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

Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

Ā	For	the 200	08 caler	ndar year,	or tax yea	r beginnin	g JUL	1, 2008	and	ending J	UN	30,	20	09			
В	Check	able. I'	Please use IRS	Name of	organizatio	on	_				D En	nployer	·ide	entificat	ion nu	ımber	
[Ad cha		abel or print or	HE SW	AIN S	CHOOL,	INC.										
[me ange	type	Doing Bu	siness As								23	3-137	050)6	
[um	See Specific 1			•		livered to street	address)	Room/suite	E Te	lephone			4.2.1		•••
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				X Corp		Trust [Association	n Other		L Year							nicile PA
	Part		ımmaı				-									- -	
2010	Governance 3 3							cant activities: ADE K-3					TE	PRE	E-SC	CHOOL	<u>, </u>
7	E 2				_	•		t its operations					ıts a	assets.			
7≠	8 8						body (Part V		•					3			17
		Num	nber of I	ndepende	nt voting n	nembers of	the governing	body (Part VI	, line 1b)					4			17
MAR	Activities & 2 6 9 6	Tota	al numbe	er of emplo	yees (Par	t V, line 2a)								5			153
2	<u> </u>				-	mate if nece								6			300
	8 7							12, column (0	C)					7a			0.
<u>Z</u> -		b Net	unrelate	ed busines	<u>s taxable ı</u>	ncome viron	Form 990.1	Line 34						7b			0.
SCANNED	_	Prior Year 5.60, 6.70									Cu	rrent Yo					
\mathcal{C}	8 g	Program service revenue (Partivilluline 20) 4,210,826.												,809. ,833.			
U)	Revenue						es 3. 4, and 7	icci		-		20,			/		,927.
1	ř 11											129,					,696.
	12	4 001 106								4		,265.					
_	13	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 798,673.											,132.				
	14	14 Benefits paid to or for members (Part IX, column (A), line 4)															
	ဖွ 15	5 Sala	aries, oth	her compe	nsation, ei	nployee be	nefits (Part IX	, column (A), lii	nes 5-10)		2,	629,	<u>56</u>	52.	2	,743	,414.
	Expenses						nn (A), line 11	•					~~~				
	<u>.</u>				-		(D), line 25)		138,7	52.		221	~				
	17						1a-11d, 11f-2	•				<u>221,</u>					398.
	۔ ا					•		ım n (A), line 25)	-		649, 271,					,944. ,679.
	- 18 - 8	<u>ne</u> v	enue les	ss expense	es. Subira	ct line 18 fro	m line 12					ning of					
oto 1	20) Tota	al assets	s (Part X, III	ne 16)					-		748,				<u>nd of Ye</u> . 868	, 556 .
Vec	ري ال			es (Part X,	•							034,					,137.
App											,419.						
	Part			ıre Bloc								•					
		Und	ler penaltie complete	es of perjury. I	declare that I	have examined	this return, includes	ling accompanying	schedules a	and statements,	and to th	e best of r	ny kr	nowledge a	nd belie	f, it is true	correct,
			•		11	\mathcal{I}				,			1	600	714		
	ign		Cumpat	may.	Vinet	~~	_					<u> Pe</u>	<u>.b.</u>	<u>5.20</u>	110		
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-		Dro		or print nam	A COUNTY OF THE	1			Date	T Ch	eck if		\neg	Preparer's	identify	na numbe	r
	aid	sigi	parer's nature		\mathcal{L}	~ 1\$			1/5/	se		▶ □		(see instru			
	repare	r's Fim	n's name (c	or CA	MPBEL	L RAPI	A dlo	YURASIT	SLIE		ipioyeu	EIN >					
U	lse Ont	' self-	-employed				CREST			•							
		add ZIP	ress, and + 4				18103					Phone	по	▶ (61	LO)	435–	7489
N	/lay th	e IRS o	liscuss t					ee instructions	s)							Yes	☐ No
_		12-18-08						n Act Notice,		separate ins	tructio	ons.					90 (2008)

83200 12-18	2 -08	Form 9	90 (2008)
<u>4e</u>	Total program service expenses ►\$ 3,833,450. (Must equal Part IX, Line 25, column (E		
	(Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services. (Describe in Schedule O.)		-
			
			
70	(Code.) (Expenses \$ including grants of \$)	(Revenue \$)
4c	(Code.) (Expenses \$ including grants of \$)	(Revenue ¢	<u> </u>
		·	
		·	
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
	/Code:	/D	
			
	SCHOOL STUDENTS.		
	PROVIDE PRIVATE INDIVIDUALIZED EDUCATION TO ELEMENTARY		
4a	(Code) (Expenses \$ 3,833,450 • including grants of \$)(Revenue \$ 4,328,	833.1
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	expenses.	
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.	· LYes	LA_ NO
2	If "Yes", describe these new services on Schedule O.	o	X No
	the prior Form 990 or 990-EZ?	· · Yes	X No
2	Did the organization undertake any significant program services during the year which were not listed on		
	CONFIDENCE, EXPORE KNOWLEDGE, AND WORK COLLABORATIVELY		
	ACHIEVE ACADEMIC EXCELLENCE, DEVELOP A STRONG SENSE OF ACT RESPONSIBLY IN A CHANGING WORLD. WE EMPOWER CHILD		ND
	THE SWAIN SCHOOL IS A VIBRANT COMMUNITY WHICH INSPIRES		175
1 、	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION		
	t III Statement of Program Service Accomplishments (see instructions)		
Form	990 (2008) THE SWAIN SCHOOL, INC.	23-1370506	Page 2

	990 (2008) THE SWAIN SCHOOL, INC. 23-1370	506	P	age 3
Pai	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	L.
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice			
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	$\overline{}$
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
	If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	!	Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 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, questions 3, 4, or 5? 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 questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) 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		Х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
	prior year? If "Yes," complete Schedule L. Part I	25b		х

Form **990** (2008)

26

X

X

Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial

person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		res	NO
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an			
_	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a	Х	
.		208		
D	Have a family member who had a direct or indirect business relationship with the organization?	001		х
	If "Yes," complete Schedule L, Part IV	28b		_
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			.,
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			•
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		l	
-	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	<u> </u>	1
J,	and that is treated as a partnership for foderal income toy purposes? If "Ves." as maleta Saha dula D. Dort V.	27		v

Form **990** (2008)

	The state of the s					
10	Enter the number reported in Boy 2 of Form 1006. Appual Common and Transmitted of	ı	l		Yes	No
ıa	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	_ ا	19			
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a	19			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	1b	ble comine			
·	(gambling) Winnings to prize winners?	eporta	ible garning	4 -	х	1
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1	·	1c	A	
2.0	filed for the calendar year ending with or within the year covered by this return	2a	153			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin		155	2b	х	ĺ
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		ctions)	20	11	\vdash
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered			3a		х
	if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	o Dy i	ins return:	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rty over a	30		
	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		х
ь	If "Yes," enter the name of the foreign country:	accou	niy.	74		
_	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank:	and			ĺ
	Financial Accounts.	Dain.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action	,	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity					
	Tax Shelter Transaction?	J	.	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	tions o	or gifts			
	were not tax deductible?			6b		L
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of mor	e than	\$75?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	<u> </u>
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	uired			
	to file Form 8282?	,	1	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_7d_				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	persor	nal			
_	benefit contract?			7e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required.			7g	<u> </u>	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0			7h		X
8	Section 501 (c)(3) and other sponsoring organizations maintaining donor advised funds and sec					
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring or excess business holdings at any time during the year?	rganiz	ation, nave		1	
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			8		
a	Did the organization make any taxable distributions under section 4966?			9a	İ	
ь	Did the organization make a distribution to a donor, donor advisor, or related person?		•	9b		
10	Section 501(c)(7) organizations. Enter: N/A			ļ ,,	 	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	1		}	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter: N/A		<u> </u>			
а	Gross income from members or shareholders	11a	1			
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	116]	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b				
				Form	990	(2008)

Par	t VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not re-			age o
<u>.</u>	Internal Revenue Code)			
Sec	tion A. Governing Body and Management	-		
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
4.	processes, or changes in Schedule O. See instructions. Enter the number of voting members of the governing body 17			
	17			
_	The state of verification and that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			Х
2	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			Х
	of officers, directors or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6		X
6 72	Does the organization have members or stockholders?	6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	7-		X
	governing body? Are any designed of the governing body subject to approved by members, steel/helders, or other persons?	7a		$\frac{\mathbf{x}}{\mathbf{x}}$
_	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Λ.
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	0.	х	
b	Each committee with authority to act on behalf of the governing body?	8a 8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a	- 1	X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	94		- 1
	and branches to ensure their operations are consistent with those of the organization?	9ь		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	30		
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-10		
••	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Х
Sec	tion B. Policies		L	- 11
	TOTAL PROPERTY OF THE PROPERTY		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
-	to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	In Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	Х	
	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	1	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	1	•
Sec	tion C. Disclosure	1		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed ▶PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ancial	
	statements available to the public.	•		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	ation:	▶ _	
	ROBERT HAAS - 610-433-4542			
	1100 C 24mH Cm ALLENTOWN DA 19102			

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(0				(D)	(E)	(F)	
Name and Title	Average	(-)		Posi			L.A	Reportable	Reportable	Estimated	
	hours per week	Individual trustee or director	Institutional frustee	c all 1		Highest compensated O		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
REBECCA BINDER											
TRUSTEE	0.00	Х						0.	0.	Ο.	
DR. IRA BLAKE											
TRUSTEE	0.00	Х				l	l	0.	0.	0.	
DR. ETHEL DRAYTON-CRAIG									-		
TRUSTEE	0.00	Х						0.	0.		
RABBI ROBERT LENNICK											
TRUSTEE	0.00	X	<u> </u>					0.	0.	0.	
DENELLE MILLER-BRANDT		1					İ				
TRUSTEE	0.00	X				<u> </u>	L.	0.	0.	0	
JAMES MOLINARO											
TRUSTEE	0.00	X		<u> </u>		<u> </u>	<u> </u>	0.	0.	0.	
JAMES NALLO				l							
CHAIR	0.00	X	<u> </u>	X				0.	0.	0.	
LINDA NOONAN	0 00			١.,	Ì				•		
VICE-CHAIR DONALD ORTNER	0.00	X	<u> </u>	X		 	ļ	0.	0.	0	
TRUSTEE	0.00	J.							0.		
THE HONORABLE EDWARD REI	0.00	^	-	┢	├—	├		0.		0	
TRUSTEE	0.00	v						0.	0.	0	
PATRICIA SCAGLIOTTI	0.00	1	┼	┼	_	\vdash	-	0.	0.	<u>_</u>	
TRUSTEE	0.00	v						0.	0.	0	
HEIDI SCHIFFMAN	9.00	1	1						<u> </u>		
TRUSTEE	0.00	x						0.	0.	0	
ANDREW SCOTT		 		+	 	-	-				
TRUSTEE	0.00	X	1					0.	0.	0	
DR. JOANN SPENCER						†	1				
TRUSTEE	0.00	X						0.	0.	0	
BENJAMIN WALBERT											
TRUSTEE	0.00	X				L		0.	0.	0	
ANDREW WERNER											
TREASURER	0.00	X	L	X	L	L	L	0.	0.	0	
VYKIE WHIPPLE											
TRUSTEE	0.00	X						0.	0.	0	
832007 12-18-08										Form 990 (2008	

832007 12-18-08

Form **990** (2008)

(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average hours per	<u> </u>	heck		itior that		oly)	Reportable compensation from	Reportable compensation from related		Estima amoun	ited it of
	week	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуве	Highest compensated	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC		compens from t organiza and rela organiza	sation he ation ated
CHARLES WORRILOW TRUSTEE	0.00	х						0.		0.		0.
WILSON YALE TRUSTEE	0.00							0.		0.		0.
ROBERT HAAS BUSINESS MANAGER	40.00	х						72,606.	-	0.	5,	115.
JUDITH SKINNER DEVELOPMENT DIRECTOR	40.00	х						66,321.	1	0.	9,	475.
TODD STANSBERY HEAD OF SCHOOL	40.00	X						124,520.	1	0.	22,	725.
										+		
					 	-						
	:											
1b Total2 Total number of individuals (including the	ose in 1a) who re	ceiv	red r	nore	e tha	an \$	100,	263,447. 000 in reportable		0.	37 ,	315.
compensation from the organization											Ye	1 s No
3 Did the organization list any former office line 1a ⁹ If "Yes," complete Schedule J for a schedule J f			e, ke	у ег	nplo	yee	or I	nighest compensated er	nployee on		3	х
4 For any individual listed on line 1a, is the and related organizations greater than \$									the organization		4	х
5 Did any person listed on line 1a receive the organization? If "Yes," complete Sch				fron	n an	y un	rela	ted organization for serv	ices rendered to		5	х
Section B. Independent Contractors 1 Complete this table for your five highest	compensated in	dep	ende	ent	cont	ract	ors	that received more than	\$100,000 of comp	ensa	tion from	
the organization. NONE								(B)			(C)	-
Name and busine	ess address							Description of s	ervices	Co	mpensat	ion
												·
												•
Total number of independent contractor	s (including thes	- In	1) 14	rho :	reco	ived		re than \$100 000 in com	inensation .			······································
from the organization	0		-, **			-			Portoution		orm 99 (

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complenot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	866,132.	866,132.		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			,	
	trustees, and key employees	311,617.	95,975.	138,122.	77,520.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,912,348.	1,584,466.	311,414.	16,468.
8	Pension plan contributions (include section 401(k)	1			
_	and section 403(b) employer contributions)	519,449.	387,066.	113,473.	10 010
9	Other employee benefits	319,449.	307,000.	113,4/3.	18,910.
10 11	Payroll taxes				
''	Fees for services (non-employees): Management				
	Legal				
	Accounting	17,000.	~	17,000.	
	Lobbying	17,000		17,000.	
	_ 				
f	Investment management fees				
g	Other				
12	Advertising and promotion	75,763.	75,763.		
13	Office expenses	132,719.	72,736.	51,679.	8,304.
14	Information technology	32,725.	8,620.	24,105.	
15	Royalties				
16	Occupancy	399,925.	279,738.	120,187.	
17	Travel	12,291.			12,291.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	20 100	4 655		
19	Conferences, conventions, and meetings	30,198.	4,657.	25,541.	
20	Interest	7,965.		7,965.	
21	Payments to affiliates	220,178.	220,178.		
22	Depreciation, depletion, and amortization	27,466.	220,170.	27,466.	
23 24	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	27,400.		27,400.	
а	DINITALO HATT	129,714.	129,714.		
b	DAD DUDMO	95,147.		95,147.	
c	PROFESSIONAL DEVELOPMEN	29,300.	29,300.		
d	MISCELLANEOUS	25,942.	11,698.	14,244.	
е	TRANSPORTATION	24,932.	24,932.		· · · · · · · · · · · · · · · · · · ·
1	All other expenses	64,133.	42,475.	16,399.	5,259.
25	Total functional expenses. Add lines 1 through 24f	4,934,944.	3,833,450.	962,742.	138,752.
26	Joint Costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation			<u> </u>	

•					(A) Beginning of year		(E End o		
	1	Cash - non-interest-bearing	-		36,421.	1			
	2	Savings and temporary cash investments		. [527,442.	2	11	6,9	16
	3	Pledges and grants receivable, net			104,534.	3		16,9 59,0	46
	4	Accounts receivable, net			235,906.	4	2(6,3	55
	5	Receivables from current and former officers, di	rectors,	trustees, key					
		employees, or other related parties. Complete P	art II of	Schedule L	i	5			
	6	Receivables from other disqualified persons (as	defined	under section					
		4958(f)(1)) and persons described in section 49	58(c)(3)(B). Complete					
		Part II of Schedule L				6			
2	7	Notes and loans receivable, net				7			
23365	8	Inventories for sale or use			8,961.	8		9,8 51,2	00
Č	9	Prepaid expenses and deferred charges		_ [57,640.	9	ŗ	51,2	21
	10a	Land, buildings, and equipment: cost basis	10a	7,813,677.					
	ь	Less: accumulated depreciation. Complete	1						
		Part VI of Schedule D	10ь	3,149,557.	4,510,496.	10c	4,66	54,1	20
	11	Investments - publicly traded securities			4,510,496. 240,652.	11	4,66	50,4	72
	12	Investments · other securities. See Part IV, line	11	. [12			
	13	Investments - program-related. See Part IV, line	11			13			
	14	Intangible assets				14			
	15	Other assets. See Part IV, line 11			26,060.	15		6	26
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	4)	5,748,112.	16	5,86	58,5	56
	17	Accounts payable and accrued expenses	_	. [226,199.	17	5,86 28	34,2	23
	18	Grants payable				18			
	19	Deferred revenue			38,760.	19		34,6	55
	20	Tax-exempt bond liabilities				20			
2	21	Escrow account liability. Complete Part IV of Sc	hedule l	D		21			
Liabilities	22	Payables to current and former officers, directo	rs, truste	ees, key employees,					
I D		highest compensated employees, and disqualif	ied pers	ons. Complete Part II					
j		of Schedule L				22			
	23	Secured mortgages and notes payable to unrel	ated thir	d parties	2,376,203.	23	2,43	11,5	66
	24	Unsecured notes and loans payable				24			
	25	Other liabilities. Complete Part X of Schedule D		[393,772.	25	62	22,6	93
	26	Total liabilities. Add lines 17 through 25			3,034,934.	26	3,35	53,1	37
		Organizations that follow SFAS 117, check h	ere 🕨	X and complete					
S		lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets			1,828,922.	27	1,60	02,5	92
ale Sale	28	Temporarily restricted net assets			80,524.	28		71,0	33
2	29	Permanently restricted net assets			803,732.	29	84	11,7	94
5		Organizations that do not follow SFAS 117, o	heck he	ere 🕨 🔲 and					
ō		complete lines 30 through 34.							
Net Assets of Fund balances	30	Capital stock or trust principal, or current funds				30			
HSS.	31	Paid-in or capital surplus, or land, building, or ed	quipmer	it fund		31	·		
er	32	Retained earnings, endowment, accumulated in	come, c	or other funds		32			
Z	33	Total net assets or fund balances			2,713,178.	_33	2,5		
	34	Total liabilities and net assets/fund balances			5,748,112.	34	5,80	58,5	56
Pai	t XI	Financial Statements and Reporting)	<u>.</u>					
					_			Yes	No
1	Acco	ounting method used to prepare the Form 990:	Ca	sh X Accrual	Other				
2a	Were	e the organization's financial statements compiled	d or revi	ewed by an independent a	accountant?		2a	_	X
b	Were	the organization's financial statements audited	by an in	dependent accountant?			2b	X	
С	If "Ye	es" to lines 2a or 2b, does the organization have	a comm	ittee that assumes respon	sibility for oversight of the	e audıt,	,		
	revie	w, or compilation of its financial statements and	selectio	n of an independent accou	untant?		2c	X	L
За	As a	result of a federal award, was the organization re	quired t	o undergo an audit or aud	lits as set forth in the Sing	gle Aud	dit		
	Act a	and OMB Circular A-133?					3a		X
h	If "Y	es." did the organization undergo the required au	dit or ai	idite?			3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008 No 1545-0047

2008 Open to Public Inspection

Name of the organization Employer identification number 23-1370506 THE SWAIN SCHOOL, INC. Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete the Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III - Functionally integrated d ___ Type III - Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col (i) la	organization sted in your document?	organizat	u notify the ion in col r support?	(vi) Is the organization in col (i) organized in the US?		(vii) Amount o support	
		(see instructions))	Yes	No	Yes	No	Yes	No		
				-						
			 						·	
tal										

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

Schedule A (Form 990 or 990-EZ) 2008

	edule A (Form 990 or 990-EZ) 2008						Page 2
Pa	rt II Support Schedule for			Sections 170	(b)(1)(A)(iv) an	id 170(b)(1)(A)(v	ri)
<u></u>	(Complete only if you checked	d the box on line 5	5, 7, or 8 of Part I.)	_			
	tion A. Public Support				, -	· · · · · · · · · · · · · · · · · · ·	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 · 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)						
	Public Support. Subtract line 5 from line 4						
Sec	ction B. Total Support		-	,		·-	
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4			_			
8	Gross income from interest,						
	dividends, payments received on						}
	securities loans, rents, royalties					1	
	and income from similar sources						
9	Net income from unrelated business						I
	activities, whether or not the						1
40	business is regularly carried on				 		
10	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	oto (soo instructi	£		£	12	
				d fourth or fifth to	ov voor op o oost		
	organization, check this box and stor		s mst, second, tim	a, loaren, or men e	ax year as a secu	011 30 1(0)(3)	▶□
Sec	ction C. Computation of Publ		rcentage				
	Public support percentage for 2008 (I			column (ft)		14	%
15	Public support percentage from 2007) (i) (i) (i)		15	<u>%</u>
	33 1/3% support test - 2008. If the c	•		n line 13. and line	14 is 33 1/3% or		
	stop here. The organization qualifies					5, 5551 1115 60	▶ □
b	33 1/3% support test - 2007. If the c		•		l line 15 is 33 1/3	% or more, check th	ıls box
	and stop here. The organization qual					,	▶□
17a	10% -facts-and-circumstances tes				e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the

Part III Support Schedule for O Section A. Public Support	rganizations	Described III	Section 509(a	UCOMplete only	if you checked	the box on line 9 of Part
	(-) 0004	#1 0005	43,0000	4 0 0007	1 () 000	40 T I
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not						
include any "unusual grants.")						
· · · · · · · · · · · · · · · · · · ·					 	
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-					+	
iness under section 513					!	
4 Tax revenues levied for the organ-					İ	
ization's benefit and either paid to						
or expended on its behalf				ļ		
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge				<u> </u>		
6 Total. Add lines 1 · 5					<u> </u>	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons				··-	- 	
Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000		:				
c Add lines 7a and 7b	<u>.</u>					
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support	•				•	<u>'</u>
Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses					1	
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth	tax year as a secti	on 501(c)(3) o	rganization,
check this box and stop here						>
Section C. Computation of Publi	c Support Pe	ercentage				
15 Public support percentage for 2008 (li	ne 8, column (f) c	divided by line 13,	column (f))		15	
16 Public support percentage from 2007	Schedule A, Par	t IV-A, line 27g			16	
Section D. Computation of Inves	tment Incom	<u>ne Percentage</u>				
17 Investment income percentage for 20	08 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	·- <u>-</u> -
18 Investment income percentage from 2	2007 Schedule A,	, Part IV-A, line 27h			18	
19a 33 1/3% support tests - 2008. If the	organization did i	not check the box	on line 14, and lin	ne 15 is more than	33 1/3%, and	line 17 is not
more than 33 1/3%, check this box ar	nd stop here. The	e organization qua	lifies as a publicly	supported organi	zation	▶□
b 33 1/3% support tests - 2007. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1	/3%, and
line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anızatıon qualifies	as a publicly sup	ported organiz	ation 🕨 🗀
20 Private foundation. If the organization						

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

THE SWAIN SCHOOL, INC.

Employer identification number 23–1370506

Pa	Organizations Maintaining Donor Advise		ds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor adv	vised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds may	be used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor or other impermissible i	private benefit? Yes No_
Pai	til Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990	, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or p	leasure) Preservation of an I	historically important land area
	Protection of natural habitat		tified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	ervation contribution in the form of a co	onservation easement on the last day
	of the tax year.		,
	·		Held at the End of the Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
ď	Number of conservation easements included in (c) acquired a	``,	2d
3	Number of conservation easements modified, transferred, rel		
•	year ▶	odood, oximgolorios, or terrimated by t	the organization during the taxable
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	· · · · · · · · · · · · · · · · · · ·	and
	enforcement of the conservation easements it holds?	rous mornioring, mopositori, morations,	Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a	nd enforcing easements during the yea	
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?	to requirements of section 1	Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and exper	
·	include, if applicable, the text of the footnote to the organization		
	conservation easements.	tion 3 interioral statements that describe	es the organization's accounting for
Pa	rt III Organizations Maintaining Collections o	f Art. Historical Treasures, or	Other Similar Assets
	Complete if the organization answered "Yes" to Form		
			
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and	I halance sheet works of art, historical
-	treasures, or other similar assets held for public exhibition, e		
	the footnote to its financial statements that describes these		public scrylec, provide, in 1 dit xiv, the text of
ь	If the organization elected, as permitted under SFAS 116, to		ance cheet works of art, historical treasures
-	or other similar assets held for public exhibition, education, of		
	these items:	research in furtherance of public serv	ice, provide the following amounts relating to
	(i) Revenues included in Form 990, Part VIII, line 1		> ¢
		-	► \$ ► \$
•	(ii) Assets included in Form 990, Part X	annua an ath an aireilea a a a ta fair f	• • • • • • • • • • • • • • • • • • •
2	If the organization received or held works of art, historical tre		ciai gain, provide
	the following amounts required to be reported under SFAS 1	to relating to these items:	• •
a	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
b	Assets included in Form 990, Part X		▶ \$
			
LHA	For Privacy Act and Paperwork Reduction Act Notice, see	e the Instructions for Form 990.	Schedule D (Form 990) 2008

Schedule D (Form 990) 2008

under FIN 48. 832053 12-23-08

SCHEDULE E

(Form 990 or 990-EZ)

Schools

▶ To be completed by organizations that

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

answer "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

Employer identification number 23-1370506

_	THE SWAIN SCHOOL, INC.	-1370	506	
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,			
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarship	s ² 2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the			
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes			
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain	3	Х	
	ALL ADVERTISING INCLUDES A NONDISCRIMINATORY CLAUSE.	_		
		_		
		_		
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	1		
	admissions, programs, and scholarships?	4c	X	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	X	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
_				
5	Does the organization discriminate by race in any way with respect to:	-		,,
	Students' rights or privileges?	5a		X
	•	_5b_		X
	Employment of faculty or administrative staff?	5c		X
	Scholarships or other financial assistance?	5d		X
е	Educational policies?	5e		X
f	Use of facilities?	5f		X
_	Athletic programs?	_5g		X
h	Other extracurricular activities?	5h		X
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		_		
				•
_		_	1	.,
	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
b	Has the organization's right to such aid ever been revoked or suspended?	6Ь	ļ	X
_	If you answered "Yes" to either line 6a or line 6b, please explain using an attached statement.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of		1,,	
	Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	7	X	Щ_

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

Schedule E (Form 990 or 990-EZ) 2008

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008 Open To Public Inspection

Name of the organizatio	on .						Employer ide	ntification number
		IN SCHOOL, INC.					23-1370	506
Part I Fundrais	sing Activities	- Complete if the organization answ	ered "\	es" to	Form 990, Part IV, I	ıne 1	7.	
a X Mail solicita b X Email solicit c X Phone solic d In-person so 2 a Did the organizati key employees lis b If "Yes," list the te	ations ations ations olicitations on have a written ated in Form 990, F		tion of tion of fundra (includerofess suant to	non-g gover using o ding o ional f agre	overnment grants nment grants events fficers, directors, trus fundraising services? ements under which	stees the f	Yes Yes	
(i) Name of In or entity (fun		(ii) Activity	(iii) fund: have c or cor contrib	Did raiser ustody trol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
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			-					
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					<u> </u>			
			<u> </u>			-		
Total								
Total	nich the organizati	on is registered or licensed to solicit	funde	or has	been notified it is ex	(emn	t from registrati	l
O List all states in Wi	non the organizati	on is registered of licensed to solicit	iuiius	oi iias	been notified it is ex	(emp	t ironi registrati	on or licensing
								
·								
								· · · · · · · · · · · · · · · · · · ·
LHA For Privacy Act	and Paperwork R	eduction Act Notice, see the Instru	uctions	for F	orm 990.	Sche	dule G (Form 9	990 or 990-EZ) 2008

	If "No," Explain:	- 54		
	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," Explain:			
11	Does the organization operate gaming activities with nonmembers?			
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		 	
•	administer charitable gaming?	12		
	Sched	lule G (Form 990 or 9	90-EZ	200

Schedule G (Form 990 or 990-EZ) 2008 THE SWAIN SCHOOL, INC. 23-137	050	6 Pa	age 3
13. Indicate the percentage of gaming activity operated in: a The organization's facility b An outside facility 13b % Provide the name and address of the person who prepares the organization's gaming/special events books and records:		Yes	No
Name ►	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address: Name ▶			
16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$			
Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions:			
 a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 	17a		

SCHEDULE			bue stream	Other Assistance	Syante and Other Accistance to Organizations	u		OMB No. 1545-0047	
(roim 890)			Govern	Governments, and Individuals in the U.S.	duals in the U.S.	5		2008	
Department of the Treasury Internal Revenue Service		▲ Comb	Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.Attach to Form 990.	on answered "Yes," on F ► Attach to Form 990.	," on Form 990, P. m 990.	art IV, lines 21 or 22.		Open to Public Inspection	
Name of the organization	tion THE SWAIN	SCHOOL,	INC.		ì		<u></u>	Employer identification number 23-1370506	<u> </u>
Part General Ir	ı <u>-</u>	nd Assistance							1
1 Does the organi.	Does the organization maintain records to substantiate the amount of	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		i
	criteria used to award the grants or assistance?	stance?	:	3	ć			X Yes No	•
먌	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for moni	toring the use of grant	funds in the Unite	d States				1
Part # Grants an	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	e United States. C	complete if the orga	anization answered "Y	es" on Form 990, Part I	V, line 21, for any	-
recipient t	that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed	\$5,000. Check this	s box if no one recipien	nt received more th	ian \$5,000. Use Pe	art IV and Schedule I-1	(Form 990) if additiona	Il space is needed	-1
1 (a) Name and a or go	(a) Name and address of organization or government	(p)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	1
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	Enter total number of section 501(c)(3) and government organizations	nd government or	ganizations						1
3 Enter total numb	Enter total number of other organizations								- 1
LHA For Privacy Ac	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice,	see the Instructions 1	for Form 990.				Schedule I (Form 990) 2008	æ

Page 2 Schedule I (Form 990) 2008 (f) Description of non-cash assistance 23-1370506 (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance ö 866,132. 30 (c) Amount of cash grant 176 (b) Number of recipients INC. THE SWAIN SCHOOL, (a) Type of grant or assistance TUITION FINANCIAL AID GRANTS Schedule I (Form 990) 2008
Part III Grants and Other 832102 12-18-08

SCHEDULE L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization								E	mployer	identifi	cation r	number
	SWAIN								<u>23–13</u>	7050	6	
Part Excess Benefit	Transacti	i ons (sect	on 501(c)(3) and section	n 501(c)(4)	organizatio	ns only).			•		
To be completed by	organization	s that ansv	vered "Yes	on Form 99	0, Part IV,	line 25a or	25b, or F	orm 99	0-EZ, Pa	rt V, line	40b.	
1 (a) Name of dies	ما المامان			,	/L\ F		- .	-4			(c) Cor	rected?
(a) Name of disc	luaiπieo per	son			(D) L	Description	ot transa	ction			Yes	No
				_								
												ļ
											<u> </u>	l
2 Enter the amount of tax impo	sed on the	organizatioi	n manager	s or disqualifi	ed person:	s during the	year un	der	_			
section 4958									▶ \$			
3 Enter the amount of tax, if an	y, on line 2,	above, rein	nbursed by	y the organiza	ation				▶ \$			
Part II Loans to and/or	From In	toroctod	Porcone									
······································					0 D-+ 1) (h	- 000			00		
To be completed by ((a) Name of interested					T		T	•		38a. proved	(-)) 4	
person and purpose		to or from	(c) Origi	inal principal mount	(d) Bala	ance due	(e) In default?		by board or committee?		(g) Written agreement?	
	То	From					Yes	No	Yes	No	Yes	No
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	_	<u> </u>			<u>i </u>		ļ	l	ļ	<u></u>	ļ	<u> </u>
Total Part III Grants or Assist	ones Re	nofitina	late seet	Doroon			<u> </u>	••••	1		<u> </u>	
t		_										
To be completed by		is that ansv		•				Į.				
(a) Name of interested p	erson		(b) Relat	ionship betwi the or	een interes ganization	ted person	and		(c) Amo	unt of gr f assista		/pe
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		-										
												
					·········							*
								\top				
Part IV Business Trans	actions Ir	nvolving	Interest	ed Person	ıs.						*	
To be completed by	organization	ns that ansv	vered "Yes	s" on Form 99	0, Part IV,	lines 28a, 2	8b, or 28	3c.				
(a) Name of interested p	person	(b)		nip between in		(c) Ame transa		(d)	Descrip transact		organi	aring of zation's nues?

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

Schedule L (Form 990 or 990-EZ) 2008

53,452.MAGGIE WERN

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

HUSBAND OF

MAGGIE

ANDREW WERNER, TREASURER

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

THE SWAIN SCHOOL, INC.

Employer identification number 23–1370506

THE SWAIN SCHOOL, INC.	23-13/0506
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	IISSION:
AND SAFE ENVIRONMENT.	
FORM 990, PART VI, SECTION A, LINE 10: THE 990 IS AVAILAB	LE FOR ALL BOARD
MEMBERS TO REVIEW IN THE SCHOOL'S BUSINESS OFFICE.	
FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF I	NTEREST POLICY IS
DISTRIBUTED ANNUALLY. ALL BOARD MEMBERS ARE EXPECTED TO	SIGN AND RETURN
THE DOCUMENT TO THE BUSINESS OFFICE, DISCLOSING ALL RELEV	ANT CONFLICTS OF
INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15: THE HEAD OF SCHOOL	CURRENTLY HAS A
TWO-YEAR WRITTEN CONTRACT WITH A BONUS PROVISION. THE CO	NTRACT IS
EVALUATED AND APPROVED BY THE BOARD OF DIRECTORS. THE CO	MPENSATION OF THE
SCHOOL'S KEY EMPLOYEES IS DETERMINED ANNUALLY BY THE BOAR	D OF DIRECTORS.
CURRENTLY, THE BOARD APPROVED THE SAME % RAISE FOR THE KE	Y EMPLOYEES AS WAS
APPROVED FOR FACULTY AND OTHER SCHOOL STAFF.	
FORM 990, PART VI, SECTION C, LINE 19: THE SCHOOL'S GOVER	RNING DOCUMENTS,
CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE	MADE AVAILABLE TO
THE PUBLIC UPON REQUEST, WHEN APPROPRIATE.	
PART XI LINE 2C	
RESPONSIBILITY OF THE SWAIN SCHOOL'S FINANCE COMMITTEE:	
THE PROCESS BY WHICH THE FINANCE COMMITTEE OVERSEES THE A	AUDIT AND
SELECTS AN INDEPENDENT ACCOUNTANT HAS NOT CHANGED DURING	THE YEAR.
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule O (Form 990) 2008

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service **Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

Name of the organization THE SWAIN SCHOOL, INC.	Employer identification number 23-1370506
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTE	D PERSONS:
(A) NAME OF PERSON: ANDREW WERNER, TREASURER	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATI	ON:
HUSBAND OF MAGGIE WERNER, DIRECTOR OF ATHLETICS & SPECIAL	EVENTS
(C) AMOUNT OF TRANSACTION \$ 53452.	
(D) DESCRIPTION OF TRANSACTION: MAGGIE WERNER RECEIVED CO	MPENSATION AND
BENEFITS FROM THE SWAIN SCHOOL, INC.	
(E) SHARING OF ORGANIZATION REVENUES? = NO	

Form **8868**

(Rev.-April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev. 4-2009)

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box	▶ 🛣
 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of Do not complete Part II unless you have already been granted an automatic 3-month extension on a previous 	
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).	
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and Part I only	complete ▶
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to reque to file income tax returns.	st an extension of time
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extended below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 elec (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite cyou must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electron www.irs.gov/efile and click on e-file for Chanties & Nonprofits.	tronically if (1) you want the additional or consolidated Form 990-T. Instead,
Type or Name of Exempt Organization print	Employer identification number
THE SWAIN SCHOOL, INC.	23-1370506
due date for Number, street, and room or suite no. If a P.O. box, see instructions filing your 1100 S. 24TH STREET	
return See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. ALLENTOWN, PA 18103	
Form 990-BL	m 4720 m 5227 m 6069 m 8870
The books are in the care of ► 1100 S. 24TH ST ALLENTOWN, PA 1810 Telephone No. ► 610-433-4542 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) box ► ☐ If it is for part of the group, check this box ► ☐ and attach a list with the names and EINs or	If this is for the whole group, check this
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time FEBRUARY 15, 2010 , to file the exempt organization return for the organization name is for the organization's return for: Calendar year or X tax year beginning JUL 1, 2008 , and ending JUN 30, 2009	ed above. The extension
2 If this tax year is for less than 12 months, check reason: Initial return Final return	Change in accounting period
2 If this tax year is for less than 12 months, check reason: Initial return Final return 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	Change in accounting period 3a \$
 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated 	3a \$
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.