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IRS

Form 990-EZ

Short Form
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)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1 250.000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning August 1, 2009, and ending July 31, 2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization: Newberry Academy Inc.

Number and street (or P O box, if mail is not delivered to street address): 2055 Smith Road — Room/suite:

City or town, state or country, and ZIP + 4: Newberry, SC 29108

D Employer identification number: 57-0479013

E Telephone number: 803-276-2760

F Group Exemption Number ► N/A

• *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►

H Check ► ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ► www.newberryacademy.com

J Tax-exempt status (check only one) – ☒ 501(c) (3) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ► $

SCANNED JAN 19 2011

INTERNAL REVENUE SERVICE
W&I FIELD ASSISTANCE
COLUMBIA SC 29201

DEC 16 2010
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25605

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	11,821
	2	Program service revenue including government fees and contracts		2	679,808
	3	Membership dues and assessments		3	18,000
	4	Investment income		4	3,416
	5a	Gross amount from sale of assets other than inventory	5a —		
	b	Less cost or other basis and sales expenses	5b —		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	—
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► ☐			
	a	Gross revenue (not including $ ____ of contributions reported on line 1)	6a —		
	b	Less direct expenses other than fundraising expenses	6b —		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	—
	7a	Gross sales of inventory, less returns and allowances	7a —		
	b	Less cost of goods sold	7b —		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	—
	8	Other revenue (describe ► Textbooks, Office Expense, Supplies, Yearbook)		8	—
	9	**Total revenue.** Add lines 1. 2, 3, 4. 5c 6c, 7c, and 8 ►		9	713,045
Expenses	10	Grants and similar amounts paid (attach schedule)		10	—
	11	Benefits paid to or for members		11	—
	12	Salaries, other compensation, and employee benefits		12	559,374
	13	Professional fees and other payments to independent contractors		13	25,139
	14	Occupancy rent, utilities, and maintenance		14	103,895
	15	Printing. publications, postage and shipping		15	4,867
	16	Other expenses (describe ► Textbooks, Office Expense, Supplies, Yearbook)		16	48,200
	17	**Total expenses.** Add lines 10 through 16 ►		17	741,475
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(28,430)
	19	Net assets or fund balances at beginning of year (from line 27 column (A)) (must agree with end-of-year figure reported on prior year's return)		19	95,546
	20	Other changes in net assets or fund balances (attach explanation) Prior Pd. Adjustment		20	5
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ►		21	67,121

Part II Balance Sheets. If Total assets on line 25, column (B) are $1 250.000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	144,174	22	125,504
23	Land and buildings	345,919	23	314,669
24	Other assets (describe ►)	—	24	—
25	**Total assets**	490,093	25	440,173
26	**Total liabilities** (describe ► Mortgage on Buildings, Deferred Revenue)	394,547	26	373,052
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	95,546	27	67,121

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? Operate a Private, Independent School

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited. and other relevant information for each program title

		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
28	Operated a private independent school offering 3 year-old preschool through grade 12, as accredited by The South Carolina Independent School Association (SCISA). (Grants $ —0—) If this amount includes foreign grants, check here ▶ ☐	28a	666,475
29	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	666,475

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Chad Connelly 2055 Smith Rd, Nby, SC 29108	Chairman -0-	—0—	—0—	—0—
Scott Sawyer 2055 Smith Rd, Nby, SC 29108	Vice Chair -0-	—0—	—0—	—0—
Pam Smith 2055 Smith Rd, Nby, SC 29108	Secretary -0-	—0—	—0—	—0—
David A. Carlson 2055 Smith Rd, Nby, SC 29108	Treasurer -0-	—0—	—0—	—0—
Robert E. Dawkins 2055 Smith Rd, Nby, SC 29108	Headmaster 40	68,550	—0—	—0—

Part V Other Information (Note the statement requirements in the instructions for Part V)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a — 0 —			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		✓
41	List the states with which a copy of this return is filed ▶ South Carolina			
42a	The organization's books are in care of ▶ Robert E. Dawkins Telephone no ▶ 803-276-2760			
	Located at ▶ 2055 Smith Road Newberry, SC ZIP + 4 ▶ 29108			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		✓
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000 ▶

Under penalties of perjury I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Robert E Dawkins — Signature of officer — Date 10/16/10

▶ Robert E. Dawkins, Headmaster — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	David A Carlson CPA	Date 12/16/10	Check if self-employed ▶ ☒	Preparer's identifying number (See instructions) P01317591
Firm's name (or yours if self-employed) address and ZIP + 4 ▶	David A. Carlson, CPA PO Box 754, Newberry, SC 29108		EIN ▶ 57-0977653	Phone no ▶ 803-276-9756

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: Newberry Academy Inc.

Employer identification number: 57 : 0479013

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☑ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33⅓ % 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 33⅓ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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

a ☐ Type I 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)

f 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 ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i) (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below the governing body of the supported organization?		
11g(ii) (ii) A family member of a person described in (i) above?		
11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

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

▶ Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: NEWBERRY ACADEMY, INC

Employer identification number: 57 0479013

			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	✓	
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 scholarships?	2	✓	
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 If you need more space, use Schedule O (Form 990)	3	✓	
	ALL PRINT ADS HAVE STATEMENT OF NONDISCRIMINATORY POLICY INCLUDED IN THE BODY OF THE AD. THE WEBSITE HAS THE POLICY VISIBLE TO USERS. BILLBOARD ADVERTISEMENTS HAVE THE POLICY ON THE FACE OF THE BILLBOARD. NO OTHER TYPES OF ADS ARE USED.			
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	✓	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	✓	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	✓	
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 Schedule O (Form 990)			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		✓
b	Admissions policies?	5b		✓
c	Employment of faculty or administrative staff?	5c		✓
d	Scholarships or other financial assistance?	5d		✓
e	Educational policies?	5e		✓
f	Use of facilities?	5f		✓
g	Athletic programs?	5g		✓
h	Other extracurricular activities?	5h		✓
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		✓
b	Has the organization s right to such aid ever been revoked or suspended?	6b		✓
	If you answered "Yes to either line 6a or line 6b, explain on Schedule O (Form 990)			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	✓	

Newberry Academy, Inc.
Form 990 TIN #57-0479013
Fixed Assets/Depreciation Schedule
FYE 7/31/10

Name & Year	Cost	Method/ Life	8/1/09 Prior Year Accum Deprec	Current Deprec Expense	7/31/10 Total Accum Deprec
Main Building - Various	$450,000.00	SL 25yr	450,000	0	450,000
Additions 83-84	$1,521 00	SL 10yr	1,521	0	1,521
Additions 84-85	$1,239.00	SL 10yr	1,239	0	1,239
Additions 89-90	$2,363.00	SL 10yr	2,363	0	2,363
Bud Control 93-94	$536.00	SL 10yr	536	0	536
Additions 94-95	$6,617 00	SL 10yr	6,617	0	6,617
Roof Upgrade 02-03	$33,066 20	SL 15yr	15,435	2,205	17,640
AC Units 05-06	$2,845.04	SL 15yr	760	190	950
Calamese Land	$20,010.00	N/A	---	---	---
Glenn Street Lot	$1,100.00	N/A	---	---	---
Fire Alarm System	$18,642.99	SL 10yr	3,728	1,864	5,592
West Building					
Additions 83-84	$33,299.00	SL 25yr	33,299	0	33,299
Additions 84-85	$24,380.00	SL 25yr	24,380	0	24,380
Additions 85-86	$18,166.00	SL 25yr	17,448	718	18,166
Jonas Lucas 93-94	$3,589.00	SL 25yr	2,304	144	2,448
Upgrades 94-95	$8,716 00	SL 25yr	5,235	349	5,584
New Floor 05-06	$8,457.00	SL 10yr	3,384	846	4,230
Die Cast Machine	$1,999.00	SL 10yr	400	200	600
Portables 83-84	$1,585.00	SL 10yr	1,585	0	1,585
Kindergarten					
Additions 83-84	$10,000.00	SL 25yr	10,000	0	10,000
Additions 84-85	$22,054.00	SL 25yr	22,054	0	22,054
Ceiling 97-98	$2,112.00	SL 10yr	2,112	0	2,112
New Doors 07-08	$18,987.59	SL 10yr	3,798	1,899	5,697
Dawkins Building					
Building 94-95	$391,874.00	SL 25yr	235,125	15,675	250,800
Addition 95-96	$1,835.33	SL 25yr	1,022	73	1,095
Stage Addition 08-09	$78,181 73	SL 25yr	3,127	3,127	6,254
Curtain 09-10	$2,186.22	SL 10yr	0	219	219
Extension Building					
Building 95-96	$41,895.32	SL 25yr	23,045	1,676	24,721
Vehicles					
Thomas Bus 98-99	$49,775.00	SL 10yr	49,775	0	49,775
Thomas Minibus 00-01	$37,326 00	SL 10yr	33,597	3,729	37,326
Furn & Equipment 95-96	$12,414 25	SL 10yr	12,414	0	12,414
Furn & Equipment 96-97	$9,664.00	SL 10yr	9,664	0	9,664
Furn & Equipment 97-98	$8,872 00	SL 10yr	8,872	0	8,872
Furn & Equipment 98-99	$1,252.66	SL 10yr	1,253	0	1,253
Furn & Equipment 03-04	$1,371 11	SL 10yr	822	137	959
Furn & Equipment 04-05	$1,861.01	SL 10yr	930	186	1,116
Furn & Equipment 05-06	$2,854 01	SL 10yr	1,140	285	1,425
Furn & Equipment 07-08	$7,914 50	SL 10yr	7,915	0	7,915
Furn & Equipment 08-09	$4,935 87	SL 10yr	494	494	988
TOTAL	$1,345,497 83		$997,393	$34,016	$1,031,409