page 4
e per Re	turn		r ago
	1	4,675,	833.
	2e		0.
	2e 3	4,675,	833.
	4c		0.
es per R	5	4,675, n	833.
			0.60
	1	4,470,	260.
	2e	4,470,	0.
	2e 3	4,470,	260.
	4c	4,470,	0.
	5	4,470,	260.
art V, line 4	; Part ː	X, line 2; Part XI	,

Sche	edule D (Form 990) 2023 The Odyssey School		84-1	.455288 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven		
	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		1	4,675,833.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	<b>5</b>			
С				
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			4,675,833.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			4,675,833.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Exper	nses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total expenses and losses per audited financial statements		1	4,470,260.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d				
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			4,470,260.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>})</u>	5	4,470,260.
Pa	rt XIII Supplemental Information			
Prov	ide 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 an	y additional information.		

## SCHEDULE E (Form 990)

Department of the Treasury

### **Schools**

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

Attach to Form 990 or Form 990-EZ.

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

2023

Open to Public Inspection

Employer identification number

Name of the organization

The Odyssey School 84-1455288 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Х Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, 2 Х catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its tax year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general Х 3 community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II Does the organization maintain the following? Х a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Х **b** Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b Copies of all catalogues, brochures, announcements, and other written communications to the public dealing Х with student admissions, programs, and scholarships? 4c Х d Copies of all material used by the organization or on its behalf to solicit contributions? 4d If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Х a Students' rights or privileges? X Admissions policies? 5b Employment of faculty or administrative staff? Scholarships or other financial assistance? 5d Х Educational policies? 5f g Athletic programs? 5a Х Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Х 6a Does the organization receive any financial aid or assistance from a governmental agency? **b** Has the organization's right to such aid ever been revoked or suspended? Х If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, as modified by Rev. Proc. 2019-22, 2019-22 I.R.B. 1260, covering

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

racial nondiscrimination? If "No," explain on Part II

Schedule E (Form 990) 2023

X

### SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

The Odyssey School

Employer identification number 84-1455288

Form 990, Part I, Line 1

The Odyssey School is a diverse, public, K-8 Expeditionary Learning

School. We teach students how to learn through a focus on academic achievement, critical thinking and social responsibility, preparing them for high school and beyond.

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

A copy of Form 990 is provided to the members of the Finance committee for review. The Chair of the Finance committee presents a review of Form 990 at a Board of Directors meeting prior to filing Form 990.

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 Compensation Committee reviews salary surveys and other comparable salary information for like positions. The Compensation 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 School makes the Form 990, Form 1023, governing documents, conflict of interest policy and other financial statements available upon request.

Schedule O (Form 990) 2023 Page 2 **Employer identification number** Name of the organization The Odyssey School 84-1455288 Form 990, Part XII, Line 2C: The board is responsible for selecting and overseeing the independent auditor. This process has not changed since last year.