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CISFVM6743

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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 990-EZ.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

Seton School

Employer identification number

54-1030322

Form 990, Part VI, line 11b -- Board review -- copies of the return are distributed to each member of the Board for their individual reviews.

Discussion takes place as necessary.

Form 990, Part VI, line 19 -- The governing documents, conflict of interest policy and financial documents are available to the public upon request during the year.

Form 990, Part VI, line 15a-- the organization's top management official receives very minimal compensation which is approved by the Board.

Form 990, Part V, line 12c -- verbal discussion and review during Board meetings

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Seton School

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Employer identification number

54-1030322

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (1) .....                                                           |                         |                                                  |                     |                           |                                  |
| (2) .....                                                           |                         |                                                  |                     |                           |                                  |
| (3) .....                                                           |                         |                                                  |                     |                           |                                  |
| (4) .....                                                           |                         |                                                  |                     |                           |                                  |
| (5) .....                                                           |                         |                                                  |                     |                           |                                  |
| (6) .....                                                           |                         |                                                  |                     |                           |                                  |

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

| (a)<br>Name, address, and EIN of related organization                                    | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |
|------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|----------------------------------------------|
| (1) Seton School Supporting Organization 30-0191339<br>9314 Maple St, Manassas, VA 20110 | financial support       | VA                                               | 501(c)3                    | 11 none                                             |                                  | Yes No<br>✓                                  |
| (2) .....                                                                                |                         |                                                  |                            |                                                     |                                  |                                              |
| (3) .....                                                                                |                         |                                                  |                            |                                                     |                                  |                                              |
| (4) .....                                                                                |                         |                                                  |                            |                                                     |                                  |                                              |
| (5) .....                                                                                |                         |                                                  |                            |                                                     |                                  |                                              |
| (6) .....                                                                                |                         |                                                  |                            |                                                     |                                  |                                              |
| (7) .....                                                                                |                         |                                                  |                            |                                                     |                                  |                                              |

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

Cal. No. 50135Y

Schedule R (Form 990) 2012

CISFVM6743

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

| (a)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant<br>income (related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------|-------------------------|--------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------|-----------------------------------------|----|-------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                          |                         |                                                              |                                     |                                                                                                         |                                 |                                        | Yes                                     | No |                                                                         | Yes                                       | No |                                |
| (1) .....                                                |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |    |                                |
| (2) .....                                                |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |    |                                |
| (3) .....                                                |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |    |                                |
| (4) .....                                                |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |    |                                |
| (5) .....                                                |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |    |                                |
| (6) .....                                                |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |    |                                |
| (7) .....                                                |                         |                                                              |                                     |                                                                                                         |                                 |                                        |                                         |    |                                                                         |                                           |    |                                |

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp, or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|-------------------------------------------------------|-------------------------|-----------------------------------------------------|-------------------------------------|-----------------------------------------------------|---------------------------------|---------------------------------------|--------------------------------|----------------------------------------------------|----|
|                                                       |                         |                                                     |                                     |                                                     |                                 |                                       |                                | Yes                                                | No |
| (1) .....                                             |                         |                                                     |                                     |                                                     |                                 |                                       |                                |                                                    |    |
| (2) .....                                             |                         |                                                     |                                     |                                                     |                                 |                                       |                                |                                                    |    |
| (3) .....                                             |                         |                                                     |                                     |                                                     |                                 |                                       |                                |                                                    |    |
| (4) .....                                             |                         |                                                     |                                     |                                                     |                                 |                                       |                                |                                                    |    |
| (5) .....                                             |                         |                                                     |                                     |                                                     |                                 |                                       |                                |                                                    |    |
| (6) .....                                             |                         |                                                     |                                     |                                                     |                                 |                                       |                                |                                                    |    |
| (7) .....                                             |                         |                                                     |                                     |                                                     |                                 |                                       |                                |                                                    |    |

**Part IV** Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

|                                                                                                                   | Yes       | No                                  |
|-------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------|
| <b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .   | <b>1a</b> | <input checked="" type="checkbox"/> |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .                                | <b>1b</b> | <input checked="" type="checkbox"/> |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .                              | <b>1c</b> | <input checked="" type="checkbox"/> |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .                                     | <b>1d</b> | <input checked="" type="checkbox"/> |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .                                            | <b>1e</b> | <input checked="" type="checkbox"/> |
| <b>f</b> Dividends from related organization(s) . . . . .                                                         | <b>1f</b> | <input checked="" type="checkbox"/> |
| <b>g</b> Sale of assets to related organization(s) . . . . .                                                      | <b>1g</b> | <input checked="" type="checkbox"/> |
| <b>h</b> Purchase of assets from related organization(s) . . . . .                                                | <b>1h</b> | <input checked="" type="checkbox"/> |
| <b>i</b> Exchange of assets with related organization(s) . . . . .                                                | <b>1i</b> | <input checked="" type="checkbox"/> |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .                     | <b>1j</b> | <input checked="" type="checkbox"/> |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .                   | <b>1k</b> | <input checked="" type="checkbox"/> |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . . | <b>1l</b> | <input checked="" type="checkbox"/> |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .  | <b>1m</b> | <input checked="" type="checkbox"/> |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .  | <b>1n</b> | <input checked="" type="checkbox"/> |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .                                         | <b>1o</b> | <input checked="" type="checkbox"/> |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .                                     | <b>1p</b> | <input checked="" type="checkbox"/> |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .                                     | <b>1q</b> | <input checked="" type="checkbox"/> |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .                                  | <b>1r</b> | <input checked="" type="checkbox"/> |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .                                | <b>1s</b> | <input checked="" type="checkbox"/> |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

|     | (a)<br>Name of other organization | (b)<br>Transaction<br>type (a-a) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-----------------------------------|----------------------------------|------------------------|----------------------------------------------|
| (1) |                                   |                                  |                        |                                              |
| (2) |                                   |                                  |                        |                                              |
| (3) |                                   |                                  |                        |                                              |
| (4) |                                   |                                  |                        |                                              |
| (5) |                                   |                                  |                        |                                              |
| (6) |                                   |                                  |                        |                                              |