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Department of the Treasury Internal Revenue Service

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

benefit trust or private foundation)

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

OMB No 1545-0047 Open to Public Inspection

A F	or the	2012 calendar year, or tax year beginning $JUL 1$, 2012 and ending	JUN 30, 2013						
B c	heck if pplicable	C Name of organization	D Employer identific	cation number					
	Addres	PROVIDENCE PREPARATORY SCHOOL							
	Name change	Doing Business As	27-3267917						
-	Initial return Termin ated	Number and street (or P.0. box if mail is not delivered to street address) Room/sui 3809 SOUTH GENERAL BRUCE DRIVE 103		r 307-1165					
	Amend		G Gross receipts \$	574,530.					
	Application	TEMPLE, TX 76502-1038	H(a) Is this a group re						
	pendin	F Name and address of principal officer SHANNON MORKISON	for affiliates?	Yes X No					
		3809 S GEN BRUCE DR, #103, TEMPLE TX 76502	→ ` ''	luded? Yes No					
			27 If "No," attach a	list. (see instructions)					
		e: ► WWW.PROVPREP.ORG	H(c) Group exemptio						
	orm of		ar of formation: ZUIU N	State of legal domicile: TX					
Pa		Summary Briefly describe the organization's mission or most significant activities: PROVIDENC	מחת מממממם די	V CCHOOT, TC					
Activities & Governance		AN ECUMENICAL, CHRISTIAN, CLASSICAL, HYBRID S							
rna	2	Check this box If the organization discontinued its operations or disposed of me	ore than 25% of its net as	ssets.					
OVE	з	Number of voting members of the governing body (Part VI, line 1a)	3	7					
ত	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4					
es	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	34					
ivit		Total number of volunteers (estimate if necessary)	6	57					
Act		Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.					
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.					
		Control dans and supply (Dath VIII Inc. 16)	Prior Year 0 .	Current Year 158.					
Revenue		Contributions and grants (Part VIII, line 1h)	338,740.	571,702.					
	I	Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	371,702.					
æ	I	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,890.	2,670.					
	ı	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	345,630.	574,530.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.					
	I	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.					
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	262,396.	366,043.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.					
xpe	b	Fotal fundraising expenses (Part IX, column (D), line 25)	, , , ,						
Ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	80,540.	90,861.					
	18	Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 'NBOSO	342,936.	456,904.					
	19	Revenue less expenses Subtract line 18 from line 12	2,694.	117,626.					
ance ance	۰.	Fotal assets (Part X, line 16)	Beginning of Current Year	End of Year 167,970.					
Net Assets or Fund Balances	20	- · · · · · · · · · · · · · · · · · · ·	127,548.	54,269.					
net/	21 22	Fotal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	<3,925.	> 113,701.					
Pa	irt II	Signature Block		113,701.					
		ties of perjury, I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of m	v knowledge and belief, it is					
	true, correct, and controller. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.								
Mayor Malloon 108th year 2014									
Sign		SHANNON MORRISON, PRESIDENT	Y 55.0	0					
Type or print name and title									
		Print/Type preparer's name MELANIE MCCARTHY, CPA Preparer's signature MCCARTHY, CPA	Date Check	PTIN					
Paid	1	V 28-14 self-emptoy							
-	Only	Firm's name PATTILLO, BROWN & HILL, L.L.P.	Firm's EIN	74-1130599					
use	Only	Firm's address P.O. BOX 20725 WACO, TX 76702-0725	Dhono no /	254)772_4001					
N.40:									
	01 12-1	S discuss this return with the preparer shown above? (see instructions) LHA For Paperwork Reduction Act Notice, see the separate instructions.		Yes No Form 990 (2012)					

Form		-3267917 Page 2
_	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission: PROVIDENCE PREPARATORY SCHOOL IS AN ECUMENICAL, CHRISTIAN,	CLASSICAL,
	HYBRID SCHEDULE SCHOOL.	
		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	L Tes [22] NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measing the services are services.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	total expenses, and
	revenue, if any, for each program service reported. (Code) (Expenses \$ 442,765 • Including grants of \$) (Revenue \$	574,372.)
	PROVIDENCE PREPARATORY SCHOOL IS AN ECUMENICAL, CHRISTIAN,	
	HYBRID SCHEDULE SCHOOL.	
		
		
		 _
		
4b	(Code) (Expenses \$) (Revenue \$))
		
		
		
4c	(Code) (Expenses \$	
		-
		
	Other program services (Describe in Schedule O.)	
4d	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 442,765.	
23200		Form 990 (2012)

	<u>-</u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		res	NO
•	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_=_		
•	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		_	
-	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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	l .	Х
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, 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	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		l	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X		O Car	3° 24
	as applicable.		3	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		1	
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		ĺ	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		ļ	,,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	177	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	•			-
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
L	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	12a	-	<u> </u>
В	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	 ^
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-70		<u></u>
_	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		x
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		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	l	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			I
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990	(2012)

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Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
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		Х
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		х
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		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	270	 	-
·		240		İ
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d	 	
	• • • • • • • • • • • • • • • • • • • •	240	ļ	
2 5a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	05-		х
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	 	
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			- V
	Schedule L, Part I	25b		X
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		Х
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			٠,,
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X	
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		}	l
	contributions? If "Yes," complete Schedule M	30	ļ	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			۱
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	<u> </u>	Х
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

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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

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

-	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		,	i
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1	``	- j
	(gambling) winnings to prize winners?	1c	X	
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 2a 34			ا آسہ مسا
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		3	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
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		<u> </u>
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.			3.7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	-	
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6.		х
ь	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u>X</u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
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? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	7h		;
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	-	;
9	Sponsoring organizations maintaining donor advised funds.	ڏنر ٿ	ě	
ă	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		
10	Section 501(c)(7) organizations. Enter:	а		5-54-3-4
а	Initiation fees and capital contributions included on Part VIII, line 12		- 4	3
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11	Section 501(c)(12) organizations. Enter:	1 1	_	
а	Gross income from members or shareholders	1 1		1 4
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			,
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
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.	ısa		 ,
h	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
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232005 12-10-12 Check if Schedule O contains a response to any question in this Part VI

 \mathbf{X}

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

Sec	tion 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 1a 7]	3	*
	If there are material differences in voting rights among members of the governing body, or if the governing] ,.	18	* 4
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		(3)	1
b	Enter the number of voting members included in line 1a, above, who are independent 1b		334	1 1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	ئے۔ا	* 3' [r i
	officer, director, trustee, or key employee?	2	X	Ī
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		(s. 3)	442.
а	The governing body?	8a	X	27/06 /02/05 1
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		3 41	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	1
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
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	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			,
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	d fınar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion:	-	
	SARAH ROBESON - 254-307-1165			
.,,	506 N MAIN STREET, BELTON, TX 76513			
23200 12-10-	n 12	Form	990	(2012)

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per	(do not check box, unless p		Position fo not check more than one ox, unless person is both an fficer and a director/trustee)			h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer		Highest compensated cut/va		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) SHANNON MORRISON	5.00							_		
PRESIDENT		X		Х			Ш	0.	0.	0 .
(2) DAVID MCMURRY	5.00		ļ	 	İ			•		
VICE-PRESIDENT		X		Х			Ш	0.	0.	0 .
(3) BRADLEY ALMOND	5.00				ŀ					
SECRETARY		Х		Х	_	<u> </u>	Ш	4,067.	0.	0 .
(4) CORTNEY HUNT	5.00	,,		,,		l		•	_	
TREASURER	F 00	Х		Х	ļ	ļ		0.	0.	0.
(5) AMBER WASHBURN	5.00	X			1			0.	0.	_ ر
DIRECTOR (6) CAROL BROWN	5.00	≏			 	├		U •	0.	0 .
DIRECTOR	3.00	x	ì					15,250.	0.	0.
(7) TIM FLANAGAN	5.00	<u> </u>			\vdash	-		13,230.	0.	- 0
DIRECTOR	3.00	x			ļ			0.	0.	0.
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Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(do		Posi heck) than	one	Reportable	Reportable		Estimated	
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensatio	n	amount of	
	week		Cer an	uau	recit	Jirus	T T	from	from related		other	
	(list any hours for	recto						the	organizations		compensation	חכ
	related	ē	<u>s</u>			sated	ŀ	organization (W-2/1099-MISC)	(W-2/1099-MIS	iC)	from the	_
	organizations	aş	Itas		 	in de		(44-2/1099-14113C)			organization and related	
	below	E E	tonal		eg Š	S st	_				organization	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	e m				organization	. •
		<u> </u>	_		-		Ť					
		1										
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		1										
1b Sub-total								19,317.		0.		0.
c Total from continuation sheets to Part V	II, Section A							0.		0.		0.
d Total (add lines 1b and 1c)						<u> </u>		19,317.		0.	L	0.
2 Total number of individuals (including but r	not limited to th	nose	liste	ed al	bov	e) wl	ho r	eceived more than \$100	0,000 of reportable	е		
compensation from the organization												C
											Yes	No
3 Did the organization list any former officer,	director, or tr	uste	e, ke	у ег	nplo	oyee	, or	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s	uch individual								_		3 3	X
4 For any individual listed on line 1a, is the si	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization		AL III	نيسك
and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete S	Sche	edul	e J i	for such individual			4	X
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion i	rom	any	y uni	relat	ted organization or indiv	idual for services		.5.	
rendered to the organization? If "Yes," con	plete Schedul	e J f	or s	uch ,	pers	son					5	X
Section B. Independent Contractors												
Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of com	pens	ation from	
the organization Report compensation for	the calendar y	ear	end	ng v	vith	or w	vithii	n the organization's tax	year.			
(A)	· · · · · · · · · · · · · · · · · · ·							(B)			(C)	
Name and business	address	N	CNC	3				Description of s	services	C	Compensation	
									· · ·		-	
							_					
			-				\neg					
									1		*	_
									1			
· · · · · · · · · · · · · · · · · · ·												_
2 Total number of independent contractors (including but	10+ I	m+	d to	the		eta	d abovo) who recorded	noro than		· · · · · · · · · · · · · · · · · · ·	_
·	=	iOt II	inite	u iU		0	ಎಡ	a above) who received r	note triail			
\$100,000 of compensation from the organ	IZALION 📂					-			L		F 000 (==	
											Form 990 (20	J12)

*			Check if Schedule O cont	ains a resnonse	to any guestion i	n this Part VIII			
			s sal	ans a response	to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran	· —		,		Ж	
ontribu		_	similar amounts not included about Noncash contributions included in lines	النائيا	158.	150			
a C		h	Total. Add lines 1a-1f		>	158.	*	***	
ervice Je	2	a b	SCHOOL TUITION	· 	Business Code 611110	571,702.	571,702.		
Program Service Revenue		d							
Pro		e f	All other program service revertotal. Add lines 2a-2f	enue	•	571,702.		\$*	
	3	<u>3</u>	Investment income (including other similar amounts)	dıvıdends, intere					
	4		Income from investment of ta	x-exempt bond p	roceeds				
	5		Royalties	, ,	•				
	6	а	Gross rents	(ı) Real	(II) Personal			· · · · · · · · · · · · · · · · · · ·	*,
			Less: rental expenses Rental income or (loss)				3		<u> </u>
		d	Net rental income or (loss)		•				
	7	а	Gross amount from sales of	(i) Securities	(II) Other	* *	, , ,		* / . * .
			assets other than inventory			* * * *			
			Less: cost or other basis and sales expenses			, S.		,	= \$\frac{1}{2} \tag{2} \tag{2}
			Gain or (loss)			·			
	_		Net gain or (loss)		<u> </u>				
venue	8	а	Gross income from fundraisin including \$	of				* .	
Other Rev			contributions reported on line Part IV, line 18	а		, , x) , + +		
ŏ			Less: direct expenses	b			*	*	
	。		Net income or (loss) from fund Gross income from gaming ad		<u> </u>		*		i
		4	Part IV, line 19	a a		`			,
		b	Less: direct expenses	b		*, ,	* 1		5
			Net income or (loss) from gam						
	10		Gross sales of inventory, less						
			and allowances	а					
		b	Less: cost of goods sold	b	_	* 1.5*** *** *** *** *** *** *** **** **			
		С	Net income or (loss) from sale	s of inventory					
			Miscellaneous Revenu	ie	Business Code				
	11				611110	1,449.	1,449.		
		b	MISCELLANEOUS		611110	953.	953.		
		С	TEXTBOOK SALES		611110	268.	268.		
		d	All other revenue		<u></u>	2 670			
		е	Total. Add lines 11a-11d	-		2,670. 574,530.	574,372.	0.	0.
23200	9		Total revenue. See instructions.			3/4,330.	3/2,3/4.		Form 990 (2012)

Form 990 (2012) PROVIDENCE PR Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				3 Y
	organizations in the United States. See Part IV, line 21		<u> </u>		~
2	Grants and other assistance to individuals in	•			,
	the United States. See Part IV, line 22			` * ·	~ « x • 1
3	Grants and other assistance to governments,			} ·	× . 1
	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,	10 217	10 217		
_	trustees, and key employees	19,317.	19,317.		
6	Compensation not included above, to disqualified			•	
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	318,660.	318,660.		
7 8	Other salaries and wages Pension plan accruals and contributions (include	310,000.	310,000.		
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	28,066.	28,066.		
11	Fees for services (non-employees)				
·· a	Management				
b	Legal				
c	Accounting		·		
d	Lobbying				
е	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 Sch O.)				
12	Advertising and promotion	6,163.	6,163. 5,879.		-
13	Office expenses	5,879.	5,879.		
14	Information technology	2,363.	2,363.		
15	Royalties	24 447	34 447		
16	Occupancy	34,447.	34,447.		
17	Travel	269.	269.		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	2,251.	2,251.		
19	Conferences, conventions, and meetings	۰ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ	۵,۵٫۱۰		
20 21	Interest Payments to affiliates				
22	Depreciation, depletion, and amortization		-		
23	Insurance				
24	Other expenses. Itemize expenses not covered	1 19.3	s - +	· · · · · · · · · · · · · · · · · ·	A
	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.)	•			İ
а	CURRICULUM	13,019.	13,019.		-
b	ADMINISTRATIVE EXPENSES	12,661.		12,661.	
С	SMALL EQUIPMENT AND SUP	4,520.	4,520.		
d	TESTING	3,361.	3,361.		
е	All other expenses	5,928.	4,450.	1,478.	
25	Total functional expenses. Add lines 1 through 24e	456,904.	442,765.	14,139.	0.
26	Joint costs. Complete this line only if the organization			ļ	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		}	İ	
	Check here if following SOP 98-2 (ASC 958-720)				

Balance Sheet Check if Schedule O contains a response to any question in this Part X (A) Beginning of year (B) End of year 123,623. 167,970. Cash - non-interest-bearing 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 123,623. 16 167,970. Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 122,925. 19 Deferred revenue 46,481. 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 4,623 Schedule D 7,788 25 548 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporanly restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0 Capital stock or trust principal, or current funds 30 O. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 <3,925.>32 32 Retained earnings, endowment, accumulated income, or other funds 113,701. <3,925. 33 Total net assets or fund balances 113,701.

167,970. Form **990** (2012)

Total liabilities and net assets/fund balances

123,623.

Check if Schedule O contains a response to any question in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3 1177, 626. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior penod adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990: X Cash Accrual Other 1 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 1 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. 2b Were the organization's financial statements audified by an independent accountant? 2c X 1 If 'Yes,' check a box below to indicate whether the financial statements for the year were audified on a separate basis, consolidated basis, or both: 2c Separate basis Consolidated basis Both consolidated and separate basis. 2c If 'Yes,' check a box below to indicate whether the financial statements for the year were audified on a separate basis, consolidated basis, or both: 2c Separate basis Consolidated basis Both consolidated and separate basis. 2c If 'Yes,' check a box below to indicate whether the financial statements for the year were audified on a separat		990 (2012) PROVIDENCE PREPARATORY SCHOOL	27-32	267917	Pag	_{je} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3 117, 626. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior peniod adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990:	Pai	t XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3 117,626. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 < 3,925. 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior penod adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Vetassets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Accounting method used to prepare the Form 990:		Check if Schedule O contains a response to any question in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3 117,626. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 < 3,925. 5 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Donated services and use of facilities 7 Investment expenses 8 Prior penod adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Vetassets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 11 Accounting method used to prepare the Form 990:						
3 Revenue less expenses Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 6 Investment expenses 7 Investment expenses 8 Prior penod adjustments 9 Other changes in net assets or fund balances (explain in Schedule C) 9 Other changes in net assets or fund balances (explain in Schedule C) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 Vert XIII Financial Statements and Reporting 11 Accounting method used to prepare the Form 990: X Cash Accuual Other 11 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule C. 12 Were the organization's financial statements compiled or reviewed by an independent accountant? 13 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 14 Separate basis Oconsolidated basis Both consolidated and separate basis 15 Were the organization's financial statements audited by an independent accountant? 16 "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis or both: 16 Separate basis Oconsolidated basis Both consolidated and separate basis 16 Were the organization's financial statements audited by an independent accountant? 17 Yes, "check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 16 Separate basis Oconsolidated basis Both consolidated and separate basis 17 If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 16 If "Yes To line 2a or 2b, does the organization have a committee that	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0.0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization shanged its method of accounting from a prior year or checked "Other," explain in Schedule O. If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. c If "Yes," theck a box below to indicate whether the financial statements for the year were audited on a separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. c If "Yes," the changed either its oversight process or selection process suring that year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Au	2	Total expenses (must equal Part IX, column (A), line 25)	2			
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Check if Schedule O contains a response to any question in this Part XII Check if Schedule O contains a response to any question in this Part XII Check if Schedule O contains a response to any question in this Part XII The organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis Both consolidated and separate basis, consolidated basis Both consolidated and separate basis, consolidated basis Both consolidated and separate basis, consolidated basis Both consolidated and separate basis, consolidated basis In ancial statements and selection of an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis In ancial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps	3	Revenue less expenses Subtract line 2 from line 1	3			
Donated services and use of facilities Financial statements Fi	4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<3	3,9	<u>25.</u> >
7 Investment expenses 8 Pror penod adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0.0. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990:	5	Net unrealized gains (losses) on investments	5			
8 Pror penod adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis consoli	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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? b If "Yes," did the organization undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b If "Yes," add the organization undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	7	Investment expenses	7			
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Yes No Separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	8	Prior period adjustments	8			
Column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XIII Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	9	Other changes in net assets or fund balances (explain in Schedule O)	9		_	0.
Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 990: X Cash Accrual Other	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
Check if Schedule O contains a response to any question in this Part XII Ves No			10	113	3,7	01.
Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b Interval Inte	Pa	t XII Financial Statements and Reporting				
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	•		Ju douit	3b		
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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public

Name of the organization Employer identification number PROVIDENCE PREPARATORY SCHOOL 27-3267917 Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). X A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. d Type III - Non-functionally integrated **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iv) Is the organization (v) Did you notify the (vi) Is the (iii) Type of organization (i) Name of supported (ii) EIN (vii) Amount of monetary organization in col. in col. (i) listed in your organization in col. organization (described on lines 1-9) support (i) organized in the U.S.? above or IRC section governing document? (i) of your support? (see instructions)) Yes No Yes No Yes Nο Schedule A (Form 990 or 990-EZ) 2012 LHA For Paperwork Reduction Act Notice, see the Instructions for

232021 12-04-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

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

• •	•			
(Complete only if	you checked the box on line 5, 7, or	r 8 of Part I or if the organizatio	n failed to qualify unde	r Part III. If the organization
fails to qualify un-	der the tests listed below, please co	mplete Part III.)		

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-			1			
	ızatıon'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	;	*		***	l i	
	governmental unit or publicly				-		
	supported organization) included				,		
	on line 1 that exceeds 2% of the	~	. , *		* *		
	amount shown on line 11,	/£ /)	- ^ 4	, 3, 1 .		^	
	column (f)		* ,	, 4,	4 \$1,50		
	Public support. Subtract line 5 from line 4		3 60	41 0	\$ {* * , *		
_	ction B. Total Support		·	,	T	,	
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on	}					
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business			1		1	
	activities, whether or not the						
	business is regularly carried on	ļ					
10	Other income. Do not include gain						
	or loss from the sale of capital	,					
	assets (Explain in Part IV.)	. 7			,		
11	Total support. Add lines 7 through 10						
12	•					12	
13	First five years. If the Form 990 is fo	•	s first, second, thi	rd, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	, —
Se	organization, check this box and stoction C. Computation of Pub	p here lic Support Pe	rcentage	<u> </u>			
14	Public support percentage for 2012	(line 6, column (f) d	ivided by line 11,	column (f))		14	%
15	Public support percentage from 201	1 Schedule A, Part	II, line 14			15	%
16a	a 33 1/3% support test - 2012. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n .		-	
t	33 1/3% support test - 2011. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	ıs box
	and stop here. The organization qua						
178	10% -facts-and-circumstances tes	-					·
	and if the organization meets the "fa-		•		•	rt IV how the organ	ızatıon
	meets the "facts-and-circumstances"	-	•		-		▶ L
t	10% -facts-and-circumstances tes	_					
	more, and if the organization meets t						
	organization meets the "facts-and-cir		-	-			▶ -
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	Sa, 16b, 17a, or 17			
					Scho	edule A (Form 990	or 990-EZ) 2012

Part III | 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

Ser	ction A. Public Support	low, please comp	лете Рап п ј				
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	(a) 2000	(6) 2003	(0) 2010	(4) 2011	(6) 2012	(1) 10tai
•	membership fees received. (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
~	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the			1			
_	organization's tax-exempt purpose				 	-	
3	Gross receipts from activities that				1	1	
	are not an unrelated trade or bus-						
_	iness under section 513					+	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to			1			
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					1	
b	Amounts included on lines 2 and 3 received						ŀ
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				<u></u>		
C	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,				1		
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						<u> </u>
(Add lines 10a and 10b				1		
11							
	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						
13	assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax vear as a secti	on 501(c)(3) organi	zation.
	check this box and stop here		,,		,		▶□
Se	ction C. Computation of Publi	c Support Pe	rcentage				
	Public support percentage for 2012 (li			column (f))		15	%
	Public support percentage from 2011		•	.,,		16	%
	ction D. Computation of Inves)		•	·
	Investment income percentage for 20					17	%
	Investment income percentage from 2	· ·	• • •			18	<u> </u>
	a 33 1/3% support tests - 2012. If the			on line 14, and lin	e 15 is more than		
	more than 33 1/3%, check this box ar	_					▶□
ŀ	33 1/3% support tests - 2011. If the		-				and
•	line 18 is not more than 33 1/3%, che	•				•	. —
20	Private foundation. If the organization		•	•		. •	
				,, 5		bodulo A /Form 00	N == 000 F7\ 0040

232023 12-04-12

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ 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. 2012
Open to Public Inspection

Name of the organization

Attach to Form 990. See separate instruct

Employer identification number

	PROVIDENCE PREPARA				27-3267917
Par	t I Organizations Maintaining Donor Advise	ed Funds o	r Other Similar Fun	ds or $\overline{\mathbf{A}}$	ccounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, lin				
		(a) Do	nor advised funds	(b) Funds and other accounts
1	Total number at end of year				
2	Aggregate contributions to (during year)		-		
3	Aggregate grants from (during year)				_
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the	e assets held in donor ad	vised fun	ds
	are the organization's property, subject to the organization's	s exclusive lega	al control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writ	ing that grant funds can	be used o	only
	for charitable purposes and not for the benefit of the donor				•
	impermissible private benefit?		, , ,		Yes No
Pai		ganization ans	wered "Yes" to Form 990), Part IV,	
1	Purpose(s) of conservation easements held by the organizat				
	Preservation of land for public use (e.g., recreation or			histoncal	ly important land area
	Protection of natural habitat	,	Preservation of a c		• •
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a quali	lified conservat	ion contribution in the fo	m of a co	onservation easement on the last
_	day of the tax year			0. 0 0	on the last
	cay or the tacyon.				Held at the End of the Tax Year
а	Total number of conservation easements				2a
b	Total acreage restricted by conservation easements				2b
c	Number of conservation easements on a certified historic st	ructure include	ed in (a)		2c
4	Number of conservation easements included in (c) acquired			icture	
u	listed in the National Register	anter of 17700,	and not on a mistoric stre	icture	2d
3	Number of conservation easements modified, transferred, re	elessed exting	uished or terminated by	the organ	
•	year	cicascu, exting	district, or terminated by	tile organ	ization during the tax
4	Number of states where property subject to conservation ea	asement is loca	ated -		
5	Does the organization have a written policy regarding the pe		-	_ of	
•	violations, and enforcement of the conservation easements		rig, irispection, nariding	OI .	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		a conservation easement	e dunna t	
7	Amount of expenses incurred in monitoring, inspecting, and			_	<u> </u>
8	Does each conservation easement reported on line 2(d) abo				
O	and section 170(h)(4)(B)(ii)?	we satisfy the i	equirements of section i	7 ((11)(4)(Yes No
9	In Part XIII, describe how the organization reports conservat	tion essements	on the revenue and exper	nca etatai	·
9	include, if applicable, the text of the footnote to the organization		·		· ·
	conservation easements	ation 3 illiancia	i statements that describ	es the or	gariization s accounting to
Pai	rt III Organizations Maintaining Collections of	of Art. Histo	orical Treasures, or	Other	Similar Assets.
	Complete if the organization answered "Yes" to Form	-	·		
	If the organization elected, as permitted under SFAS 116 (A			tement a	nd halance sheet works of art
ıu	historical treasures, or other similar assets held for public ex				
	the text of the footnote to its financial statements that described			ciarice or	public service, provide, irri art XIII,
b				ent and h	valance shoot works of art, historical
b	treasures, or other similar assets held for public exhibition, e				·
	relating to these items:	education, or re	esearch in furtherance of	public se	rivice, provide the following amounts
					• •
	(i) Revenues included in Form 990, Part VIII, line 1		-		> \$ > \$
•	(ii) Assets included in Form 990, Part X	AUGUITAG AT CAL	or aimilar acasta far f:= ==	olol con	
2	If the organization received or held works of art, historical tre			iciai gain,	provide
_	the following amounts required to be reported under SFAS	1 10 (MSC 938)	reading to these items.		• •
a	Revenues included in Form 990, Part VIII, line 1				▶ \$ ▶ \$
b	Assets included in Form 990, Part X		-		▶ ⊅

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

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	7,788.	
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to	the organization's financia	I statements that reports the organization's
liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the	ne text of the footnote has	been provided in Part XIII
		Schodule D (Form 000) 2015

(10)

SCHEDULE E

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Schools

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

▶ Attach to Form 990 or Form 990-EZ.

2012

Open to Public Inspection

PROVIDENCE PREPARATORY SCHOOL

Employer identification number 27-3267917

Par	t Ip			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,			
	other governing instrument, or in a resolution of its governing body?	1	X	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,	14	· 'k' /	. %, ;
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	X	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the	* *		
	period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes		, "	1
	the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain.		1,35	: 31
	If you need more space, use Part II	3	X	ļ
	PROVIDENCE PREPARATORY SCHOOL INCLUDES A NOTICE OF OUR	103	, ,	, ,
	NONDISCRIMINATORY POLICY TO IRS SPECIFICTIONS IN OUR ANNUAL		İ	
	ADMISSIONS ADVERTISING IN THE LOCAL WEEKLY NEWSPAPER, THE		ŀ	
	BELTON JOURNAL.		*	33
				. 3
4	Does the organization maintain the following?	, 13	£4	î ,
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	-
ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student	١.	-	ĺ
	admissions, programs, and scholarships?	4c	X	<u> </u>
a	Copies of all material used by the organization or on its behalf to solicit contributions?	4d		
	If you answered "No" to any of the above, please explain. If you need more space, use Part II.	1.		
		i ,		
		× × × × × × × × × × × × × × × × × × ×	II.	
		Ĭ	, v	
-	Describe executation discomminate by record and any way with veget to			
5	Does the organization discriminate by race in any way with respect to:			X
a	Students' nghts or privileges? Admissions policies?	5a		X
	Employment of faculty or administrative staff?	5b 5c		X
	Scholarships or other financial assistance?	5d	 	X
	Educational policies?	5e	-	X
	Use of facilities?	5f	 -	X
	Athletic programs?	5g		X
_	Other extracurricular activities?	5h		X
•	If you answered "Yes" to any of the above, please explain If you need more space, use Part II.	 •••	3, 3	 -
	if you allowered Tes to any of the above, please explain if you need more space, use i air ii.			
		ŀ	2.	
			4	
				İ
6a	Does the organization receive any financial aid or assistance from a governmental agency?			X
	Has the organization's right to such aid ever been revoked or suspended?	6b		Х
-	If you answered "Yes" to either line 6a or line 6b, explain on Part II.	, ser		Ţ7:
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of	2.37	`	1 7 7 7
-	Rev Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	dimental a
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Schedule E (Form 990-EZ.	90 or 99		(2012)

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

2012

Open To Public Inspection

Name of the organization			· · · · · · · · · · · · · · · · · · ·
	PROVIDENCE	PREPARATORY	SCHOOL

Employer identification number 27 – 3267917

Complete if the	(b) F	Relationship bety	ween c	disqual	ified					(4)	Corre	cted
(a) Name of disqualified	person	person and organization			(0	(c) Description of trans				(d) Corrected Yes No		
										+ "		
										+		
		-								1	$\neg +$	
										+	-+	
										+		
					•					+-	十	
Enter the amount of tax section 4958 Enter the amount of tax,	·	-				nng the year und	er	▶ \$ ▶ \$		<u></u>		
art II Loans to an	d/or From In	toracted Par	conc									
Complete if the	organization ans	wered "Yes" on	Form 9	990-EZ	, Part V, line 38a or	Form 990, Part IV	, line 26;	or if th	ne orga	ınızatı	on	
	ount on Form 990 (b) Relationship	.1				1	1.		YES An	roved	T 16	
(a) Name of interested person	with	of loan		an to or n the zation?	(e) Original principal amount	(f) Balance du) In ault?	(h) Approved by board or committee?		or lagreement	
	<u> </u>		То	From			Yes	No	Yes	No	Yes	No
			1					ļ			<u> </u>	-
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tal art III Grants or As	ssistance Be	nefiting Inte	reste	d Pe	<u> </u>		<u> </u>		l		<u> </u>	- 42×
Complete if the	organization ans	wered "Yes" on	Form 9	990, Pa	art IV, line 27.							
(a) Name of interested person		(b) Relationship between interested person and the organization		(c) Amount of assistance		ype of stance			(e) Purpose of assistance			
								\dashv				
			···					\dashv				
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								_				

Schedule L (Form 990 or 990-EZ) 2012 PROVID	ENCE PREPARATORY SC	HOOL	27-3267	917	Page 2
Part IV Business Transactions Involv	ng Interested Persons.				
Complete if the organization answered	"Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.			
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi: rever	aring of zation's nues?
ATIMITMAL MCMIDDY	CDOUGE OF DIDECTOR	17 650	DECETTED CO	Yes	No X
AUTUMN MCMURRY	SPOUSE OF DIRECTOR	17,059.	RECEIVED CO		
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Part V Supplemental Information	l				l
Complete this part to provide additional	I information for reaponees to guestier	on Cohodulo I. (oco	inota intional		
Complete this part to provide additional	il information for responses to question	is on scriedule L (see	instructions).		
SCH L, PART IV, BUSINESS T	RANSACTIONS INVOLVE	NG INTEREST	ED PERSONS:		
Dell II, IIIKI IV, Dobinebb I	TURNSHELLOND THEORY	NO INTEREST	LD I LINDOND!		_
(A) NAME OF PERSON: AUTUMN	MCMURRY				
(D) DESCRIPTION OF TRANSAC	MION. DECETTED COMP	ENCAMION ED	ON THE COUL	Ω Τ	
(D) DESCRIPTION OF TRANSAC	TION: RECEIVED COMP	ENSATION FR	OM THE SCHO	ОП	
FOR SERVICES AS A TEACHER					
					· .
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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-F7.

OMB No 1545-0047 **2012**Open to Public Inspection

Department of the Treasury ▶ Attach to Form 990 or 990-EZ. Internal Revenue Service Inspection Name of the organization **Employer identification number** PROVIDENCE PREPARATORY SCHOOL 27-3267917 FORM 990, PART VI, SECTION A, LINE 2: TWO OF THE DIRECTORS ARE ALSO EMPLOYEES OF THE SCHOOL. THEY ARE COMPENSATED AS TEACHERS BUT ARE NOT COMPENSATED AS DIRECTORS. FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS PROVIDED TO THE GOVERNING BOARD FOR REVIEW BEFORE FILING. FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY THE BOARD OF DIRECTORS REVIEWS THE BYLAWS AND POLICIES TO ENSURE COMPLIANCE. FORM 990, PART VI, SECTION B, LINE 15: A COMPENSATION COMMITTEE REVIEWS THE COMPENSATION OF SUPERINTENDENTS OF THREE SIMILARLY SIZED SCHOOLS IN THE LOCAL AREA AND SUGGESTS AN ANNUAL SALARY FOR BOARD APPROVAL. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST