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

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service

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

2	UIZ
16.1	regional s

A	For the	2012 calen	dar year, or tax year beginning $7/01$, 2012, and endin	g 6/	30	, 20	13
В	Check if ap	pplicable	C		D Emplo	yer Identification	Number
	Addre	ess change	ROYCEMORE SCHOOL		36-	1711590	
	Name	change	1200 DAVIS ST		E Teleph	one number	
	Initial	return	EVANSTON, IL 60201		847	-866-605	55
	Termi	nated			-		
	Amen	ded return			G Gross	receipts \$	5,766,578.
	Applic	ation pending	F Name and address of principal officer	H(a) Is this	a group retu	rn for affiliates?	Yes X No
	_		SAME AS C ABOVE	H(b) Are all	l affiliates inc	cluded? (see instructions	
ī	Tax-exe	mpt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	11 140,	attach a hist	(see manuchons	•)
J	Websi	te: ► WW	W.ROYCEMORESCHOOL.ORG	H(c) Group	exemption n	umber -	
K	Form of	organization	X Corporation Trust Association Other ► L Year of Format	ion 191	5 M:	State of legal don	nicile IL
٠.		Summar	V		•		
	1 Br	iefly descrif	be the organization's mission or most significant activities. EDUCATION	NAL. R	EGULAR	AND SUM	MER
a)	ו כי	CHOOL F	OR AGES 3 TO GRADE 12.				
Š							
Governance	i						
ŏ	2 Cr	neck this bo	, , , , , , , , , , , , , , , , , , , ,	re than 2	5% of its	net assets	
<u>ග</u>			ting members of the governing body (Part VI, line 1a) dependent voting members of the governing body (Part VI, line 1b)			3	20
es			of individuals employed in calendar year 2012 (Part V, line 2a)			5	20
ŧ			of volunteers (estimate if necessary)			6	56 50
Activities &			d business revenue from Part VIII, column (C), line 12			7 a	0.
	3		business taxable income from Form 990-T, line 34			7 b	0.
			DECEMBER	Р	rior Year	C	urrent Year
_	8 Co	ntributions	and grants (Part VIII, line 1h) RECEIVED		432,2		609,412.
Revenue	9 Pr	ogram serv	ice revenue (Part VIII, line 2g)	3	3,908,0		5,055,884.
9Ve	10 Inv	estment in	come (Part VIII, column (A), liges 3, 4 and 3d)			386.	4,747.
ď			(Part VIII, column (A), lines 5, pd, 8c, 9c, 10c, and 11e)		135,8		31,010.
	12 To	tal revenue	– add lines 8 through 11 (must equal Part VIII, column (A) வர் 12)	4	,479,4	198.	5,701,053.
	13 Gra	ants and sii	milar amounts paid (Part IX, colum) (A) (Imes (13)				
	14 Be	nefits paid	to or for members (Part IX, Column (A), line 4).				
ø	15 Sa	laries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	2	, 992, 4	159.	3,166,821.
Expenses	16a Pro	ofessional f	undraising fees (Part IX, column (A), line 11e)				
ā	b To	tal fundrais	ing expenses (Part IX, column (D), line 25) ► 22,350.				
ũ	17 Oth	her expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	1	, 853, 4	70	2,566,428.
			s Add lines 13-17 (must equal Part IX, column (A), line 25)		,845,9		5,733,249.
			expenses. Subtract line 18 from line 12		-366, 4		-32,196.
8 8				Beginnin	g of Curren		nd of Year
Net Assets or Fund Balance	20 Tot	lal assets (l	Part X, line 16)		,777,6		7,791,162.
ŽP			(Part X, line 26)		,149,9		5,189,112.
\$2	22 Ne	t assets or	fund balances Subtract line 21 from line 20		,627,6		2,602,050.
		Signature			,021,0	1111	2,002,030.
Linde			clafe that I have examined this return, including accompanying schedules and statements, and to the	ne best of m	v knowledne	and helief it is to	ue correct and
comp	lete Declar	ation of prepar	er (other than officer) is based on all information of which preparer has any knowledge	ic best of m	y knowledge	and belief, it is ti	de, contect, and
		V		X	10/2	1113	
Sia	n	Signature	e of officer	Dai	te		
Sig He	re	► KEVI	N SMITH	PRESI	DENT		
			orint name and title	-			
		Print/Type pr	eparer's name Preparer's signature		Check	if PTIN	
Pai	d	JOSEPH	KNUTTE, CPA SEPLY THE UTION 15/15/15/15/15/15/15/15/15/15/15/15/15/1	13	self employe	P013	17776
	parer	Firm's name	- KNUTTE & ASSOCIATES P.C.				
Use	Only	Firm's addres			Firm's EIN	36-3459	9708
	-		DARIEN, IL 605615066	-1	Phone no		50-3317
Mav	the IRS	discuss this	s return with the preparer shown above? (see instructions)	1		X Y	
				A0113L 12/	18/12		orm 990 (2012)

Forn	n 990 (2012) ROYCEMORE SCHOOL	361711590 Page 2
Par	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission	
	EDUCATIONAL, REGULAR AND SUMMER SCHOOL FOR AGES 3 TO GRADE 12.	
2	Did the organization undertake any significant program services during the year which were not listed on the p	rior
	Form 990 or 990-EZ?	Yes X No
	If 'Yes,' describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program s If 'Yes,' describe these changes on Schedule O	ervices? Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program ser Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount	rvices, as measured by expenses
	others, the total expenses, and revenue, if any, for each program service reported	or grants and anocations to
	a (Code) (Expenses \$ 4,921,015. including grants of \$) ((Revenue \$ 5,055,884.)
4 a	EDUCATIONAL, REGULAR AND SUMMER SCHOOL FOR AGES 3 TO GRADE 12.	(Revenue \$ 5,055,884.)
	EDUCATIONAL, REGULAR AND SUMMER SCHOOL FOR AGES 3 TO GRADE 12.	
4 b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	(Code) (Funeros È	2
4 C	(Code) (Expenses \$ including grants of \$) (F	revenue >)
4 d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)
4 e	Total program service expenses ► 4, 921, 015.	
		F 000 (0010)

Yes No

Checklist of Required Schedules

	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
`2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, 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		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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, 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 endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable		·	
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	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	11 b		Х
	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	11 c		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 Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	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	11 f	Х	
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	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	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	Х	
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, 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 (see instructions)	17		Х
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	х	
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		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		
2 / /	TEE/A01021 12/12/12	Form	990 (2012

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Forr	m 990 (2012) ROYCEMORE SCHOOL	361711590	F	age -
Pa	rt IV Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	1 the 21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States or IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	n Part		х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	current 23		x
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 at the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through complete Schedule K. If 'No,'go to line 25	as of h 24d and		х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to def	fease 24c		-
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction disqualified person during the year? If 'Yes,' complete Schedule L, Part I	on with a		х
ı	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' comp Schedule L, Part I	ar, and blete 25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule			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 memor of any of these persons? If 'Yes,' complete Schedule L, Part III	nber 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)			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŧ	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 officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	an 28c		х
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 contributions? If 'Yes,' complete Schedule M	conservation 30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N	V, Part I 31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sect 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	ions 33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, and V, line 1	III, IV,		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
t	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a concentity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	ntrolled 35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable relationganization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	ated 36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	that is		х

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

	m 990 (2012) ROYCEMORE SCHOOL	361/115	90		age
Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V				ſ
	Check in Concession of Contents a response to any question in this hart v			Yes	N
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	7 73	1000	.65
-	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	Ó		7
	c Did the organization comply with backup withholding rules for reportable payments to vendors and			2.00	
	(gambling) winnings to prize winners?	reportable gaining	10	X	
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			31	*
	ments, filed for the calendar year ending with or within the year covered by this return		56 📆		٠,
	b If at least one is reported on line 2a, did the organization file all required federal employme		21		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see i	·		100	Ħ,
	a Did the organization have unrelated business gross income of \$1,000 or more during the ye b If 'Yes' has it filed a Form 990-T for this year? <i>If 'No,' provide an explanation in Schedule C</i>		3 a		
	· · · · · · · · · · · · · · · · · · ·		3 6	' 	
4	a At any time during the calendar year, did the organization have an interest in, or a signature or oth financial account in a foreign country (such as a bank account, securities account, or other	er authority over, a financial account)?	4 a		>
	b If 'Yes,' enter the name of the foreign country	,	495	٠,	٠, ١
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and	Financial Accounts.	- B +		
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	ax year?	5 a		λ
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shel	Iter transaction?	5 b		λ
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000.	and did the organization			
•	a Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	and did the organization	6 a		X
1	b If 'Yes,' did the organization include with every solicitation an express statement that such contribu	tions or gifts were			
_	not tax deductible?		6 b		
	Organizations that may receive deductible contributions under section 170(c).		. 1		
i	a Did the organization receive a payment in excess of \$75 made partly as a contribution and i	partly for goods and	7.		Χ
	services provided to the payor? b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?)	7 a		_^
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it				
	Form 8282?	was required to me	7 c		X
(d If 'Yes,' indicate the number of Forms 8282 filed during the year .	7 d			
•	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7 e		X
1	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal bei	nefit contract?	7 f		X
9	g If the organization received a contribution of qualified intellectual property, did the organization file	Form 8899			
	as required?		7 g	<u> </u>	
ı	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	e organization file a	7 h		
_			7 11		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, it	ng organizations. Did the nave excess business		, , , ,	
	holdings at any time during the year?		8		X
	Sponsoring organizations maintaining donor advised funds.				
	a Did the organization make any taxable distributions under section 4966?		9 a		
	Did the organization make a distribution to a donor, donor advisor, or related person?		9Ь		
	Section 501(c)(7) organizations. Enter.	11			
	a Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
	Section 501(c)(12) organizations. Enter	1			
_	a Gross income from members or shareholders	11 a			
t	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11 ь			
12 a	a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu		12a		
	of 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedu	le O			
t	Enter the amount of reserves the organization is required to maintain by the states in	l and			
	which the organization is licensed to issue qualified health plans	13b			
	Enter the amount of reserves on hand	13c			Ų
142	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х

b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O

14b

P	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 cha. Schedule O. See instructions.	nges ır	7	
	Check if Schedule O contains a response to any question in this Part VI			X
Se	ction A. Governing Body and Management			
1	a 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	D	Yes	No
	b Enter the number of voting members included in line 1a, above, who are independent 26) The second		
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	8 13	X
3	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5		X
7	a 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?	7 a		Х
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.	1		
	a The governing body? b Each committee with authority to act on behalf of the governing body?	8 a	X	
		80	^	—
	Is there any officer, director or 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		<u> </u>
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue		Yes	No
10	a Did the organization have local chapters, branches, or affiliates?	10 a	163	X
	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?	10 ь		
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12.0	Х	
	b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 a	X	
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	12 c	х	
13	2	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	a The organization's CEO, Executive Director, or top management official SEE SCHEDULE Q	15 a	Х	_
l	o Other officers of key employees of the organization SEE SCHEDULE O	15 b	X	
16	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.) 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		X
1	o 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 taken steps to safeguard the	102		
<u> </u>	organization's exempt status with respect to such arrangements?	16 b	$\bot I$	
<u>Sec</u> 17	List the states with which a copy of this Form 990 is required to be filed IL	-		
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) a inspection. Indicate how you make these available Check all that apply	vailable	for p	ublic
	Own website Another's website X Upon request Other (explain in Schedule O)			
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements avail the public during the tax year. SEE SCHEDULE O	able to		
	State the name, physical address, and telephone number of the person who possesses the books and records of the organization **KEVIN SMITH 640 LINCOLN STREET EVANSTON II 60201 947-966-6055			
BAA	KEVIN SMITH 640 LINCOLN STREET EVANSTON IL 60201 847-866-6055 TEEA0106L 08/08/12	Form 9	90 (2	2012)

Part VII 1 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

- 1'a 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 employees.'
- 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

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

				(C	;)	<u></u>				
(A) Name and Title	(B) Average hours per week (list	one bo	ox, ur	less p id a di	erso	more to n is bot or/truste	h an	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	related organizations (W 2/1099-MISC)	from the organization and related organizations
(1) TOM ELLIS	4									
CHAIR	0	Х						0.	0.	0.
(2) DORIAN BEZANIS TRUSTEE	- <u>1</u> - ·	Х								
(3) PETINA DIXON JENKINS	1			\dashv	\dashv			0.	0.	0.
TRUSTEE	0	Х						0.	0.	0.
(4) BRIAN ARBETTER	4									
TRUSTEE	0	Х			- 1			0.	0.	0.
(5) KENNETH BARBER	4							,		
TREASURER	0	X						0.	0.	0.
(6) CHRIS PITT	1									
TREASURER	0	Х						0.	0.	0.
ANNE_AUNE	1	.			1	ĺ				
TRUSTEE	0	Х	_	_	_			0.	0.	0.
_(8)_EDITH_EISNER	4		ĺ	1						
TRUSTEE	0	Х	_	_	_		_	0.	0.	0.
(9) JOSE-LUIS BRETONES	1		-						_	
TRUSTEE	0	Х			_			0.	0.	0.
(10) CHUCK ASCHE	1	·	- 1	ı			ł			_
TRUSTEE	0	<u> </u>			-		_	0.	0.	0.
(11) SONNY HERSH	4	· ,,								
TRUSTEE	0	X		-	-+		-	0.	0.	0.
VICE CHAIR	$-\frac{1}{0}$	x						0.	0.	0.
(13) BRIAN CONNORS	1		\neg	\dashv	_	\dashv	\dashv			<u> </u>
TRUSTEE		` x			-			0.	0.	0.
(14) JOHN DESMOND	1			一	1		\neg			
TRUSTEE	0	Х						0.	0.	0.

Part VII Section A. Officers, Directors, Trus		Key	Em	_		es,	an	Highest Compensated Employees (cont)					
(A) Name and title	Average hours per week (do not check more than one box, unless person is both an officer and a director/trustee)			(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation							
	(list any hours for related organiza tions below dotted line)	direc	institutional trustee	Officer	Key employee	employee	omer	(W 2/1099 MISC)	relatéd organizations (W-2/1099-MISC)	from the organization and related organizations			
(15) KEN GREISMAN TRUSTEE	$-\frac{1}{0}$	х						0.	0.	0.			
(16) MOLLY SUDHOFF TRUSTEE	$-\frac{1}{0}$	Х						0.	0.	0.			
(17) ED LOWENBAUM TRUSTEE	$-\frac{1}{0}$	X						0.	0.	0.			
(18) GENO BYRNES TRUSTEE	$-\frac{1}{0}$	Х						0.	0.	0.			
(19) MELISSA PODOLSKY TRUSTEE	$-\frac{1}{0}$	Х						0.	0.	0.			
(20) FRANK SPICA TRUSTEE	$-\frac{1}{0}$	X						0.	0.	0.			
(21) PATTI GOLDSTEIN ASSIST SECRETAR	_ <u>40</u> 0			х				0.	0.	0.			
(22) JOSEPH BECKER PRESIDENT	_ <u>65</u>			Х				0.	0.	0.			
(23) KENNETH DREILING ASST TREASURER	_ <u>40</u> 0			х				0.	0.	0.			
(24) JOHN NOVICK, JR DIVISION HEAD	_ <u>45</u> _0					Х		0.	0.	0.			
(25)													
1 b Sub-total			-	,			•	0.	0.	0.			
c Total from continuation sheets to Part VII, Section	A							0.	0.	0.			
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to	those I	sted	abov	e) v	vho	recen	ved	0. more than \$100,00	0.0 of reportable comp	0. ensation			
from the organization • 0										Yes No			
3 Did the organization list any former officer, directo on line 1a? If 'Yes,' complete Schedule J for such	r or trus <i>ındıvıdu</i>	tee, <i>al</i>	key	emp	ploy	ee, c	r he	ghest compensate	ed employee	3 X			
4 For any individual listed on line 1a, is the sum of rithe organization and related organizations greater such individual	eportabl than \$1	e cor 50,00	npe 00?	nsai If 'Y	tion 'es'	and comp	oth olete	er compensation t e Schedule J for	from	4 X			
5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,'	compen: complet	satio te Sc	n fro	om a ule .	any <i>J fo</i>	unre r suc	late h pe	d organization or erson	ındıvıdual	5 X			
Section B. Independent Contractors 1 Complete this table for your five highest compensation from the organization Report compensation.	ted inde	peno	dent	cor dar v	ntrac vear	tors endir	that	t received more th	nan \$100,000 of	· · · · · · · · · · · · · · · · · · ·			
(A) Name and business address				,				(B) Description o		(C) Compensation			
Total number of independent contractors (including but	not limit	ed to	thos	se li	sted	abov	/e) v	who received more	than				
\$100,000 in compensation from the organization >	0	_											

Part VIII Statement of Revenue

_	Check if Schedule O contains a response to any quest	tion in this Part VIII			
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS	1a Federated campaigns 1a b Membership dues 1b c Fundraising events. 1c d Related organizations 1d e Government grants (contributions) 1e		,		ú,
SONTRIBUT	f All other contributions, gifts, grants, and similar amounts not included above 1 f 609, 412. g Noncash contributions included in lns 1a-1f \$,		. · · ·	18 - 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		609,412.			
PROGRAM SERVICE REVENUE	2a TUITION & FEES 611600	5,055,884.	5,055,884.		
RAM SERV	d				
ర్జ	f All other program service revenue				
<u>-</u>	y Total. Add lines 24-21	5,055,884.			
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 	3,836.			3,836.
	(i) Real (ii) Personal				
	6a Gross rents				
	b Less. rental expenses	! `	1		
	c Rental income or (loss)	,	1		
	d Net rental income or (loss)	***************************************	†		Charles with the face of
	7 a Gross amount from sales of (i) Securities (ii) Other	[
	assets other than inventory 37, 685.	1	1		A STATE OF THE STA
	b Less: cost or other basis and sales expenses 36,774.		.,; '		
	c Gain or (loss) 911.	011	022		man and the second of the
		911.	911.	Marin and	the same and
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a 28,642. b Less. direct expenses b 28,751		Wings, A		. War at
6	b Less. direct expenses b 28,751. c Net income or (loss) from fundraising events	100	The state of	St	
	9 a Gross income from gaming activities See Part IV, line 19	-109.			array tra
	b Less. direct expenses b				and the second
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b		0		The second second
	c Net income or (loss) from sales of inventory	the contract of the contract of	A particular and the second se	· · · · · · · · · · · · · · · · · · ·	
	Miscellaneous Revenue Business Code				Section Transaction
	11 a MISCELLANEOUS b	31,119.	31,119.		
	c d All other revenue				
	e Total. Add lines 11a-11d	31,119.	<u> </u>		4.
	12 Total revenue. See instructions	l 5.701.053.	5,087,914.	0.1	3.836.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII Program service Fundraising Management and expenses general expense Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 0 0 0 0 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 U n 0. Other salaries and wages 2,676,698 2,381,809 286,990 7.899. Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 205,027 141,469 61,508 2,050. 10 Payroll taxes 285,096 196,716. 85,529 2,851. Fees for services (non-employees). a Management **b** Legal c Accounting **d** Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O) Advertising and promotion 73,218 73,218 13 Office expenses Information technology 14 7,044 6,340 704 Royalties Occupancy 162,002 16 180,002 18,000 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings Interest 970,211 20 1,078,012 107,801 21 Payments to affiliates 22 Depreciation, depletion, and amortization 444,287 399,858 44,429 23 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) 196,500 196,500 a LUNCHROOM **b** GENERAL AND ADMINISTRATION 191,861 182,268 9,593 c EDUCATION MATERIALS 142,686 142,686 d BAD DEBTS 100,065 100,065 e All other expenses 152,753 150,141 2,655 -43. 25 Total functional expenses Add lines 1 through 24e 5,733,249 4,921,015 789,884 22,350 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 Xud Balance Sheet

Check if Schedule O contains a response to any question in this Part X (B) End of year (A) Beginning of year Cash - non-interest-bearing 1,020,107. 1 502,630 1 2 2 Savings and temporary cash investments 361,436 426,894. 3 Pledges and grants receivable, net 3 357,014 212,328. Accounts receivable, net 374,918 4 408,432 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 19,860 9 6,612. 10 a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10 a 15.835.179 10 b 748,304 b Less accumulated depreciation 10 c 15,086,875. 15, 483,334 Investments - publicly traded securities. 82,720 11 53,732. 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 Intangible assets 14 14 15 Other assets See Part IV, line 11 15 595,688 576,182. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17. 777,600 791,162. 17, 17 17 Accounts payable and accrued expenses 250,756 264,882. Grants payable 18 18 307,194 19 Deferred revenue 19 334,230 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 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 22 Secured mortgages and notes payable to unrelated third parties 13,592,036 23 13,590,000. Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 ,149,986 26 26 15, 189, 112. X and complete Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34. 2,616,248. Unrestricted net assets 27 2,590,041. 28 Temporarily restricted net assets 366 12,009. 28 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 33 33 Total net assets or fund balances 2,627,614 2,602,050 34 Total liabilities and net assets/fund balances 17,777,600 17,791,162. 34 BAA

Forn	n 990 (2012) ROYCEMORE SCHOOL 361	711590	P	age 12
Pa	Reconciliation of Net Assets			
	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)	1	5,701,	<u>053.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,733,	<u> 249.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	-32,	<u> 196.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,627,	<u>614.</u>
5	Net unrealized gains (losses) on investments	5	6,	<u>632.</u>
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		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,602,	050.
Pa	Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		•	
2 8	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviews separate basis, consolidated basis, or both	ed on a		
	Separate basis Consolidated basis Both consolidated and separate basis			
ł	Were the organization's financial statements audited by an independent accountant?		2 b X	<u> </u>
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separabasis, consolidated basis, or both	ate		
	X 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?		2c X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3 8	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?		3 a	X
t	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	it	3 b	
BAA			Form 990	(2012)

BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

The some

Employer identification number

		RE SCHOOL								<u> 11590</u>			
				s (All organizations) See	ınstruc	tions.		
	<u> </u>			se it is (For lines 1 thro	•		-	•					
1				ociation of churches des		n sectio	n 170(b	X1XAX i).				
2				XXII). (Attach Schedule I	-								
3				ce organization describe									
4		nedical research ne, city, and stat		d in conjunction with a l	hospital	describe	ed in se	ction 17	70(Ь) (1)(A)(iii) E	nter the ho	spital'	5
5				college or university own		erated b		romonic		combad u			
	₩ 170	(b)(1)(A)(iv). (Co	omplete Part II)	,	•		, ,		ir uriit ue	scribed ii	Section		
6			-	jovernmental unit descr					11				
7	Hins	section 170(b)(1)	(A)(vi). (Complete Pa	ostantial part of its suppoi irt II.) 70(b)(1)(A)(vi). (Comple		_	ientai ur	iit or troi	n the ge	nerai put	olic describe	3	
8	=	-				•			,				
9	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	1 1		•	exclusively to test for pi		-		• • •	• • •				
11	∐ An o	organization organ ported organizatio porting organiza	ized and operated excluins described in section tion and complete line	sively for the benefit of, to i 509(a)(1) or section 509 es 11e through 11h	perform (a)(2). S	the fund ee sectio	tions of, on 509(a)	or carry (3). Che	out the p ck the b	ourposes ox that de	of one or mo escribes the	re pub type o	licly f
	а	Type∣ !	b ∏Type II	: Type III - Function	nally inte	egrated		d 🗍	Type III	- Non-f	unctionally	ıntegr	ated
е	── other	checking this boo er than foundation tion 509(a)(2)	k, I certify that the org managers and other th	ganization is not control ian one or more publicly s	lled dired supported	ctly or indicated	ndirectly ations d	by one escribed	or more I in secti	e disqual on 509(a)	ified persoi)(1) or	าร	
f	If th		eived a written determ	nation from the IRS that	ıs a Туре	i, Type	II or Typ	e III sup	porting	organizat	ion,		
g	Sin	ce August 17, 20	06, has the organizat	ion accepted any gift o	r contrit	oution fr	om any	of the f	ollowing	persons	57		
											,	Yes	No
	(i)	A person who below, the gov	directly or indirectly or erning body of the su	ontrols, either alone or ported organization?	togethe	r with po	ersons o	lescribe	d ın (ıı)	and (III)	11 g (i)		
	(ii)	A family memb	per of a person descr	bed in (i) above?							11 g (ii)	_	
	(iii)	A 35% controll	ed entity of a person	described in (i) or (ii) a	bove?						11 g (iii)		<u> </u>
h				ne supported organization							119(/		Щ.
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organiz column (your go	(iv) Is the organization in column (i) listed in your governing document?			organiz colui organiz	ts the ration in mn (i) ed in the S ?	(vii) Amount of monetal support		
					Yes	No	Yes	No	Yes	No			
					1								
(A)							<u> </u>						
(B)													
(B)						i							
(C)							_						
(D)		 -											
(E)					<u>L</u>								
Total			新工作活动							t .			
BAA	For Pap	erwork Reduction	on Act Notice, see the	Instructions for Form	990 or 9	90-EZ.			Schedule	A (Form	990 or 990	-EZ) 2	012

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 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support								
Cale begi	ndar year (or fiscal year nning 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 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 (f)								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support								
	ndar year (or fiscal year nning 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 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 10								
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12			
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	's first, second, th	ird, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	▶ 🗍		
	tion C. Computation of Pu								
	Public support percentage for 20		-	ne 11, column (f)).		14	<u> %</u>		
15	Public support percentage from	2011 Schedule A,	Part II, line 14			15	%		
16 a	16a 33-1/3% support test — 2012. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
b	b 33-1/3% support test – 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop her	e. Explain in Part l'	V how		
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d-circumstances' t	ind-circumstances lest. The organiza	s' test, check this ation qualifies as a	box and stop her a publicly supporte	e. Explain in Part l' ed organization	V how the ►		
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a,	or 17b, check thi	s box and see instr	ructions		
BΔΔ					Sch	edule A (Form 990	or 990-E7) 2012		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

1	
(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.)	-

Sec	tion A. Public Support		-				<u> </u>
Cale	ndar year (or fiscal yr 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	Gross receipts from admis-			 	-		
	sions, merchandise sold or						
	services performed, or facilities furnished in any activity that is]	
	related to the organization's						
2	tax-exempt purpose 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 furnished by a governmental unit to the						
	organization without charge						
	Total. Add lines 1 through 5						
7 8	Amounts included on lines 1, 2, and 3 received from				.=.		
	disqualified persons			ĺ			
ı	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						
(Add lines 7a and 7b			<u> </u>	-		
8	Public support (Subtract line	133		THE WALLS	5 K T 1 1 1		···
	7c from line 6.)		A COL				
	tion B. Total Support	(*) 2000	(h) 2000	(-) 2010	(4) 2011	(-) 0010	(D. T. t. t
	dar year (or fiscal yr beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
-	Amounts from line 6 Gross income from interest,						
106	dividends, payments received						
	on securities loans, rents, royalties and income from				ł		
	similar sources						
t	Unrelated business taxable						
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
77	Net income from unrelated business activities not included in line 10b.	ļ					
	whether or not the business is					İ	
12	regularly carried on Other income Do not include			· · · · · · · · · · · · · · · · · · ·			
12	gain or loss from the sale of					ĺ	
	čapital assets (Explain in Part IV.)						
	Total support. (Add Ins 9, 10c, 11, and 12)						
14	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secor	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3)	
	tion C. Computation of Pul						
	Public support percentage for 20			ne 13. column (f))		15	%
	Public support percentage from 2			,		16	%
	tion D. Computation of Inv			<u> </u>			***************************************
	Investment income percentage for				mn (f))	17	%
18	Investment income percentage fi	rom 2011 Schedul	le A, Part III, line	17		18	96
19 a	33-1/3% support tests – 2012. If is not more than 33-1/3%, check	the organization this box and stor	did not check the here. The organ	box on line 14, a ization qualifies a	ind line 15 is more as a publicly suppo	e than 33-1/3%, and orted organization	d line 17 ► □
	33-1/3% support tests - 2011. If line 18 is not more than 33-1/3%	, check this box a	and stop here. The	e organization qu	alifies as a publicl	y supported organiz	1/3%, and zation ►
20	Private foundation. If the organiz	zation did not che-	ck a box on line	14, 19a, or 19b, c	heck this box and	see instructions	▶ 🗍

	(Form 990 or 990-EZ) 2012	ROYCEMORE SCHOOL	361711590	Page 4
Part IV	Supplemental Inform Part II, line 17a or 17 (See instructions).	nation. Complete this part 7b; and Part III, line 12. Als	to provide the explanations required by Part II, lin o complete this part for any additional information	ie 10; 1.
	. 			
				
				
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-				
				
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		. 		
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SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545 0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Institution number

RO	YCEMORE SCHOOL			361711590
Pa	nt Organizations Maintaining Dono	or Advised Funds or Other Similar Fur	nds or A	ccounts. Complete if
	the organization answered 'Yes'			
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3				
4	Aggregate value at end of year			
5	Did the organization inform all donors and do are the organization's property, subject to the	nor advisors in writing that the assets held in do organization's exclusive legal control?	onor advis	ed funds Yes No
	for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing that grant funct of the donor or donor advisor, or for any other	purpose (conferring Yes No
Pa		lete if the organization answered 'Yes'	to Forn	n 990, Part IV, line 7.
['] 1	Purpose(s) of conservation easements held by			
	Preservation of land for public use (e.g., r	· 🛏		rically important land area
	Protection of natural habitat	Preservation of	of a certific	ed historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization I last day of the tax year	neld a qualified conservation contribution in the form	n of a cons	servation easement on the
	last day of the tax year			Held at the End of the Tax Year
	a Total number of conservation easements		2 a	
	b Total acreage restricted by conservation ease	ments	2 b	
	Number of conservation easements on a certi		2 c	
	d Number of conservation easements included in structure listed in the National Register		\rightarrow	
3	_	nsferred, released, extinguished, or terminated by the		ation during the
	tax year ►	,	Ū	S .
4	Number of states where property subject to conse	rvation easement is located >	_	
5	Does the organization have a written policy re and enforcement of the conservation easemer	garding the periodic monitoring, inspection, har	ndling of v	iolations, Yes No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing conservation easements of	during the y	year
7	Amount of expenses incurred in monitoring, insper ▶\$	cting, and enforcing conservation easements during	g the year	
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of sec	ction 170(l	n)(4)(B)(ı) Yes No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote conservation easements.	conservation easements in its revenue and expension the organization's financial statements that discontinuous conservations are sense to the organization of the orga	se stateme escribes ti	nt, and balance sheet, and he organization's accounting for
27.	Organizations Maintaining Colle Complete if the organization answers	ctions of Art, Historical Treasures, or wered 'Yes' to Form 990, Part IV, line to		imilar Assets.
1:	If the organization elected, as permitted under art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its finar	ld for public exhibition, education, or research in fu	nue statem rtherance (nent and balance sheet works of public service, provide,
1	b If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items.	SFAS 116 (ASC 958), to report in its revenue or public exhibition, education, or research in further		
	(i) Revenues included in Form 990, Part VIII,	line 1		► \$
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of art, hamounts required to be reported under SFAS	istorical treasures, or other similar assets for finance 116 (ASC 958) relating to these items.	cial gain, p	rovide the following
:	a Revenues included in Form 990, Part VIII, line	1		► \$
	Assets included in Form 990. Part X			► S

Schedule D (Form 990) 2012 ROYCEMORE S			36171	1590 Page 2
Part III Organizations Maintaining Co	llections of Art, Hist	orical Treasures, o	or Other Similar As	sets (continued)
3 Using the organization's acquisition, accession items (check all that apply).	, and other records, check	any of the following that	are a significant use of it	s collection
, a Public exhibition	d Loan	or exchange programs		
b Scholarly research	e U Othe	r		 =, -
c Preservation for future generations				
4 Provide a description of the organization's colle Part XIII				
5 During the year, did the organization solicit to be sold to raise funds rather than to be n	or receive donations of a naintained as part of the	irt, historical treasures, organization's collectio	or other similar assets	☐ Yes ☐ No
Part IV Escrow and Custodial Arrangements reported an amount on Form 9	. Complete if the organi			
1 a Is the organization an agent, trustee, custoo on Form 990, Part X?	dian, or other intermediar	y for contributions or o	ther assets not included	Yes No
b If 'Yes,' explain the arrangement in Part XII	I and complete the follow	ving table		
				Amount
c Beginning balance			1 c	
d Additions during the year			1 d	· · · · · · · · · · · · · · · · · · ·
e Distributions during the year			1 e	
f Ending balance		_	1f	
2 a Did the organization include an amount on F				∐ Yes
b If 'Yes,' explain the arrangement in Part XII	I Check here if the expla	intion has been provide	d in Part XIII	
DV-V I Fordonius A Fordo Complete	.6 Alba aussaussaussaussaussaussaussaussaussau		000 D + 1) / 1	10
Part V Endowment Funds. Complete (a) Curr			(d) Three years	
	ent (b) Prior ye	ear (C) I wo years	(u) Tillee years	(e) Four years
1 a Beginning of year balance. b Contributions	. ,			
b Contributions				
c Net investment earnings, gains, and losses				
d Grants or scholarships				
e Other expenditures for facilities and programs				
f Administrative expenses				
g End of year balance]			
2 Provide the estimated percentage of the cur	rent year end balance (li	ne 1g, column (a)) held	as.	
a Board designated or quasi-endowment	%			
b Permanent endowment ▶	ક			
c Temporarily restricted endowment	<u></u> %			
The percentages in lines 2a, 2b, and 2c sho	uld equal 100%			
3a Are there endowment funds not in the possession organization by	on of the organization that	are held and administere	d for the	Yes No
(i) unrelated organizations				3a(i)
(ii) related organizations				3a(ii)
b If 'Yes' to 3a(ii), are the related organization	is listed as required on S	chedule R?		3b
4 Describe in Part XIII the intended uses of the	e organization's endowm	ent funds		
Land, Buildings, and Equipme	nt. See Form 990, P	art X, line 10.	_	
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		560,000.	The second	560,000.
b Buildings		9,884,617.		9,884,617.
c Leasehold improvements				
d Equipment		165,266.		165,266.
e Other		5,225,296.	748,304.	4,476,992.
Total. Add lines 1a through 1e (Column (d) must	equal Form 990, Part X,	column (B), line 10(c)	•	15,086,875.
RΔΔ	.=-		Scheo	lule D (Form 990) 2012

Part VII Investments - Other Securities. See	Form 990, Part X	line 12. N/A	<u> </u>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu end-of-year ma	ation. Cost or irket value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			··········
(C)			
(D)			
(E)			·
(F)			
(G)			
(H)			
(1)	<u></u>	-	
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)	F 000 D+ V	<u> </u>	建设,有限
Part VIII Investments — Program Related. See (a) Description of investment type			
(a) Description of investment type	(b) Book value	(c) Method of value end-of-year ma	ation Cost or rket value
(1)			
(2)		· · · · · · · · · · · · · · · · · · ·	
(3)			····
(4)			· · · · · · · · · · · · · · · · · · ·
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13)		The state of the s	A CONTRACTOR OF THE STATE OF TH
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Other Assets. See Form 990, Part X,	 		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Other Assets. See Form 990, Part X, (a) De	line 15. N/A scription		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Other Assets. See Form 990, Part X, (a) De	line 15. N/A scription		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Other Assets. See Form 990, Part X, (a) De (1) (2)	line 15. N/A scription		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Other Assets. See Form 990, Part X, (a) De (1) (2) (3)	line 15. N/A scription		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Other Assets. See Form 990, Part X, (a) De (1) (2) (3) (4)	line 15. N/A scription		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Other Assets. See Form 990, Part X, (a) De (1) (2) (3) (4) (5)	line 15. N/A scription		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Other Assets. See Form 990, Part X, (a) De (1) (2) (3) (4) (5) (6)	line 15. N/A		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Other Assets. See Form 990, Part X, (a) De (1) (2) (3) (4) (5) (6)	line 15. N/A scription		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Other Assets. See Form 990, Part X, (a) De (1) (2) (3) (4) (5) (6) (7) (8)	line 15. N/A scription		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Other Assets. See Form 990, Part X, (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	line 15. N/A scription		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Other Assets. See Form 990, Part X, (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	scription		(b) Book value
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Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Other Assets. See Form 990, Part X, (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column (b) must equal Form 990, Part X, column (column (c	B), line 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Other Assets. See Form 990, Part X, (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Column (b) Description of liability	Scription B), line 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Other Assets. See Form 990, Part X, (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (b) Other Liabilities. See Form 990, Part X, column (c) (a) Description of liability (1) Federal income taxes	B), line 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Other Assets. See Form 990, Part X, (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Column (b) Must equal Form 990, Part X) (a) Description of liability (1) Federal income taxes (2)	B), line 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Other Assets. See Form 990, Part X, (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Column (b) Must equal Form 990, Part X) (a) Description of hability (1) Federal income taxes (2) (3)	B), line 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Other Assets. See Form 990, Part X, (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Column (C	B), line 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Other Assets. See Form 990, Part X, (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Column (b) must equal Form 990, Part X, column (column (b) Part X, column (column (b) Part X, column (column (b) Part X, column (column (column (b) Part X, column (column (colum	B), line 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Other Assets. See Form 990, Part X, (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (column) Other Liabilities. See Form 990, Part X, column (column) (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	B), line 15)		(b) Book value
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Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Other Assets. See Form 990, Part X, (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Column (C	B), line 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Other Assets. See Form 990, Part X, (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Column (C	B), line 15)		(b) Book value
Total. (Column (b) must equal Form 990, Part X, column (B) line 13) Other Assets. See Form 990, Part X, (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, column (Column (C	B), line 15)		(b) Book value

Schedule D (Form 990) 2012 ROYCEMORE SCHOOL	3	61711590	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per R	eturn	
1 Total revenue, gains, and other support per audited financial statements	 	1	5,736,436.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains on investments	2a 6,632		
b Donated services and use of facilities	2 b	3.4	
c Recoveries of prior year grants	2 c		
d Other (Describe in Part XIII) SEE PART XIII	2d 28,751		
e Add lines 2a through 2d		2 e	35,383.
3 Subtract line 2e from line 1		3	5,701,053.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	5,701,053.
Part XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	<u>Return</u>	
1 Total expenses and losses per audited financial statements		1	5,762,000.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
a Donated services and use of facilities	2 a		
b Prior year adjustments	2 b		
c Other losses	2 c	- 32	
d Other (Describe in Part XIII) SEE PART XIII	2d 28,751		
e Add lines 2a through 2d		2 e	28,751.
3 Subtract line 2e from line 1	1 1	3	5,733,249.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	4.0		
a Investment expenses not included on Form 990, Part VIII, line 7b.	4a 4b		
b Other (Describe in Part XIII) c Add lines 4a and 4b	40	4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18))	5	5,733,249.
Part Supplemental Information	· · · · · · · · · · · · · · · · · · ·	<u> </u>	07.0072131
	art III Junes 1a and 4 Part IV	/ Junes 1h ar	nd 3h: Part V
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, P line 4, Part X, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also con	nplete this part to provide an	y additional	information
		•	
DARTY FIN 40 FOOTNOTE			
PART X - FIN 48 FOOTNOTE			
THE COMPANY FILES ITS TAX RETURNS WITH THE U.S. FE	סווסדקמע מואג זגקקס	כדמדב מא	ID IOCAI
THE COMPANT FILES ITS TAX RETORNS WITH THE U.S. PE	DEIGH VIND AVITORS	SIAIL AN	ID TOCKT
TAX JURISDICTIONS. WITH FEW EXCEPTIONS, THE ORGANI	ZATION IS NO LONGE	R SUBJEC	'T ΤO
TAN UUNIDDICTIONS. WITH THE ENGLITHMENT THE CHOIME			
EXAMINATIONS BY MAJOR TAX JURISDICTIONS FOR YEARS	ENDED JUNE 30. 200	8 AND PR	TOR.
THE ORGANIZATION INCLUDES PENALTIES AND INTEREST A	SSESSED BY TAXING	AUTHORIT	IES IN
ITS OPERATING EXPENSES. THESE TOTAL TO \$0 FOR THE	YEAR ENDED JUNE 30	, 2012	
BAA		Schedule D	(Form 990) 2012

SCHEDULE E (Form 990 or 990-EZ)

Schools

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

OMB No 1545 0047

estion

Part

ROYCEMORE SCHOOL

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

361711590

b Admissions policies? c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part ill. 6 a 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? 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				YES	NO
catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the pend 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. NONDISCRIMINATORY POLICY IS PUBLISHED ON BROCHURES 6 ON PUBLICATIONS DISTRIBUTED THROUGHOUT THE COMMUNITY DURING REGISTRATION PERIOD. 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 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. 5 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 5 b Loes the organization discriminate by race in any way with respect to: a Students' rights or privileges? 5 c Employment of faculty or administrative staff? d Scholarships or other financial assistance? e Educational policies? f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered 'Yes' to there fine 6 or line 66, explain on 196, exp	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?		х	
3 Has the organization publicated its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for storagh recipration profes of the property of solicitation for storagh, 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. NONDISCRIMINATORY POLICY IS PUBLISHED ON BROCHURES & ON PUBLICATIONS DISTRIBUTED THROUGHOUT THE COMMUNITY DURING REGISTRATION PERIOD. 4 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? c Copies of all catalogues, brechures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all catalogues, brechures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? d Copies of all material used by the organization or on its behalf to solicit contributions? fl you answered 'No' to any of the above, please explain. If you need more space, use Part II. 5 Does the organization discriminate by race in any way with respect to' a Students' rights or privileges? 5 b d Scholarships or other financial assistance? d Educational policies? f Use of faculities? g Athletic programs? h Other extracurricular activities? if you answered 'Yes' to any of the above, please explain. If you need more space, use Part II. 5 Does the organization receive any financial aid or assistance from a governmental agency? 5 b d Shalarships or other financial activities? If you answered 'Yes' to lether line 6 as in the fib. explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4 of the programs of the properties of the prop	2	catalogues, and other written communications with the public dealing with student admissions, programs,	2	Y	
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f Use of facilities? g Athletic programs? h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II. 6 a Does the organization receive any financial aid or assistance from a governmental agency? 6 b Has the organization's right to such aid ever been revoked or suspended? 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	d	Scholarships or other financial assistance?	5 d		X
g Athletic programs? h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II. 6 a 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? 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	е	Educational policies?	5 e		X
h Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II. 6 a 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? 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	f	Use of facilities?	5f		<u>x</u>
If you answered 'Yes' to any of the above, please explain. If you need more space, use Part II. 6 a Does the organization receive any financial aid or assistance from a governmental agency? 6 a b Has the organization's right to such aid ever been revoked or suspended? 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	g	Athletic programs?	5 g		X
6 a Does the organization receive any financial aid or assistance from a governmental agency? 6 a Does the organization's right to such aid ever been revoked or suspended? 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	h	Other extracurricular activities?	5 h		х
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4 01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If	_				
'No,' explain on Part II			7	Х	

Schedule E (Form 990 or 990-EZ) 2012 ROYCEMORE SCHOOL	361711590	Page 2
Supplemental Information. Complete this part to provide the explanations required by Part I, lines and 7, as applicable. Also complete this part to provide any other additional information.	s 3, 4d, 5h, 6b, n (see instructions).	
		-

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

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

OMB No 1545 0047

2012

Opening Sublic

Name of the organization						Ī	Employer identific	ation number
ROYCEMORE SCHOOL	L						361711590)
Part 1. Fundraising Form 990-EZ	Activities. Comp filers are not re	olete if the orga equired to comp	nization a lete this p	inswered " part.	Yes' to Form 990, Par	t IV, line	17	
 Indicate whether the 	ne organization	raised funds th	rough any	of the foll	lowing activities. Chec	k all that a	apply	
a X Mail solicitation	ns			е	Solicitation of nor	n-governm	ent grants	
b X Internet and e	mail solicitation:	s		f	Solicitation of gov	vernment (grants	
c Phone solicitat	ions			g	Special fundraisir	ng events		
d n-person solic	itations							
2 a Did the organization employees listed in	have a written o Form 990, Pai	ir oral agreement rt VII) or entity	t with any i	individual (i tion with p	including officers, direct	tors, trustee g services	es or key ?	Yes X No
compensated at le	ast \$5,000 by th	viduals or entities ne organization	s (fundraise	ers) pursua	nt to agreements under	which the	fundraiser is to	be
(i) Name and address or entity (fundra	of individual iser)	(ii) Activity	(III) Did have custo of conti	fundraiser dy or control ributions?	(iv) Gross receipts from activity	(or re fundra	ount paid to etained by) iser listed in llumn (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
1								
2								
3								
4								
5								
6								
7						 -		
8								
9								
10								
Total				•				0.
List all states in which or licensing.	th the organization	on is registered o	or licensed	to solicit co	ontributions or has beer	notified it	is exempt from	registration
								-
						-	- 	-
			-				· -	
								-
							·	~
							·	

		G (Form 990 or 990-EZ) 2012 ROYCEM			36171	
Pa	<u>t II</u>	Fundraising Events. Complete if more than \$15,000 of fundraising List events with gross receipts gr	event contribution	nswered 'Yes' to Fo s and gross income	orm 990, Part IV, II e on Form 990-EZ,	ne 18, or reported lines 1 and 6b.
· R			(a) Event #1 BANQUET (event type)	(b) Event #2	(c) Other events NONE (total number)	(d) Total events (add column (a) through column (c))
REVEZU	1	Gross receipts	28,642.			28,642.
E	2	Less Charitable contributions				
	3	Gross income (line 1 minus line 2)	28,642.			28,642.
	4	Cash prizes			<u> </u>	
ח	5	Noncash prizes				
DIRECT	6	Rent/facility costs				
	7	Food and beverages				
E X P	8	Entertainment				
EXPENSES	9	Other direct expenses	28,751.			28,751.
S	10 11		- · · · · · · · · · · · · · · · · · · ·		.	28,751. -109.
2	i III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ation answered 'Ye	s' to Form 990, Par	t IV, line 19, or rep	
REVENUE			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ë	1	Gross revenue		:		
F	2	Cash prizes				
D X I P R E E N	3	Non-cash prizes				
E N C S T E S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes%	Yes%	Yes %	
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•	
	8	Net gaming income summary Combine I	ines 1, column (d) and	line 7	•	
а	ls th	er the state(s) in which the organization operate gaming o,' explain				Yes No
10 ~	War	any of the organization's gaming license	s revoked suspended	or terminated during the	tay year?	Vac No

b If 'Yes,' explain'

11	Does the organization operate gaming activities with nonmembers?	١	'es	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		es es	☐ No
13	Indicate the percentage of gaming activity operated in	1		
	a The organization's facility	a		ફ
	b An outside facility			%
14		<u> </u>		
	Name ►			
	Address •			
	a Does the organization have a contact with a third party from whom the organization receives gaming revenue? b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the an		Yes	No
	of gaming revenue retained by the third party > \$			
•	c If 'Yes,' enter name and address of the third party.			
	Name •			
	Address •			
16	Gaming manager information.			
	Name •	. – – –		
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Г	Yes	No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year 🕨 \$			
	Supplemental Information. Complete this part to provide the explanations required by columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable this part to provide any additional information (see instructions).	Part I, I e. Also d	ine 2b comple	o, ete
		-		
				
			_	
			_	
				

Schedule G (Form 990 or 990-EZ) 2012 ROYCEMORE SCHOOL

361711590

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-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number ROYCEMORE SCHOOL 361711590 FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS THE HEADMASTER AND THE FINANCE COMMITTEE REVIEW THE FORM 990. EACH MEMBER OF THE BOARD OF DIRECTORS RECEIVES A COPY OF THE FORM 990. FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS OFFICERS AND TRUSTEES ARE ASKED ANNUALLY TO DISCLOSE INTERESTS. THE CHAIR OF THE BOARD AND THE PRESIDENT OF THE CORPORATION MONITOR AND ENFORCE THE POLICY. FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT THE BOARD OF TRUSTEES DECIDES AND APPROVES THE RATES FOR THE HEADMASTER. IS NOT COMPENSATED. FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES THE HEADMASTER DECIDES THE COMPENSATION FOR STAFF MEMBERS. THE BOARD OF TRUSTEES APPROVES THE RATES. THE BOARD IS NOT COMPENSATED FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE FINANCIAL STATEMENTS, POLICIES, AND GOVERNING DOCUMENTS ARE KEPT AT THE ADMINISTRATIVE OFFICE AND MAY BE REVIEWED UPON REQUEST.

2012

SCHEDULE D, PART XIII - SUPPLEMENTAL INFORMATION PAGE 5

ROYCEMORE SCHOOL

361711590

SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

BANQUET EXPENSE

TOTAL \$ 28,751.

SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

FUNDRAISING

TOTAL \$ 28,751.