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DLN: 93493344007063

OMB No 1545-0047 **Return of Organization Exempt From Income Tax**

Form **990**

Department of the Treasury Internal Revenue Service

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

2012

Open to Public Inspection

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

B ~:			ndar year, or tax year beginning 06-01-2012 , 2012, and ending 05-3	L-Z013			
	-	pplicable	C Name of organization DARLINGTON SCHOOL INC		D Emplo	yer iden	tification number
_	Iress cha		Doing Business As		58-0!	566169	
_	ne chan		g				
	ıal retur		Number and street (or P O box if mail is not delivered to street address) Room/sur 1014 CAVE SPRING ROAD	te	E Teleph	one numb	er
_	mınated				(706)	235-60	051
_	ended n		City or town, state or country, and ZIP + 4 ROME, GA 30161				
App	lication	pending			G Gross	receipts \$	54,996,449
			F Name and address of principal officer THOMAS C WHITWORTH		Is this a group	return f	
			1014 CAVE SPRING ROAD		affiliates?		ΓYes Γ No
			ROME,GA 30161				ed?
T Ta:	x-exemi	npt status	▼ 501(c)(3)		If "No," attach	nalıst (see instructions)
_		<u> </u>	V DARLINGTONSCHOOL ORG	H(c)	Group exemp	tion num	ber ►
K Forr	n of ora	anization I	✓ Corporation	I Vez	r of formation 19	222 M G	State of legal domicile GA
	rt I	Sumn		L Tea	i or formation 1:	722 141 3	state of legal doffficile. GA
			scribe the organization's mission or most significant activities				
		,	WER STUDENTS TO LEARN WITH PASSION, ACT WITH INTEGRIT	Y,AND	SERVE WITH	RESPEC	т
æ							
ĕ	-						
Ē	, -	Chack thu	s box ▶─ if the organization discontinued its operations or disposed o	f more t	han 25% of its	netace	etc
Governance		CHECK CIII.	box F	i illore c	11411 25 70 01 103	, nec ass	iets
	3 1	Number of	f voting members of the governing body (Part VI, line 1a)			3	27
<u>e</u> 8	4 N	Number of	findependent voting members of the governing body (Part VI, line 1b)			4	26
Activities &	5 ⊺	Total num	ber of individuals employed in calendar year 2012 (Part V, line 2a) .			5	272
্ব			ber of volunteers (estimate if necessary)			6	60
	l		elated business revenue from Part VIII, column (C), line 12			7a	0
	Ь	Net unrela	ated business taxable income from Form 990-T, line 34			7b	
ā	8	C	whom a red was the (DoublyTTT lane 4 la)		Prior Year	245	Current Year
=	١		utions and grants (Part VIII, line 1h)		4,928,		2,775,874
ê	9	Program	n service revenue (Part VIII, line 2g)		4,928, 21,241,	051	2,775,874 21,193,799
Revenue	10	Progran Investn	n service revenue (Part VIII, line 2g)		4,928, 21,241, 937,	051 645	2,775,874 21,193,799 1,191,604
Reven		Program Investm Other re	n service revenue (Part VIII, line 2g)		4,928, 21,241, 937, 77,	051 645 903	2,775,874 21,193,799 1,191,604 31,786
Reven	10 11 12	Program Investm Other re Total re 12) .	n service revenue (Part VIII, line 2g)		4,928, 21,241, 937, 77, 27,184,	051 645 903 844	2,775,874 21,193,799 1,191,604 31,786 25,193,063
Reven	10 11 12	Program Investm Other re Total re 12) . Grants	n service revenue (Part VIII, line 2g)		4,928, 21,241, 937, 77,	051 645 903 844	2,775,874 21,193,799 1,191,604 31,786 25,193,063 5,134,760
Reven	10 11 12 13 14	Program Investm Other re Total re 12) . Grants : Benefits	n service revenue (Part VIII, line 2g)		4,928, 21,241, 937, 77, 27,184,	051 645 903 844	2,775,874 21,193,799 1,191,604 31,786 25,193,063 5,134,760
	10 11 12	Program Investm Other re Total re 12) . Grants : Benefits	n service revenue (Part VIII, line 2g)		4,928, 21,241, 937, 77, 27,184,	051 645 903 844 224	2,775,874 21,193,799 1,191,604 31,786 25,193,063 5,134,760
	10 11 12 13 14	Program Investm Other re Total re 12) . Grants : Benefits Salaries 5-10)	n service revenue (Part VIII, line 2g)		4,928, 21,241, 937, 77, 27,184, 5,129,	051 645 903 844 224	2,775,874 21,193,799 1,191,604
	10 11 12 13 14 15	Program Investm Other re Total re 12) . Grants : Benefits Salaries 5-10) Profess	n service revenue (Part VIII, line 2g)		4,928, 21,241, 937, 77, 27,184, 5,129,	051 645 903 844 224	2,775,874 21,193,799 1,191,604 31,786 25,193,063 5,134,760 0
Expenses Reven	10 11 12 13 14 15	Program Investm Other re Total re 12) . Grants : Benefits Salaries 5-10) Profess Total fund	n service revenue (Part VIII, line 2g)		4,928, 21,241, 937, 77, 27,184, 5,129,	051 645 903 844 224	2,775,874 21,193,799 1,191,604 31,786 25,193,063 5,134,760 0 10,233,310
	10 11 12 13 14 15 16a b	Program Investm Other re 12). Grants: Benefits Salaries 5-10) Profess Total fund Other e Total ex	n service revenue (Part VIII, line 2g)		4,928, 21,241, 937, 77, 27,184, 5,129,	051 645 903 844 224 801	2,775,874 21,193,799 1,191,604 31,786 25,193,063 5,134,760 0 10,233,310 0
Expenses	10 11 12 13 14 15 16a b	Program Investm Other re 12). Grants: Benefits Salaries 5-10) Profess Total fund Other e Total ex	n service revenue (Part VIII, line 2g)		4,928, 21,241, 937, 77, 27,184, 5,129, 10,123, 11,118, 26,371, 813,	051 645 903 844 224 801 153 178 666	2,775,874 21,193,799 1,191,604 31,786 25,193,063 5,134,760 0 10,233,310 0 11,061,754 26,429,824
Expenses	10 11 12 13 14 15 16a b 17 18	Program Investm Other re 12). Grants: Benefits Salaries 5-10) Profess Total fund Other e Total ex	n service revenue (Part VIII, line 2g)		4,928, 21,241, 937, 77, 27,184, 5,129, 10,123, 11,118, 26,371,	051 645 903 844 224 801 153 178 666	2,775,874 21,193,799 1,191,604 31,786 25,193,063 5,134,760 0
Expenses	10 11 12 13 14 15 16a b 17 18	Program Investm Other re Total re 12) . Grants: Benefits Salaries 5-10) Profess Total func Other e Total ex Revenue	n service revenue (Part VIII, line 2g)		4,928, 21,241, 937, 77, 27,184, 5,129, 10,123, 11,118, 26,371, 813, inning of Curre	051 645 903 844 224 801 153 178 666	2,775,874 21,193,799 1,191,604 31,786 25,193,063 5,134,760 0 10,233,310 0 11,061,754 26,429,824 -1,236,761 End of Year
Expenses	10 11 12 13 14 15 16a b 17 18 19	Program Investm Other re Total re 12) . Grants : Benefits Salaries 5-10) Profess Total func Other e Total ex Revenue Total as Total lia	nent income (Part VIII, line 2g)		4,928, 21,241, 937, 77, 27,184, 5,129, 10,123, 11,118, 26,371, 813, inning of Curre Year 93,449, 28,124,	051 645 903 844 224 801 153 178 666	2,775,874 21,193,799 1,191,604 31,786 25,193,063 5,134,760 0 10,233,310 0 11,061,754 26,429,824 -1,236,761 End of Year 94,246,280 26,536,376
Not Assets or Expenses Fund Balances	10 11 12 13 14 15 16a b 17 18 19	Program Investm Other re Total re 12) . Grants : Benefits Salaries 5-10) Profess Total func Other e Total ex Revenue Total lia Net ass	n service revenue (Part VIII, line 2g)		4,928, 21,241, 937, 77, 27,184, 5,129, 10,123, 11,118, 26,371, 813, inning of Curre Year 93,449,	051 645 903 844 224 801 153 178 666	2,775,874 21,193,799 1,191,604 31,786 25,193,063 5,134,760 0 10,233,310 0 11,061,754 26,429,824 -1,236,761
Not Assets or Expenses	10 11 12 13 14 15 16a b 17 18 19	Program Investm Other re Total re 12) . Grants : Benefits Salaries 5-10) Profess Total func Other e Total ex Revenue Total as Total lia Net ass	n service revenue (Part VIII, line 2g)	Beg	4,928, 21,241, 937, 77, 27,184, 5,129, 10,123, 11,118, 26,371, 813, inning of Curre Year 93,449, 28,124, 65,324,	051 645 903 844 224 801 153 178 666 ent	2,775,874 21,193,799 1,191,604 31,786 25,193,063 5,134,760 0 10,233,310 0 11,061,754 26,429,824 -1,236,761 End of Year 94,246,280 26,536,376 67,709,904
Met Assets or Expenses end betables	10 11 12 13 14 15 16a b 17 18 19 20 21 22 11 11 r penal	Program Investm Other re 12) . Grants : Benefits Salaries 5-10) Profess Total func Other e Total ex Revenue Total as Total lia Net ass Signa	n service revenue (Part VIII, line 2g)	Beg	4,928, 21,241, 937, 77, 27,184, 5,129, 10,123, 11,118, 26,371, 813, inning of Curre Year 93,449, 28,124, 65,324,	051 645 903 844 224 801 153 178 666 ent 107 684 423	2,775,874 21,193,799 1,191,604 31,786 25,193,063 5,134,760 0 10,233,310 0 11,061,754 26,429,824 -1,236,761 End of Year 94,246,280 26,536,376 67,709,904

Sign	****** Signature of officer			2013-12-10 Date			
Here	ELIZABETH POLLARD CFO Type or print name and title						
Doid	Print/Type preparer's name STEVEN E TRUMBO	Preparer's signature	Date 2013-12-10	Check If self-employed	PTIN		
Paid Preparer	Firm's name ► BROOKS MCGINNI		Fırm's EIN 🟲				
Use Only	L	Firm's address ► 5871 GLENRIDGE DR NE STE 200					
May the IRS	discuss this return with the prepare		ons)		⊤ Yes ▽ No		

Part IV	Checkli	st 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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 📆	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		Νo
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII"	11b	Yes	
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ""	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 💆	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
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, Parts II and IV	15		No
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, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νo
25a	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		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
			orm 99 ((2012)

Раг	Statements Regarding Other IRS Fillings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 57		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		NO
-				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
		8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
.1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
l3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
.4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Νo
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule 0	14h		

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI .															ে
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Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		 N o
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	e.)
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	,	i l		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	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		No
		16a		No

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed ►GA
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►ELIZABETH POLLARD 1014 CAVE SPRING ROAD ROME, GA (706) 235-6051

<u>Part VII</u> 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 Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

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

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec (, unle n offic rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) WILLIAM D CORNWELL	3 00	х						0	0	0
TRUSTEE								_	_	-
(2) LAURA H DAVIS TRUSTEE	3 00	×						0	0	0
(3) JERE A DRUMMOND	3 00									
CHAIRMAN		X		Х				0	0	0
(4) NORMAN FLETCHER	3 00	х						0	0	0
TRUSTEE (5) MICHAEL A KAHN	3 00									
TRUSTEE		x						0	0	0
(6) JEFFERY R GARDNER	3 00	х						0	0	0
TRUSTEE (7) ROGER H TILLERY	3 00									
TRUSTEE	3 00	x						0	0	0
(8) P ALSTON GLENN	3 00	×						0	0	0
TRUSTEE								, and the second		
(9) JOHN R WARE	3 00	×						0	0	0
TRUSTEE (10) RITA GRIFFIN	3 00	-								
TRUSTEE		х						0	0	0
(11) MARY H HEANER	3 00									
TRUSTEE		X						0	0	0
(12) EMILY HJORT	3 00	х						0	0	0
TRUSTEE								0	0	0
(13) JOHN G HUNTER	3 00	×						0	0	0
TRUSTEE (14) GEORGE H JOHNSON	2.00									
	3 00	x						0	0	0
TRUSTEE (15) WILLIAM A KELLY	3 00	-								
TRUSTEE		X						0	0	0
(16) ELIZABETH W KEMPSHALL	3 00	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								2
TRUSTEE		X						0	0	0
(17) JEFFREY J MAUER	3 00	х						0	0	0
TRUSTEE		^						Ĭ	Ŭ	V

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot	not box h ar	chec c, unle n offic rustee	ess er	(D) Reportable compensation from the organization		(E) Reportable compensation from related organizations	comper from	nated of other nsation the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)		(W- 2/1099- MISC)	organi and re organiz	lated
(18) WILLIAM A MITCHELL	3 00	х							0	0	1	0
TRUSTEE									_			
(19) JOYCE R NEELY	3 00	Х							0	O	,	0
TRUSTEE (20) LINDA F OWENS	3 00								+			
VICE-CHAIRMA		Х		×					0	0	1	0
(21) WRIGHT W SMITH	3 00								1			
TRUSTEE		X							0	0		0
(22) FRANK D STEGALL	3 00	х							0	0		0
TRUSTEE		^										
(23) EDWIN C WATTERS	3 00	х							0	0		0
TRUSTEE (24) STEPHEN E WILHOITE	3.00								+			
TRUSTEE	3 00	х							0	0		0
(25) JAMES R WILSON	3 00	· ·		\ ,								
TREASURER		Х		Х					0	0		0
(26) LEONARD W WOOD	3 00	х							0	0	,	0
TRUSTEE (27) THOMAS C WHITWORTH	40 00								+			
HEADMASTER	10 00			Х				285,1	.79	0		31,626
(28) ELIZABETH W POLLARD CFO	40 00			х				125,9	996	0		21,483
(29) JOSEPH W MONTGOMERY	40 00				×			159,9	966	0		24,237
CHIEF ADV O					<u> </u>			133,3				21,237
(30) JAMES M MILFORD	40 00					x		130,9	64	0		21,993
1b Sub-Total						<u> </u>					<u> </u>	
c Total from continuation sheets to Pa						►						
d Total (add lines 1b and 1c)								702,105				99,339
2 Total number of individuals (including \$100,000 of reportable compensation	but not limited to	those	liste		bove	e) who	rec	eived more tha	n	<u> </u>		
											Yes	No
3 Did the organization list any former o on line 1a? If "Yes," complete Schedule								ghest compensa		employee 3		No
4 For any individual listed on line 1a is												1,40

			res	140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual		1	
	on time 1a 11 res, complete schedule 110 Such marvidual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		1	
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO INC AFFILIATES , PO BOX 536922 ATLANTA GA 303536922	FACILITY	2,034,559
SAGE DINING SERVICES INC , 222 BOSLEY AVE SUITE B-7 TOWSON MD 21204	FOOD SERVICE	1,264,059

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►2

Form 99								Page 9
Part V	/ • • •	Statement of Check of Sched	of Revenue ule O contains a respo	nse to any question i	in this Part VIII			
				ise to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
σ£	1a	Federated cam	paigns 1a					
ant	ь	Membership du	ıes 1b					
υ <u>υ</u> Ε	c	Fundraising ev	ents 1c	55,650				
ffs, ⊨A	d	Related organiz	zations 1d					
jë jë	e	Government grant						
ns, Sin		_			ļ	ļ		-
Contributions, Gifts, Grants and Other Similar Amounts	f	similar amounts no	ons, gifts, grants, and 1f ot included above	2,720,224				
ē ફ	g		ons included in lines	37,653	į	j		j
ont	h	1a-1f \$ Total. Add line:	s 1a-1f		2,775,874			
<u>o</u> ë		Total: Add lille		· · · •	_,			
e E	22	TUTTON AND FEE	c	Business Code	20.022.040	20.022.040		
wer	2a	TUITION AND FEES	-		20,023,848	20,023,848		1
<u></u> 라	b	ACENCY ORGANIZ	-		920,192	920,192		
¥ Cé	ار د	AGENCY ORGANIZA			225,216	225,216		
Ž.	d	EMPLOYEE HOUSIN			41,489	41,489		
Program Serwice Revenue	e •	All other progra			-16,946	-16,946		
į,	f	All other progra	am service revenue					
	g	Total. Add line:	s 2a-2f		21,193,799			
	3		ome (including dividen ar amounts)		467,222			467,222
	4		stment of tax-exempt bond					
	5			` <u>.</u>				
		·	(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	c	Rental income						
	d	or (loss) Net rental inco	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	30,441,628					
	ь	Less cost or	20 717 246					
		other basis and sales expenses	29,717,246					
	С	Gain or (loss)	724,382		724 202	724 202		
	d		ss)		724,382	724,382		-
enne	8a	events (not inc \$55	5,650					
Other Revenue		See Part IV, lir	s reported on line 1c) ne 18 a	31,529				
ţ	ь		penses b	31,529				
0	С		(loss) from fundraising	events 🛌				
	9a		from gaming activities ne 19					
		,	a					
	ь	Less direct ex	penses b					
	С		(loss) from gamıng actı	vities				
	10a	Gross sales of returns and allo						
		recuirio allu allo	a a	58,161				
	ь	Less cost of g	oods sold b	54,611				
	_ c		(loss) from sales of ınv		3,550	3,550		
		Mıscellaneou	s Revenue	Business Code				
	11a	OTHER INCOM	ME	900099	28,236	28,236		
	ь							
	С							
	d	All other reven	ue					
	е	Total. Add line:	s 11a-11d	▶	28,236			<u> </u>
	12	Total revenue.	See Instructions .	🕨	25,193,063	21,949,967		467,222

	Statement of Functional Expenses	ather even number	ana muat aamn	lata galumn (A.)	
Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns. All			iete column (A)	
Do	Check if Schedule O contains a response to any question in this Pa		(B)	(c)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	5,134,760	5,134,760		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	-,,	-,,		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	702,106	569,044	69,768	63,294
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	7,410,484	6,006,066	736,375	668,043
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	725,421	585,230	79,680	60,511
9	Other employee benefits	824,370	665,056	90,549	68,765
10	Payroll taxes	570,929	460,594	62,711	47,624
11	Fees for services (non-employees)				
а	Management				
b	Legal	7,438		7,438	
c	Accounting	47,860		47,860	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on	85,153	68,301		16,852
12	Schedule O)	101,016	66,301	101,016	10,832
13	Office expenses		1,503,669	533,710	76,403
14		2,113,782	1,503,669	533,710	76,403
	Information technology				
15	Royalties	4 474 476	055.404	204.402	
16	Occupancy	1,171,176	865,184	294,482	11,510
17	Travel	350,557	286,683	5,386	58,488
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	499,310	499,310		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,014,955	1,674,479	318,199	22,277
23	Insurance	258,501	154,091	102,360	2,050
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	CONTRACTED SERVICES	2,241,600	2,219,344	20,800	1,456
b	FOOD SERVICE	1,189,278	1,189,278		
c	OTHER EXPENSE	407,384	30,055	366,854	10,475
d	BAD DEBT EXPENSE	320,798	320,798		
e	All other expenses	252,946	196,848	51,846	4,252
25	Total functional expenses. Add lines 1 through 24e	26,429,824	22,428,790	2,889,034	1,112,000
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Pali	't X	Check if Schedule O contains a response to any question in thi	s Part	: X			
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			335,606	1	1,172,006
	2	Savings and temporary cash investments			1,843,940	2	218,913
	3	Pledges and grants receivable, net			8,159,051	3	6,814,249
	4	Accounts receivable, net			756,067	4	602,117
	5	Loans and other receivables from current and former officers, cemployees, and highest compensated employees. Complete P. Schedule L	art II	of		5	
Assets	6	Loans and other receivables from other disqualified persons (a $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and and sponsoring organizations of section $501(c)(9)$ voluntary e organizations (see instructions) Complete Part II of Schedule	contri mploy	buting employers		6	
38	7	Notes and loans receivable, net				7	18,000
ď	8	Inventories for sale or use			32,481	- 1	28,931
	9	Prepaid expenses and deferred charges			185,060	- 	44,099
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D					
	ь	Less accumulated depreciation	10b	27,923,164	52,367,605	10c	51,438,464
	11	Investments—publicly traded securities	<u> </u>		19,939,016	11	27,307,627
	12	Investments—other securities See Part IV, line 11			9,183,487	12	5,996,258
	13	Investments—program-related See Part IV, line 11				13	_
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			646,794	15	605,616
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			93,449,107	16	94,246,280
	17	Accounts payable and accrued expenses			532,712	17	831,832
	18	Grants payable				18	
	19	Deferred revenue			3,864,289	19	3,347,242
	20	Tax-exempt bond liabilities			23,500,000	20	21,730,000
ω.	21	Escrow or custodial account liability Complete Part IV of Sch				21	<u> </u>
Liabilities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disqual	ors, tı				
qe		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third partie	es .			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	art X o	f Schedule	227,683	25	627,302
	26	D			28,124,684		26,536,376
	26	Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.			20, 124,004	20	20,330,370
Ĭ	27	Unrestricted net assets			34,103,036	27	34,764,817
<u> 8</u>	28	Temporarily restricted net assets			8,900,790		10,039,126
	29	Permanently restricted net assets			22,320,597	29	22,905,961
or Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.					
5	30	Capital stock or trust principal, or current funds	_			30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
\$ S\$	32	Retained earnings, endowment, accumulated income, or other				32	
Net #	33	Total net assets or fund balances			65,324,423		67,709,904
ž	34	Total liabilities and net assets/fund balances			93,449,107	34	94,246,280
	5-7	Total habilities and het assets/land balances	<u> </u>	• •	1 33,443,107		54,240,200

Par	t XI Reconcilliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				<u>୮</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		25,1	193,063
2	Total expenses (must equal Part IX, column (A), line 25)	2		26,4	129,824
3	Revenue less expenses Subtract line 2 from line 1	3		-1,2	236,761
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		65,3	324,423
5	Net unrealized gains (losses) on investments	5		3,6	522,242
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		67,7	709,904
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. \sqsubset
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			
	▼ Separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	За		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

Software ID: **Software Version:**

EIN: 58-0566169

Name: DARLINGTON SCHOOL INC

Form 990, Part VII - Compensation of Compensated Employees, and Independent	Officers, Dir	ectors	,Tru	ıste	ees,	, Key	/ En	nployees, Highe	st	
(A) Name and Title	(B) Average hours per week (list any	Positio more unless an dire	than pers office ctor/	one one on is ran trust	box s bo d a tee)	, th	1	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related
	hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			organizations
WILLIAM D CORNWELL TRUSTEE	3 00	х						0	0	0
LAURA H DAVIS TRUSTEE	3 00	х						0	0	0
JERE A DRUMMOND CHAIRMAN	3 00	х		х				0	0	0
NORMAN FLETCHER TRUSTEE	3 00	х						0	0	0
MICHAEL A KAHN TRUSTEE	3 00	х						0	0	0
JEFFERY R GARDNER TRUSTEE	3 00	х						0	0	0
ROGER H TILLERY TRUSTEE	3 00	х						0	0	0
P ALSTON GLENN TRUSTEE	3 00	х						0	0	0
JOHN R WARE TRUSTEE	3 00	х						0	0	0
RITA GRIFFIN TRUSTEE	3 00	х						0	0	0
MARY H HEANER TRUSTEE	3 00	х						0	0	0
EMILY HJORT TRUSTEE	3 00	х						0	0	0
JOHN G HUNTER TRUSTEE	3 00	×						0	0	0
GEORGE H JOHNSON TRUSTEE	3 00	х						0	0	0
WILLIAM A KELLY TRUSTEE	3 00	х						0	0	0
ELIZABETH W KEMPSHALL TRUSTEE	3 00	х						0	0	0
JEFFREY J MAUER TRUSTEE	3 00	х						0	0	0
WILLIAM A MITCHELL TRUSTEE	3 00	х						0	0	0
JOYCE R NEELY TRUSTEE	3 00	х						0	0	0
LINDA F OWENS VICE-CHAIRMA	3 00	х		х				0	0	0
WRIGHT W SMITH TRUSTEE	3 00	х						0	0	0
FRANK D STEGALL TRUSTEE	3 00	х						0	0	0
EDWIN C WATTERS TRUSTEE	3 00	х						0	0	0
STEPHEN E WILHOITE TRUSTEE	3 00	х						0	0	0
JAMES R WILSON TREASURER	3 00	х		х				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) A verage hours per week (list	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	any hours for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former			related organizations
LEONARD W WOOD TRUSTEE	3 00	х						0	0	0
THOMAS C WHITWORTH HEADMASTER	40 00			х				285,179	0	31,626
ELIZABETH W POLLARD CFO	40 00			х				125,996	0	21,483
JOSEPH W MONTGOMERY CHIEF ADV O	40 00				х			159,966	0	24,237
JAMES M MILFORD ASST HEADMA	40 00					х		130,964	0	21,993

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As Filed Data -

DLN: 93493344007063

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

DARLINGTON SCHOOL INC

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.

2012

Open to Public Inspection

Da	rt I	Peac	on for Du	blic Charity Sta	tus (All or	nanizationi	s must com	nlata this i	158-U566 nart \ See i		nnc		
				te foundation becaus						115ti uctio	лъ.		
1	, gain			ion of churches, or a			-						
2	<u> </u>			d in section 170(b)(1				CCC1011 17 0(
3	,			perative hospital se				n 170/h)/1	\(A \(i i i \)				
4	<u>'</u>			h organization opera						/1\/A\/::	i) Ento	rtho	
-	'			ity, and state	teu ili conjun	iction with a	nospital des	ciibed iii se	CCIOII 170(D)	(1)(A)(II	i). Liite	i tile	
5	Г			erated for the benefi	t of a college	or universi	ty owned or o	perated by	a governmen	tal unit d	escribe	ed in	
				(A)(iv). (Complete P			•		_				
6	Г			local government o	•	tal unit desc	rıbed ın sect i	ion 170(b)(1)(A)(v).				
7				at normally receives						rom the o	general	public	:
	·	describ	oed in sectio	on 170(b)(1)(A)(vi).	(Complete F	Part II)		_		•	-	•	
8	Г	A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)											
9	Γ	An organization that normally receives (1) more than 331/3% 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 331/3% of											
	its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses												
		acquire	ed by the org	ganızatıon after June	30,1975 S	ee section	509(a)(2). (C	omplete Pa	rt III)				
10	Γ	An org	anızatıon or	ganized and operate	d exclusively	to test for	public safety	See sect io	n 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 - Non-functionally integrated												
e	Γ	othert	_	ox, I certify that the ion managers and ot	_						•	•	
f		If the c		received a written d	etermination	from the IR	S that it is a	Туре I, Тур	e II, or Type	III supp	orting	organı	zation,
g			August 17, 2 ng persons?	2006, has the organ	ızatıon accep	oted any gift	or contributi	on from any	ofthe				
				irectly or indirectly o	•		-	persons de	scribed in (ii) _		Yes	No
		and (III) below, the	governing body of th	ne supported	organizatio	n?				11g(i)		
				er of a person descr						<u> </u>	11g(ii)		
		(iii) A	35% contro	lled entity of a perso	on described	ın (ı) or (ıı)	above?			[3	L1g(iii)		
h		Provide	e the follown	ng information about	the support	ed organızat	tion(s)						
	i) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	ı notıfy	(vi) Is	the	(vii) An	nount of
	suppo			organization	organizat		the organi		organizat			mone	-
0	rganiz	ation		(described on lines 1- 9 above	col (i) lis your gove		ın col (i) o suppor		col (i) org			sup	port
				or IRC section	docume		Suppor		III the o	5.			
				(see									
				instructions))	Yes	No	Yes	No	Yes	No			
							1			 			
							†				_		
Tota	ı												

Sch	edule A (Form 990 or 990-EZ) 2012							Page 2
Pa	(Complete only if you o	hecked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiza	ation faile	ed to q	
	Part III. If the organiza ection A. Public Support	tion fails to qu	alify under the	tests listed bel	ow, please com	iplete Pa	rt III.)	
	endar year (or fiscal year beginning					1		
	in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	312	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual							
	grants ")							
2	Tax revenues levied for the							
	organization's benefit and either							
	paid to or expended on its behalf							
3	The value of services or facilities							
•	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a							
	governmental unit or publicly							
	supported organization) included on							
	line 1 that exceeds 2% of the							
	amount shown on line 11, column							
6	(f) Public support. Subtract line 5 from							
	line 4							
S	ection B. Total Support							
Cal	endar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20)12	(f) Total
_	in) ► A mounts from line 4		. ,		. ,	, ,		. ,
7 8	Gross income from interest,							
0	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar							
9	sources Net income from unrelated							
9	business activities, whether or not							
	the business is regularly carried							
	on							
10	Other income Do not include gain or loss from the sale of capital							
	assets (Explain in Part IV)							
11	Total support (Add lines 7 through							
4.0	10)		<u> </u>					
12	Gross receipts from related activitie					12		
13	First five years. If the Form 990 is this box and stop here							ization, check
	ection C. Computation of Pub				<u> </u>	<u> </u>		
14	Public support percentage for 2012			11, column (f))		14		
15	Public support percentage for 2011			, , , , , , ,		15		
	33 1/3% support test—2012. If the o	· ·	•	on line 13 and l	ine 14 is 33 1/20%		chack ti	nie hov
104	and stop here. The organization qua				me 1 1 13 33 1/3/0	or more,	JIICCK CI	► □
b	33 1/3% support test—2011. If the				and line 15 is 33	3 1/3% or n	nore, ch	eck this
	box and stop here. The organization						. 4 4	▶□
1/a	10%-facts-and-circumstances test- is 10% or more, and if the organizat							•
	in Part IV how the organization mee							
	organization				4	r	,	▶ □
b	10%-facts-and-circumstances test-							
	15 is 10% or more, and if the organ Explain in Part IV how the organizat							lv
	supported organization	ion meets the T	acts-ana-cncum:	stances test III	ic organization qu	uiiiiE5 45 i	a public	·y ▶□
18	Private foundation. If the organizat	on did not check	c a box on line 13	, 16a, 16b, 17a,	or 17b, check thi	s box and	see	·
	instructions							▶ ┌

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6)						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	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)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,		
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493344007063

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Supplemental Financial Statements

Open to Public

Interna	l Revenue Service	► Attach to For	m 990. ► See separate instructions.								
	me of the organ			Emplo	yer identification number						
					566169						
Pa		nizations Maintaining Donor Adv		ınds o	r Accounts. Complete if the						
	organiz	zation answered "Yes" to Form 990	, Part IV, line 6. (a) Donor advised funds	(1) Funds and other accounts						
1	Total number a	at end of year	(a) Bonor davised lands	,	y ranas ana other accounts						
2		tributions to (during year)									
3	Aggregate grar	nts from (during year)									
4	Aggregate valu	ue at end of year									
5		zation inform all donors and donor adviso organization's property, subject to the or		or advise	ed Yes No						
6	used only for c	zation inform all grantees, donors, and do haritable purposes and not for the benef ermissible private benefit?			purpose Yes No						
Pa		rvation Easements. Complete if	the organization answered "Yes" to	Form	990, Part IV, line 7.						
2	Preservation Protection Preservation Complete lines	conservation easements held by the org on of land for public use (e g , recreation of natural habitat on of open space s 2a through 2d if the organization held a	or education) Preservation of an Preservation of a c	ertified	historic structure						
	easement on t	he last day of the tax year	Г		Held at the End of the Year						
а	Total number o	of conservation easements		2a	ried at the End of the Tear						
b		restricted by conservation easements		2b							
c		servation easements on a certified histo	oric structure included in (a)	2c							
d	Number of con	servation easements included in (c) acq ure listed in the National Register	· · · •	2d							
3	Number of con	servation easements modified, transferr	red, released, extinguished, or terminate	d by the	organization during						
	the tax year ►	·									
4	Number of stat	tes where property subject to conservati	ion easement is located 🛌								
5		nization have a written policy regarding t f the conservation easements it holds?	the periodic monitoring, inspection, hand	lling of v	iolations, and Yes No						
6	Staff and volur	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	nents du	ring the year						
7	·	enses incurred in monitoring, inspecting	ı, and enforcıng conservatıon easements	during t	the year						
8	Does each cor	nservation easement reported on line 2(o 70(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 170	(h)(4)(B)(ı)						
9	balance sheet,	escribe how the organization reports cor , and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financial								
Par	t IIII Organ	izations Maintaining Collection ete if the organization answered "Y	s of Art, Historical Treasures, o	or Othe	er Similar Assets.						
1a	If the organiza works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	16 (ASC 958), not to report in its revents held for public exhibition, education, o	or resear	rch in furtherance of public						
b	works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes	ts held for public exhibition, education, o								
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1			► \$						
	(ii) Assets inc	luded in Form 990, Part X			► \$						
2	If the organiza	tion received or held works of art, histor ints required to be reported under SFAS		r financı	' -						
а	Revenues incli	uded in Form 990, Part VIII, line 1			► \$						
		, , –			· -						

b Assets included in Form 990, Part X

	Organizations Maintaining Co										<u>ntınued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ls, ch -	eck a	·	_		significant us	e of i	ts	
а	Public exhibition		d	ı	Loan or e	xchange progra	ams				
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIII	ollections and explai	n how	v they	further th	e organization'	's ex	empt purpose	ın		
5	During the year, did the organization solicit							ıılar	_,	-	_
Par	assets to be sold to raise funds rather than to t IV Escrow and Custodial Arrang	•						oc" to Form	厂 ነ		No
FGI	Part IV, line 9, or reported an an					ion answered	ı ı	es to rollii	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontribution	s or other ass	etsı	not	Γ,	'es	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the f	follow	ing t	able	_					
								A	moui	nt	
C	Beginning balance					L	1c				
d	Additions during the year					L	1d				
е	Distributions during the year					L	1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?						┌ ¥	'es	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	natio	n has beer	n provided in P	art)	KIII			Г
Pa	rt V Endowment Funds. Complete										
	·	(a)Current year		Prior y		c) Two years back	(d			Four y	ears back
1a	Beginning of year balance	25,238,954			326,855	23,320,906		21,348,23	_		
b	Contributions	606,162		1,	909,811	1,097,832	2	2,840,23	6		
С	Net investment earnings, gains, and losses	2,802,544		-1,	998,788	2,928,88!	5	2,272,07	'2		
d	Grants or scholarships										
e	Other expenditures for facilities and programs	1,036,733			998,924	1,020,768	8	3,139,63	:5		
f	Administrative expenses										
g	End of year balance	27,610,927		25,	238,954	26,326,85	5	23,320,90	6		
2	Provide the estimated percentage of the cur	ent year end balanc	e (lın	e 1g,	column (a)) held as					
а	Board designated or quasi-endowment 🕨										
ь	Permanent endowment ► 81 000 %										
c	Temporarily restricted endowment ► 19 0 The percentages in lines 2a, 2b, and 2c sho	000 % uld equal 100%									
За	Are there endowment funds not in the posses		tion t	hat a	re held and	d administered	lfor	the			
	organization by									Yes	No
	(i) unrelated organizations			•					(i)		No
_	(ii) related organizations							<u>3a</u>			N o
	If "Yes" to 3a(II), are the related organizatio						•	[3	b		
4	Describe in Part XIII the intended uses of the										
Par	Tt VI Land, Buildings, and Equipme Description of property	ent. See Form 990	<u>Ј, Ра</u>	(a)	Cost or other (investment			(c) Accumulated depreciation	t l	(d) Boo	ok value
				 		1 226	799		+		
	Land					1.77h					L,226.799
			-					18 743 6	35		1,226,799 3.678.294
b	Buildings					67,421,	929	18,743,6	-		3,678,294
b c	Buildings						929	18,743,6. 1,402,30	-		
b c d	Buildings					67,421,	929 047		08	48	3,678,294

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
(1)Financial derivatives	5,996,258	F
(2)Closely-held equity interests		
Other		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	5,996,258	
Part VIII Investments—Program Related. See	- 1 1	3
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Bescription of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III	ne 15.	
(a) Descrip	otion	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15	5.)	
Part X Other Liabilities. See Form 990, Part >	(, lıne 25.	
1 (a) Description of liability	(b) Book value	
Federal income taxes		
CAPITAL LEASE OBLIGATION	627 303	
CAPITAL LEASE OBLIGATION	627,302	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	(27.202	
2 Fin 48 (ΔSC 740) Footnote In Part XIII provide the tex	627,302	

Reconciliation of Revenue per Audited Financial Statements With Revenue	er Retu	rn
Total revenue, gains, and other support per audited financial statements	1	23,445,88
Amounts included on line 1 but not on Form 990, Part VIII, line 12		
Net unrealized gains on investments		
Donated services and use of facilities 2b		
Recoveries of prior year grants		
Other (Describe in Part XIII)		
Add lines 2a through 2d	2e	3,708,38
Subtract line 2e from line 1	3	19,737,50
Amounts included on Form 990, Part VIII, line 12, but not on line 1		
Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Other (Describe in Part XIII)		
Add lines 4a and 4b	4c	5,455,55
Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	25,193,06
XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	urn
Total expenses and losses per audited financial statements	1	21,060,40
Amounts included on line 1 but not on Form 990, Part IX, line 25		
Donated services and use of facilities		
Prior year adjustments		
Other losses		
Other (Describe in Part XIII)]	
Add lines 2a through 2d	2e	86,14
Subtract line 2e from line 1	3	20,974,26
Amounts included on Form 990, Part IX, line 25, but not on line 1:		
Investment expenses not included on Form 990, Part VIII, line 7b 4a		
Other (Describe in Part XIII)		
Add lines 4a and 4b	4c	5,455,55
Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	26,429,82
	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 Net unrealized gains on investments 2a 3,622,242 Donated services and use of facilities 2b Recoveries of prior year grants Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total expenses and losses per audited financial Statements With Expenses per Ret Total expenses and use of facilities Prior year adjustments Other (Describe in Part XIII) Add lines 2a through 2d SII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other (Describe in Part XIII) Add lines 2a through 2d Add lines 2a through 2d Add lines 2a through 2d Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Add lines 4a and 4b

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE		THE SCHOOL IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF INTERNAL REVENUE CODE SECTION 501(C)(3) INCOME FROM CERTAIN ACTIVITIES NOT DIRECTLY RELATED TO THE SCHOOLS TAX-EXEMPT PURPOSE IS SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME FOR THE YEARS ENDED MAY 31, 2013 AND 2012, THE SCHOOL DID NOT HAVE ANY UNRELATED BUSINESS INCOME, AND ACCORDINGLY, NO UNRELATED BUSINESS INCOME TAX THE SCHOOL BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS (BASED ON A MORE-LIKELY-THAN-NOT STANDARD FOR SUBSTANTIATION) THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS THE SCHOOLS INTERNAL REVENUE SERVICE FILINGS FOR THE PREVIOUS THREE YEARS REMAIN SUBJECT TO EXAMINATION
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 2D	COST OF GOODS SOLD 54,611 SPECIAL EVENTS EXPENSES 31,529
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 4B	STUDENT ASSISTANCE 5,134,760 BAD DEBT EXPENSE 320,798
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER		COST OF GOODS SOLD 54,611 SPECIAL EVENTS EXPENSES 31,529
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	STUDENT ASSISTANCE 5,134,760 BAD DEBT EXPENSE 320,798
		Schodulo D (Form 000) 2012

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493344007063

OMB No 1545-0047

2012

2012

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Schools

► Attach to Form 990 or Form 990-EZ.

Employer identification number

DARLINGTON SCHOOL INC 58-0566169 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes 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 Yes 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 Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Νo 6a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 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 Part II Yes

Part II Supplemental Information. Complete this part to provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also complete this part to provide any other additional information (see instructions)

ldentifier	Return Reference	Explanation
PUBLICATION OF NONDISCRIMINATORY POLICY IN MEDIA EXPLANATION	SCHEDULE E LINE 3	THE FULL NONDISCRIMINATION POLICY IS PUBLISHED IN THE SCHOOL PARENT AND STUDENT HANDBOOK WHICH CAN FOUND ON THE SCHOOLS WEBSITE IN ADDITION THE POLICY IS DISCLOSED ON THE SCHOOL APPLICATION PAPERWORK AND IN THE RECRUITING AND ADMISSIONS BROCHURE

Schedule E (Form 990 or 990-EZ) 2012

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DLN: 93493344007063

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

DARLINGTON SCHOOL INC

SCHEDULE G

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

Employer identification number

E ad atatas Aust	::: Cl-1-	Cilia			58-0566169	
Part I Fundraising Acti	-					7, line 17.
1 Indicate whether the organi	zatıon raısed funds t	through a	ny of the f			
a Mail solicitations			e		n-government grants	
b Internet and email solic	ıtatıons		f	Solicitation of gov		
c Phone solicitations			g	Special fundraisin	g events	
d In-person solicitations						
2a Did the organization have a or key employees listed in F	written or oral agree form 990, Part VII)	ement witl or entity	n any indi in connec	vidual (including office tion with professional f	rs, directors, trustees fundraising services?	Г Yes Г No
b If "Yes," list the ten highest to be compensated at least			undraiser	rs) pursuant to agreeme	ents under which the fui	ndraiser is
(i) Name and address of ındıvıdual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of outions?	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
		Yes	No			
-						
		-				
			>			
3 List all states in which the o licensing	rganization is regis	tered or li	censed to	solicit funds or has be	een notified it is exempt	from registration or

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contribut			
			(a) Event #1 AUCTION EVENT (event type)	(b) Event #2	(c) O ther events (total number)	(d) Total events (add col (a) through col (c))
₽	1	Gross receipts	87,179	9		87,179
Revenue	2	Less Contributions	55,650			55,650
<u>~</u>	3	Gross income (line 1 minus line 2)	31,529			31,529
	4	Cash prizes				
ر د	5	Noncash prizes	20,760	0		20,760
Expenses	6	Rent/facility costs	1,870			1,870
å Ä	7	Food and beverages .	4,606	5		4,606
Dreat	8	Entertainment	700	o l		700
툽	9	Other direct expenses .	3,59:	3		3,593
	10	Direct expense summary Add lin	es 4 through 9 in column	n(d)		(31,529)
	11	Net income summary Combine Ii	_	. ,		
Revenue	1 11	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii Gross revenue	ne 6a. (a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
t Expenses	3	Cash prizes				
Direct						
	5	Other direct expenses		—	_	
	6	Volunteer labor	│ Yes │ No	│	│	
9	8	Direct expense summary Add line Net gaming income summary Com	bine lines 1 and 7 in colu	umn (d)		
a b	Ist	er the state(s) in which the organizathe organization licensed to operate	gaming activities in eac	h of these states?		
10a b		re any of the organization's gaming Yes," explain				· · 「Yes 「No

70ES	the organization operate gaming	activities with nonlinelinders		· · I Yes I No							
.2		neficiary or trustee of a trust or a men									
	formed to administer charitable of	gaming?		· · · · Fyes F No							
.3	Indicate the percentage of gamir	ng activity operated in									
а	The organization's facility										
b	An outside facility										
.4	Enter the name and address of th	ne person who prepares the organizati	on's gaming/special events books	and records							
	Name ►										
	Address 🟲										
	revenue?	ntract with a third party from whom the									
	amount of gaming revenue retain	ed by the third party 🟲 \$									
C	If "Yes," enter name and address	s of the third party									
	Name 🟲										
	Address ►										
.6	Gaming manager information										
	Name 🟲										
	Gaming manager compensation I	\$ \$									
	Description of services provided	>									
	☐ Director/officer	Employee	Independent contractor								
.7	Mandatory distributions										
а	Is the organization required unde	er state law to make charitable distrib	utions from the gaming proceeds to								
	retain the state gaming license?			Г _{Yes} Г _{No}							
b	Enter the amount of distributions	required under state law distributed t	to other exempt organizations or sp	ent							
		activities during the tax year 🟲 💲									
Par	columns (III) and (v), a	mation. Complete this part to pr and Part III, lines 9, 9b, 10b, 15b ditional information (see instructi	, 15c, 16, and 17b, as applical								
	Identifier	Return Reference	Explana	tion							

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Schedule I

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

OMB No 1545-0047

DLN: 93493344007063

Open to Public

(Form 990)

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization						Employer identificati	on number
DARLINGTON SCHOOL INC						58-0566169	
Part I General Informatio	n on Grants and	Assistance				•	
Does the organization maintain the selection criteria used to aw Describe in Part IV the organiza	vard the grants or ass ation's procedures fo	r monitoring the use o	f grant funds in the Unite	ed States			ΓYes ΓΝ
Part II Grants and Other A Form 990, Part IV, line							es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
2 Enter total number of section 503 Enter total number of other orga						_	
For Panerwork Reduction Act Notice See	the Instructions for F	orm 990		Cat No. 50055P		Schedu	le I (Form 990) 2012

OF GRANT FUNDS
INSIDE THE UNITED

STATES

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Pa	art IV,	line 22
	Part III can be duplicated if additional space is needed.		

(a)Type of grant or a	ssistance	(b) Number of recipients		(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) SCHOLARSHIP/FINAN	NCIALAID	417		5,134,760		PUB TUITI	
	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information						
Identifier	Return Reference			part III, column (b), and Ination	any other additional inf	Ulliation	
PROCEDURES FOR MONITORING THE USE							

OF PARENTAL INCOME AND THE ABILITY TO MEET TUITION REQUIREMENTS EACH APPLICATION IS

CONSIDERED BY DARLINGTON SCHOOL FINANCIAL AID COMMITTEE ON AN INDIVIDUAL BASIS

DLN: 93493344007063

OMB No 1545-0047

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990,

Compensation Information

Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization DARLINGTON SCHOOL INC

Employer identification number 58-0566169

26	Questions Regarding Compensation		Ye	<u> </u>	No
1a	Check the approprate box(es) if the organization provided any of the	e following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any	relevant information regarding these items			
	First-class or charter travel	ng allowance or residence for personal use			
	▼ Travel for companions	ents for business use of personal residence			
	<u> </u>	or social club dues or initiation fees			
	Discretionary spending account Person	nal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follo				
	reimbursement or provision of all of the expenses described above?	? If "No," complete Part III to explain	b Ye	s	
2	Did the organization require substantiation prior to reimbursing or a directors, trustees, and the CEO/Executive Director, regarding the		<u>:</u>	ı	No
_					
3	Indicate which, if any, of the following the filing organization used to organization's CEO/Executive Director Check all that apply Do no used by a related organization to establish compensation of the CE	ot check any boxes for methods			
	Compensation committee Writte	n employment contract			
		ensation survey or study			
	Form 990 of other organizations	val by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section or a related organization	on A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control payment?	4	a		No
b	Participate in, or receive payment from, a supplemental nonqualifie	d retirement plan?	b	ا	Νo
C	Participate in, or receive payment from, an equity-based compensa	ition arrangement?	С		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applic	cable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lin	es 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the compensation contingent on the revenues of	e organization pay or accrue any			
а	The organization?	5.	a		Νo
b	Any related organization?	5	b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the compensation contingent on the net earnings of				
а	The organization?	6.	a		No
b	Any related organization?	6	ь	ı	Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the payments not described in lines 5 and 6? If "Yes," describe in Part		,		No
8	Were any amounts reported in Form 990, Part VII, paid or accured			\top	
	subject to the initial contract exception described in Regulations so				
	ın Part III	8			N o
9	If "Yes" to line 8, did the organization also follow the rebuttable pre section 53 4958-6(c)?	sumption procedure described in Regulations	,		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	` '	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & ıncentıve compensatıon	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
(1)THOMAS C WHITWORTH HEADMASTER	(i) (ii)	285,179			25,000	6,626	316,805	
(2)JOSEPH W MONTGOMERY CHIEF ADV OFFICER	(i) (ii)	159,966			14,974	9,263	184,203	
(3)JAMES M MILFORD ASST HEADMASTER	(i) (ii)	130,964			12,730	9,263	152,957	

Schedule J (Form 990) 2012

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Also complete this part for any additional information							
Identifier	Return Reference	Explanation					
FRINGE OR EXPENSE EXPLANATION	1A	TRAVEL FOR COMPANIONS - TRAVEL FOR SPOUSES IS PAID IN SITUATIONS WHERE A SPOUSE WOULD NORMALLY ATTEND THAT EVENT TAX INDEMNIFICATION AND GROSS-UP PAYMENTS/HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES - DARLINGTON PROVIDES CLUB MEMBERSHIPS FOR TWO INDIVIDUALS, DUE TO ACCESS TO THESE FACILITIES ARE NEEDED TO CONDUCT SCHOOL BUSINESS THE MEMBERSHIP ALONG WITH THE TAX GROSS-UP IS INCLUDED IN THE EMPLOYEES' TAXABLE INCOME HOUSING ALLOWANCE OR RESIDENCE FOR PERSONAL USE - DUE TO DARLINGTON HAVING A BOARDING COMPONENT, KEY EMPLOYEES DO LIVE ON CAMPUS PERSONAL SERVICES - A MAID SERVICE IS PROVIDED TO ONE KEY EMPLOYEE THE HOME IS A LARGE, HISTORIC HOME WHERE DARLINGON FUNCTIONS ARE HELD					

Schedule J (Form 990) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule K

Supplemental Information on Tax Exempt Bonds

2012

DLN: 93493344007063

OMB No 1545-0047

Open to Public **Inspection**

Department of the Treasury Internal Revenue Service

(Form 990)

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990. ► See separate instructions.

Name	Employer identification number														
DARLINGTON SCHOOL INC															1
Pa	rt I Bond Issues	<u> </u>													
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue	price	(f	f) Descriptio	n of purpose	(g) De	feased	beh	On alf of suer		Pool ncing
										Yes	No	Yes	No	Yes	No
	DEV AUTHORITY OF FLOYD COUNTY	23-7182908	343573BEO	11-13-2008	14,00	0,000	CON SCH		N OF MIDDLE		Х		×		Х
Par	TEII Proceeds				1										
_	A mount of bonds retired				-	<u>, </u>		В	<u> </u>		С			D	
1	Amount of bonds legally defea														
2	Total proceeds of issue					1 1 000	200								
3 4	Gross proceeds in reserve fun					14,000	,000,								
4 5	Capitalized interest from proce														
						102	1 1 1								
	Proceeds in refunding escrows Issuance costs from proceeds Credit enhancement from proceeds			403	,141										
9	Working capital expenditures f														
10	Capital expenditures from prod				12 506 950										
11	Other spent proceeds					13,596,859									
12	O ther unspent proceeds							+					+		
13	Year of substantial completion	n													
		<u>·</u>			Yes	No	,	Yes	No	Yes	l N	lo	Yes	1	No
14	Were the bonds issued as part	t of a current refund	ing issue?			X					1				
15	Were the bonds issued as part	t of an advance refu	nding issue?			Х									
16	Has the final allocation of proc	ceeds been made?			х										
17	Does the organization maintai allocation of proceeds?	n adequate books a	nd records to supp	ort the final	×										
Par	tiiii Private Business U	Jse													
								В		<u>C</u>		_	D		
1	Was the organization a partner	r in a nartnershin o	ra member of an II	C which owned	Yes	No		Yes	No	Yes	N	lo	Yes	+	No
	property financed by tax-exem		ee. or all El	,		Х									

financed property?

Are there any lease arrangements that may result in private business use of bond-

Х

Par	t IIII Private Business Use (Continued)									
				4		В		С		D
			Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private b of bond-financed property?			Х						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or counsel to review any management or service contracts relating to the finar property?									
С	Are there any research agreements that may result in private business use financed property?	of bond-		Х						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or counsel to review any research agreements relating to the financed property									
4	Enter the percentage of financed property used in a private business use by other than a section 501(c)(3) organization or a state or local government	entities ►		%		%		0,	6	9/6
5	Enter the percentage of financed property used in a private business use as unrelated trade or business activity carried on by your organization, another (c)(3) organization, or a state or local government			%		%		0,	′ o	9/6
6	Total of lines 4 and 5			%		%		0,	6	%
7	Does the bond issue meet the private security or payment test?			Х						
8a	Has there been a sale or disposition of any of the bond financed property to nongovernmental person other than a 501(c)(3) organization since the bond issued?			х						
ь	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of			%		%		0,	/ 6	%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations s 1 141-12 and 1 145-2?	ections		Х						
9	Has the organization established written procedures to ensure that all nonque bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?			Х						
Pai	t IV Arbitrage			•	•	•		•	•	•
		Α			В		С		D	
		Yes	No	Yes	No	Ye	s	No	Yes	No
1	Has the Issuer filed Form 8038-T?		Х							
2	If "No" to line 1, did the following apply?									
а	Rebate not due yet?		Χ							
b	Exception to rebate?		X							
С	No rebate due?		Х							
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed			•	•	•	·	•		
3	Is the bond issue a variable rate issue?	Х								
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		Х							
_ b	Name of provider									
С	Term of hedge									
d	Was the hedge superintegrated?									
е	Was a hedge terminated?									

Part IV Arbitrage (Continued)

Identifier

Return Reference

c Te d Wa val 6 We per 7 Ha the Part V		A		В		'		U	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Yes No Yes No Yes No X Image: Control of the control of						
b	Name of provider								
С	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		Х						
7	Has the organization established written procedures to monitor the requirements of section 148?		x						
Pa	rt V Procedures To Undertake Corrective Action								
		А		В		С		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	a guaranteed investment X X X X X X X X X X X X X							
P	Supplemental Information. Complete this part to pr	<u>rovide additior</u>	ıal ınformatı	on for respor	ises to quest	tions on Sche	edule K (see	instructions)	

Schedule K (Form 990) 2012

Explanation

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As Filed Data -

DLN: 93493344007063

Schedule L

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number Name of the organization DARLINGTON SCHOOL INC 58-0566169 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (a) Name of disqualified person (b) Relationship between disqualified (c) Description of transaction (d) Corrected? person and organization Yes No 2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (c) Purpose (d) Loan to (e)Original (f)Balance (i)Written (a) Name of (h) **(g)** In interested with organization of loan or from the principal due default? Approved agreement? person organization? amount by board or committee? Τо From Yes No Yes No Yes No Total \$ Part III Grants or Assistance Benefitting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested (c) A mount of assistance (d) Type of assistance (b) Relationship between (e) Purpose of assistance person interested person and the organization

Part IV Business Transactions I						
Complete if the organization	<u>n answered "Yes" on F</u>	Form 990, Part IV, lın	e 28a, 28b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization revenues?		
				transaction (e) Shar of organiza revenue Yes	No	
(1) WATTERS & ASSOCIATES	BOARD MEMBER	680	LANDSCAPING SERVICES	scription of transaction (e) Shar of organizar revenue Yes	No	
				of organization revenues Yes N		

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

Schedule L (Form 990 or 990-EZ) 2012

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DLN: 93493344007063

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Noncash Contributions

Name of the organization DARLINGTON SCHOOL INC

Employer identification number

Рa	rt I Types of Property				20-0200103			
	Types of Froperty	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	((Method of c noncash contri	letermın		:s
1	Art—Works of art			1 g				
	Art—Works of art							
	B 1 11 1							
	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
.0	Securities—Closely held stock .							
1	Securities—Partnership, LLC, or trust interests							
.2	Securities—Miscellaneous							
l3	Qualified conservation contribution—Historic structures							
4	Qualified conservation contribution—Other							
5	Real estate—Residential .							
6	Real estate—Commercial	Х	1	24,135	FAIR MARKET			
7	Real estate—Other							
8	Collectibles							
	Food inventory							
:0	Drugs and medical supplies .							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	Other ► (FURNITURE)	X	1	13,518	FAIR MARKET			
	O ther ►()							
	Other ►()							
	O ther ► ()	la contra de la contra del contra de la contra del contra del contra del contra de la contra del con						
	Number of Forms 8283 received for which the organization comple				29			
	During the year did the organiza	tion receive	a by contribution any prope	urty reported in Dort I. lines	1 20 +6-+ +	\longrightarrow	Yes	No
va	During the year, did the organiza							
	must hold for at least three year				a to be used			NI -
	for exempt purposes for the enti					30a		No
	If "Yes," describe the arrangement					21		No
1	Does the organization have a gif					31	+	No
32a	Does the organization hire or us contributions?	e third parti	es or related organizations	to solicit, process, or sell	noncash • • •	32a		Νo
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	t an amount	ın column (c) for a type of	property for which column (a) ıs checked,			

Page 2

Schedule M	(Form 990) (201:
Part II	Supplem

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493344007063

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2012

Open to Public Inspection

Name	of t	he o	rgar	nızatı	on
DARLIN	GT0	N SC	HOOL	INC	

Employer identification number

58-0566169

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	REVIEW WILL BE CONDUCTED BEFORE FORM 990 IS FINALIZED
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	CONFLICT OF INTEREST STATEMENTS ARE SIGNED ANNUALLY BY THE BOARD OF TRUSTEES
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	BOARD REVIEWS HEADMASTER PERFORMANCE, HEADMASTER REVIEWS CFO PERFORMANCE. USE NAIS SALARY DATA FOR COMPARABLE SCHOOLS
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	BOARD REVIEWS HEADMASTER PERFORMANCE, HEADMASTER REVIEWS CFO PERFORMANCE. USE NAIS SALARY DATA FOR COMPARABLE SCHOOLS
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	AVAILABLE UPON REQUEST AT THE BUSINESS OFFICE
RECONCILIATION OF CHANGES - OTHER	FORM 990, PART XI, LINE 9	COST OF GOODS SOLD 54,611 SPECIAL EVENTS EXPENSES 31,529 STUDENT ASSISTANCE -5,134,760 BAD DEBT EXPENSE -320,798 COST OF GOODS SOLD -54,611 SPECIAL EVENTS EXPENSES -31,529 STUDENT ASSISTANCE 5,134,760 BAD DEBT EXPENSE 320,798

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93493344007063 OMB No 1545-0172 Depreciation and Amortization (Including Information on Listed Property) Department of the Treasury Internal Revenue Service (99) See separate instructions. ► Attach to your tax return. Sequence No 179 Business or activity to which this form relates **Identifying number** Name(s) shown on return DARLINGTON SCHOOL INC 58-0566169 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 500,000 1 Total cost of section 179 property placed in service (see instructions) • • • • • • 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,000,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- · · · · · · Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married 5 (b) Cost (business use 6 (a) Description of property (c) Elected cost only) 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 · · · · · · · · 9 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12 . | 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 2,014,955 MACRS Depreciation (Do not include listed property.) (See instructions.) MACRS deductions for assets placed in service in tax years beginning before 2012 · · · · · · If you are electing to group any assets placed in service during the tax year into one or more general Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction period property service only—see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs 27 5 yrs MM S/L h Residential rental property 27 5 yrs ΜМ S/L ΜМ i Nonresidential real 39 yrs property ΜМ Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L **c** 40-year MMS/L 40 yrs **Summary** (see instructions) Part IV 21 Listed property Enter amount from line 28 · · · · · · · · · · · · 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions • • 22 2,014,955 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depre	ciation ar	nd Other I	nforma	tion (C	Caution	: See t	he ir	struct	ions for	limits	for pa	asseng	<u>ier au</u>	tomob	<u>iles</u>		
24a Do y ou hav e ev ider	nce to support t	the business/in	vestment ι	ıse claıme	d? ┌ Yes	Гио		24	b If "Yes,"	' is the e	v idence	written?	,	s L N)		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost o	i) r other sıs	ther (business				(g) (h) Ty Method/ Depreciation/ Convention deduction		Depreci		Depreciation/			(i) Elected section 179 cost	
.5 Special depreciation allo 50% in a qualified busi	· · ·		erty placed	in service	during the	tax year	and us	sed more		:5							
6 Property used more			business	use													
		%											\Box				
		% %											+				
7 Property used 50%	orless in a		SINASS IIS	<u> </u>													
r roperty ascaso A	011033 111 0	%	3111033 43						S/L -								
		%							S/L -				\Box				
	- l (l.) . l	%	27	t l					S/L -				—		—		
28 Add amounts in co						ne 21, p	age :	L L	28						—		
29 Add amounts in co	olumn (ı), lıne					· .	•		• •			29					
omplete this section	forvehicles		ction B							or relat	ed ne	con					
you provided vehicles to													se vehic	les			
30 Total business/inv	vestment mil	les driven du	rına the		a)	(b	-		(c)	1 .	d)	1 .	e)		f)		
year (do not inclu				Vehi	icle 1	Vehic	le 2	Ve	hicle 3	Veh	ıcle 4	Vehi	cle 5	Vehi	cle		
						1				+		-		-			
31 Total commuting i						1				+		-		-			
32 Total other persor	•					-				_							
33 Total miles driven through 32 .	during the y	ear Add line	es 30														
34 Was the vehicle a	· · · · · · · · · · · · · · · · · · ·	ersonal use		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	T No		
during off-duty ho		ersonar asc		163	110	163	140	163	140	163	140	163	+	163	H		
35 Was the vehicle u		· · · · / by a more t	• • han 5%							+			\vdash		<u> </u>		
owner or related p					1					_		-	ــــــ				
36 Is another vehicle																	
Sectionswer these questionswer these questions or related	ns to determ		et an exc											not mo	re th		
37 Do you maintain a employees?	written polic	y statement	that prof	nibits all	personal	use of	vehic	les, inc	luding co	mmutıı	ng, by	your	Y	'es	No		
38 Do you maintain a employees? See t																	
9 Do you treat all us	se of vehicles	s by employe	es as pe	rsonal us	e?												
10 Do you provide movehicles, and reta				oyees, o	btaın ınfo	ormation	from	n your e	mployee	s about	the u	se of					
11 Do you meet the r				 automobi	le demoi	netratio	n 1156	2 (500	instructi	ons)	•		\vdash				
Note: If your answ	•	_	•					•		•							
	rtization	, 39, 40, 01 -	+1 15 TE	5, 40 110	Comple	te Secti	OII B	ioi tile	covered	venicie	5						
Part VI Amo	TUZALIOII	(b)	1						Τ,	(e)							
(a) Description of c	osts	Date amortizatio begins	n	A mort a mo	ızable		С	(d) ode ction	A mor	tization iod or entage				(f) rtization for nis year			
42 A mortization of co	sts that hen		ur 2012	tax vear	(see ins	truction	s)		1,22.0		1						
	T T	during ye	1 2012	tax year	(300 1113	1. 400.011	- <u>,</u>		T						—		
									-		1				—		
13 A mortization of co	ete that had	an hefore ve	ur 2012 (av vear		I				43							
43 Amortization of co	_	•		-	oro to ==	nort.	•			43					—		
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