

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED NOV 0 & 2013

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 **2012** Open to Public Inspection

<u>A</u>	For the 2012 (calendar year, or tax year beginning 07/01/12, and ending 06/30	/13		
В	Check if applicable	C Name of organization		D Employ	er identification number
	Address change	ETON ACADEMY			
\bigcap	Name change	Doing Business As	T		2298096
\Box	Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	
H		1755 MELTON	<u> </u>	248	-642-1150
\sqcup	Terminated	City, town or post office, state, and ZIP code			
	Amended return	BIRMINGHAM MI 48009		G Gross rece	eipts\$ 7,081,328
	Application pending	F Name and address of principal officer	H(a) Is this a g	roup return for a	affiliates? Yes X No
		GEORGE PULLEN	· · · · · · · · · · · · · · · · · · ·	•	
		SAME AS ABOVE	H(b) Are all af		
				o, anacha iisi	(see instructions)
<u> </u>	Tax-exempt status	X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527	_		
J	Website > V	www.etonacademy.org	H(c) Group ex		
	Form of organization	X Corporation Trust Association Other ► L	Year of formation 1	.980	M State of legal domicile MI
P	T	ummary			
		escribe the organization's mission or most significant activities	_		
9	TO I	PROVIDE EDUCATIONAL ASSISTANCE TO LEARNING DISABLE	D.		
ā					
Governance					
Š	2 Check th	nis box if the organization discontinued its operations or disposed of more than	25% of its net as	sets	
•ಕ	3 Number	of voting members of the governing body (Part VI, line 1a)		3	17
ies		of independent voting members of the governing body (Part VI, line 1b)		4	17
Activities	5 Total nu	mber of individuals employed in calendar year 2012 (PartV_inevar)		5	89
Act	6 Total nu	mber of volunteers (estimate if necessary)		6	70
	7a Total un	mber of volunteers (estimate if necessary) related business revenue from Part VIII, column (Chrine 12		7a	0
	b Net unre	elated business taxable income from Form 990-T, 18634 UC 1 2 2 2013	Prior Ye	7b	Current Year
	9 Contribu	itions and grants (Part VIII, line 1h)		1,477	768,677
Ë	8 Contribu	itions and grants (Part VIII, line 1h) OGDEN, UT		9,145	4,684,181
Revenue	9 Program	ent income (Part VIII, column (A), lines 3, 4, and 7d)		9,891	104,664
జి	11 Other re	ent moone (rart VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,293	340,076
	ł.	venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,806	5,897,598
_		and similar amounts paid (Part IX, column (A), lines 1–3)		4,100	299,400
		paid to or for members (Part IX, column (A), line 4)			
rn.		, other compensation, employee benefits (Part IX, column (A), lines 5–10)	3,27	6,191	3,507,325
enses	1	ional fundraising fees (Part IX, column (A), line 11e)			0
per	1	ndraising expenses (Part IX, column (D), line 25) ▶ 375,786			
Ä		openses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,20	1,657	1,346,479
	18 Total ex	penses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,79	1,948	5,153,204
	19 Revenue	e less expenses Subtract line 18 from line 12	18	2,858	744,394
5	833		Beginning of Cu		End of Year
Net Assets or	20 Total as	sets (Part X, line 16)		7,046	9,429,987
T A	21 Total lia	bilities (Part X, line 26)		4,529	2,254,423
		ets or fund balances. Subtract line 21 from line 20	6,29	2,517	7,175,564
		ignature Block	_		
Ļ	Inder penalties of	f perjury, I declare that I have examined this return, including accompanying schedules and state	ments, and to the b	est of my kr	owledge and belief, it is
	rue, correct, and	complete Declaration of preparer (other than officer) is based on all information of which prepare	er rias arry knowled	ye	
				Data	
	gn 🚩	Signature rofficer		Date 7	. 9,2013
He	ere	fliction /	 _	UC I	7/2013
	Drive Co.	Type or print name and title DIRECTOR OF FINANCE pe preparer's name Preparer's signatule	Date	1 100 1	f PTIN
Pa	ا سا		107	13 Check	U"
_	anarer Hill	M. TRAMER CHOPE C THICK CDAS		 -	2/-150557
	eparer Firm's r			Firm's EIN	34-1595557
US	, i	23775 COMMERCE PARK RD STE 1 sectors > CLEVELAND, OH 44122-5836	İ	Dhan	216-765-8110
_	Firm's a	· · · · · · · · · · · · · · · · · · ·		Phone no	X Yes No (
_		uss this return with the preparer shown above? (see instructions) duction Act Notice, see the separate instructions.		<u> </u>	Farm 990 (2012)
DA		טענטטוו אנג וזטוונפ, ספט עופ ספטמומני וווסנוענטטווס.			Fulli 330 (2014)

Part IV Checklist of Required Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	x	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		$\neg \uparrow$	
٠	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,"			
٠	complete Schedule D. Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		$\neg \neg$	
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	Ì		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	x	
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	\mathbf{x}	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1	İ	
_	complete Schedule D, 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 assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f		X
I2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	_X_	
14a	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		<u> </u>
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		X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			7.5
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		v	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		₩.
20-	If "Yes," complete Schedule G, Part III	19		X
20a	· · · · · · · · · · · · · · · · · · ·	20a		Λ.
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form	1 990 (2012) ETON ACADEMI 38-2298098			age_4
P	art IV Checklist of Required Schedules (continued)		1.,	
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
	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	<u> </u>	<u> </u>	
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
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	X	
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	Ì	Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	l	X
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?			İ
	If "Yes," complete 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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	ļ	ł	
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	Ì		
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
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)		Ī	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete		l	
	Schedule L, Part IV	28b	<u> </u>	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)		ł	
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	 -	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		x
24	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30	<u> </u>	-
31	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	\ <u>-~-</u>	 	
-	complete Schedule N, Part II	32	ŀ	x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	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, Parts II, III,			
	or IV, and Part V, line 1	34	1	X
35a		35a		X
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	<u> </u>	
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		1	1
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	}	1	ł
	Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		1	1

197 Note. All Form 990 filers are required to complete Schedule O

DAA

	Г
Yes	s No
1,63	<u> </u>
. x	:]_
b X	:
<u> </u>	X
b	—
1 1	_
a	<u> X</u>
	١.
a	_ X
b -	K
<u> </u>	+
<u> </u>	×
a	+-
ь	
* 	-
a X	
ь Х	
_	十
c	2
e [2
f	2
g	3
h	
1	
B	
1	
a	
b	+
I	
1	
I	
1	
ı	
2a	ĺ
	\dashv
1	1
3a	
1	
I	
4a	
4b	
4b Form	_ _

38-2298096 Form 990 (2012) ETON ACADEMY Page 6 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 Check if Schedule O contains a response to any question in this Part VI X Section A. Governing Body and Management Yes Νo 17 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 17 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, X 7b stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a X 15b Other officers or key employees of the organization 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 X with a taxable entity during the year? 16a 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 Section C. Disclosure MI List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 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) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the 1755 MELTON organization: > NICHOLAS TRUYENS

248-642-1150

MI 48009

BIRMINGHAM

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

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

								<u> </u>		
(A) Name and Title	(B)			(C Pos	C)			(D) Reportable	(E) Reportable	(F) Estimated
Name and Time	Average hours per			check	more	than on		compensation	compensation from related	amount of other
	week (list any					s both a r/trustee		from the	organizations	compensation
	hours for related	오품	D.	<u>ş</u>	<u>\$</u>	a H	For	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	Vidu Vidu		Officer	em.	hest	Former	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		and related
	below dotted line)	1 5 E	onal t		Key employee	e e				organizations
	,	Individual trustee or director	Institutional trustee		ď	Highest compensated employee				
(1) MICHAEL MASLYN				-	-	a a				
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2.00				İ					
PRESIDENT	0.00	X		L				0	0	0
(2) VICTORIA STEWARI										
	1.00					1 1				
TRUSTEE	0.00	X						0	0	0
(3) LAWRENCE BLUTH		İ		ĺ						
	2.00									
SECRETARY	0.00	X		<u> </u>	<u> </u>	\vdash		0	0	0
(4) DENNIS BERNARD										
	2.00		Ì			1 1		О	o	0
TREASURER (5) RICHARD BUSH	0.00	X		⊢	\vdash	╁		<u> </u>	0	0
(5) RICHARD BOSH	1.00									
TRUSTEE	0.00	x			1	1		0	o	O
(6) MARIA CHIRCO	- 0.00		 	-	┢	 	_	<u> </u>		-
(0,122,121)	1.00		1		l					
TRUSTEE	0.00	$ \mathbf{x} $						0	0	0
(7) MARK GOODMAN			Π							
	1.00		l							
TRUSTEE	0.00	X			L			0	0	0
(8) JAMES GWALTNEY,	JR.	1								
	1.00				ļ			_	_	
TRUSTEE	0.00	X	_	<u> </u>				0	0	0
(9) PATRICIA HARTMA										
	1.00								١ .	1
TRUSTEE	0.00	X	╄	┢	<u> </u>	+		0	0	0
(10) MARK LANEVE	1.00					1 1				
TRUSTEE	0.00	x			1			0	ĺ	o
(11) SONIA AJLUNI PA		╁	\vdash	+		┼╌┤				t
(ii)DOMAIL ROLLOMA FRO	1.00									
TRUSTEE	0.00	x						0	l o	0
DAA								*		Form 990 (2012)

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
(A)	(B)				C)			(D)	(E)		(F)		
Name and title	Average hours per	ا (م	o not		sition more	than o	ne	Reportable compensation	Reportable compensation from		Estimated amount of other		
•	week	bo	x, uni	ess pe	erson	s both	an	from	related				
	(list any hours for	off	icer a		irecto	r/truste		the organization	organizations (W-2/1099-MISC)	°	compens from t		
	related	임절	Inst	Officer	ξ	활	Former	(W-2/1099-MISC)	(** 2 *********************************		organiza	ation	
	organizations below dotted	ğ	Institutional	🖁	am.	lest	ner			1	and rela organiza		
	line)	ndıvidual trustee or director	<u>a</u>		Key employee	E S				Ì	, gaine		
		stee	trustee		•	Highest compensated employee							
(12) KIM SCHATZEL			<u> </u>	<u> </u>	-	e.	_						
(12)KIM DCIMILDED	1.00	1								ĺ			
TRUSTEE	0.00	x						l o	o	İ			0
(13) MICHAEL STANKARI													
, ,	1.00				ļ		1	ł					
TRUSTEE	0.00	X			<u>L</u> _			0	0				0
(14) BILL WEATHERSTON										1			
	1.00					Ì				ŀ			_
TRUSTEE	0.00	X	L	L_	_			0	0	<u> </u>			0
(15) JEFFREY ZANETTI													
	2.00				Ì			_		1			_
VICE PRESIDENT	0.00	X	<u> </u>	ļ	<u> </u>	igspace	<u> </u>	0	0				0
(16) LORI A. BLAKER			}							1			
	1.00	١,,						_	_	İ			0
TRUSTEE	0.00	X	-	╁	1		_	0	0	├──			
(17)MIKE STAFFORD	1.00												
	0.00	$ \mathbf{x} $				1		0	o				0
(18) GEORGE J. PULLE		<u> </u>	╁	\vdash	╁	t							
(18) GEORGE C: TOBBE	40.00												
HEADMASTER	0.00		1		$ \mathbf{x} $			196,556	0		•	11,	414
(19)			1	<u> </u>	✝▔								
(10)			1							1			
										<u> </u>			
1b Sub-total							▶	196,556		<u> </u>		11,	<u>414</u>
c Total from continuation she	ets to Part VII,	Sect	ion	A				400.550		<u> </u>			44 4
d Total (add lines 1b and 1c)							<u> </u>	196,556				11,	414
Total number of individuals (if reportable compensation from	icluding but not	limite n ▶	ed to 1	tho	se lis	ited a	yode	e) who received more than	1 \$100,000 in				
Teportable compensation from	Tuic organizatio		_					_				Yes	No
3 Did the organization list any fe								loyee, or highest compensa	ated				
employee on line 1a? If "Yes," 4 For any individual listed on lin								on and other compensation	from the		3		X
4 For any individual listed on lin —organization-and-related orga										,			1
individual	J			,-			•				4	X	<u> </u>
5 Did any person listed on line									r ındıvıdual		٠ ـ	ŧ	x
for services rendered to the o		Yes,	con	npiei	e Sc	neau	ne J	tor such person			5	L	
Section B. Independent Contractor 1 Complete this table for your fi		ens	ated	ınde	nen	dent	cont	ractors that received more	than \$100,000 of				
compensation from the organ	ization Report of							dar year ending with or wit	hin the organization's tax y	ear.			
Name and	(A) d business address							Descri	(B) ption of services		a	(C) ompensa	ation
							+				_		
		_											
							+-				 		
										ļ			
		-	-										
2 Total number of independent	contractors (inc	ludin	a bu	t not	limi	ted to	the	ose listed above) who					
received more than \$100,000								,	O		1		

ra	rt Vi	Check if Schedule		itains a r	esponse to	o any question in th	his 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
इध	1a	Federated campaigns	1a						
Program Service Revenue Contributions, Gifts, Grants	b	Membership dues	1b				I		
A, E	С	Fundraising events	1c						
a i	d	Related organizations	1d				1		
S,E	е	Government grants (contributions)	1e						
<u> </u>	f	All other contributions, gifts, grants,		·					
		and similar amounts not included above	1f		768,677				
ΞŌ	a	Noncash contributions included in lines 1a	 .1f	<u> </u>					
SE	b h	Total. Add lines 1a-1f		•	▶ [768,677			
<u>e</u>		Total Tito moo Ta Ti		·	Busn Code		***************************************	*******************************	*****************
el	2a TUITION				611600	4,534,395	4,534,395	,	
<u>چ</u> ا	b	OTHER PROGRAM REVEN	TTE			149,786	149,786		
8		C					200,7100		
2	٦								
SL	d				+	.,			
Ē	•	All other program conventions							
Š	T	All other program service reve	mue			4,684,181			
_		Total. Add lines 2a–2f	4,,,,40,	ada intere		4,004,101			
	3	Investment income (including	aiviaei	ias, intere	SI,	103,260	103,260		
		and other similar amounts)				103,200	103,200		
	4	Income from investment of tax	(-exem	pt bona pi	oceeds -				
	5	Royalties		(A) B					,
	_	(i) Real		(11) P	ersonal				
	6a	Gross rents							
	Ь	Less rental exps							
	С	Rental inc or (loss)					· ·		
	d 7a	Net rental income or (loss) Gross amount from	_	1	•				
	, -	sales of assets		+	Other				
l		other than inventory 1,043	,276		3,000				
	b	Less cost or other							
		basis & sales exps 1,040			4,600				
		, ,	,004	<u> </u>	-1,600				
		Net gain or (loss)			•	1,404	1,404		
9	8a	Gross income from fundraising even	ents						
enr		(not including \$							
ě		of contributions reported on line 10	:)						
Other Revenue		See Part IV, line 18	а		478,934	•			
)th	þ	Less. direct expenses	b	_	138,858				
J		Net income or (loss) from fun-		g events		340,076			<u></u>
	9a	Gross income from gaming activiti	es						
		See Part IV, line 19	а						
	b	Less: direct expenses	b						
	C	Net income or (loss) from gar	ning ad	tivities	▶				
	10a	Gross sales of inventory, less							
		returns and allowances	а						
	ь	Less: cost of goods sold	b						
	l .	Net income or (loss) from sale	es of in	ventory	•			_	
		Miscellaneous Revenue			Busn. Code				
	11a		•			1			
	b	•							
	c	•		• •		· · · · · · · · · · · · · · · · · · ·			
	d	All other revenue	-					_	1
	e	Total. Add lines 11a-11d			—		, ,		
	12	Total revenue. See instruction	ns			5,897,598	4,788,845	0	0

Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon			iete column (A)	
- Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	299,400	299,400		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the		1		
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				105 600
7	Other salaries and wages	2,957,796	2,228,439	541,664	187,693
8	Pension plan accruals and contributions (include			4.6.60	F 500
	section 401(k) and 403(b) employer contributions)	92,838	70,480	16,630	5,728
9	Other employee benefits	251,273	218,739	22,012	10,522
10	Payroll taxes	205,418	156,868	34,430	14,120
11	Fees for services (non-employees)				
а	Management			20.005	
b	Legal	39,805		39,805	· · · · · · · · · · · · · · · · · · ·
	Accounting	14,000		14,000	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	00 001		20 001	
f	Investment management fees	28,901		28,901	
g	Other (If line 11g amount exceeds 10% of line 25, column	151 150	2 400	22 220	106 450
	(A) amount, list line 11g expenses on Schedule O)	151,150	2,400	22,298	126,452
12	Advertising and promotion	23,076	2,033	21,043	5 002
13	Office expenses	116,570	81,896	28,682	5,992 5,311
14	Information technology	116,043	100,587	10,145	5,311
15	Royalties	260 261	242 555	20 721	2 005
16	Occupancy	368,261	343,555 548	20,721 1,955	3,985 3,834
17	Travel	6,337	346	1,955	3,634
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	22 420	21,324	2 046	60
19	Conferences, conventions, and meetings	23,430	17,190	2,046	
20	Interest	17,295	17,190	90	
21	Payments to affiliates	200 005	200 305	7,526	1 254
22	Depreciation, depletion, and amortization	289,085	280,305	1,520	1,254
23	Insurance				
24	Other expenses Itemize expenses not covered		•		
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)	45,617	44,917		700
a	BAD DEBT MISCELLANEOUS	39,588	15,866	19,698	4,024
b	·	19,310	13,800	19,310	3,021
C	BANK AND CREDIT CARD FEES	15,911	9,851	1,835	4,225
d	F	32,100	25,724	4,505	1,871
e 25	·	5,153,204	3,920,122	857,296	375,786
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	3,133,204	3,320,122	031,290	313,180
20	organization reported in column (B) joint costs				
	from a combined educational campaign and		ĺ		
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
DAA	TOROTHING GOT GOT E (FLOOD GOD-120)				Form 990 (2012

		(2012) ETON ACADEMI		-2298096	-	Page II
Pa	art X					
		Check if Schedule O contains a response to any q	uestion in this Part X			
		·		(A)		(B) End of year
	1			Beginning of year	_	
	1	Cash—non-interest bearing	ì	351,704	1	507,970
i	2	Savings and temporary cash investments	ŀ	799,436	2	1,145,030
	3	Pledges and grants receivable, net	ŀ	37,553	3	372,800
	4	Accounts receivable, net		20,981	4	24,628
	5	Loans and other receivables from current and former off				
		trustees, key employees, and highest compensated emp	ployees		_	
		Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified pers	1		. 1	
		4958(f)(1)), persons described in section 4958(c)(3)(B),				
		sponsoring organizations of section 501(c)(9) voluntary			_	
इंड	1	organizations (see instructions) Complete Part II of Sch	nedule L	1 450	6	010
Assets	7	Notes and loans receivable, net		1,458	7	919
⋖	8	Inventories for sale or use		FO 0F0	8	00 000
	9	Prepaid expenses and deferred charges		58,050	9_	88,220
	10a	Land, buildings, and equipment cost or	6 222 722		:	
		other basis Complete Part VI of Schedule D	10a 6,333,720	2 256 624		2 725 650
	b	Less accumulated depreciation	10ь 2,598,070	3,856,604		3,735,650
	11	Investments—publicly traded securities		3,261,260	11	3,496,445
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	· · · · · · · · · · · · · · · · · · ·
	14	Intangible assets			14	E0 22E
	15	Other assets. See Part IV, line 11	0 207 046	15	58,325	
	16	Total assets. Add lines 1 through 15 (must equal line 3	4)	8,387,046		9,429,987
	17	Accounts payable and accrued expenses		308,845	17	413,486
	18	Grants payable		1,065,845	18	1,182,641
	19	Deferred revenue		1,000,840	19	1,102,041
	20	Tax-exempt bond liabilities	of Cahadula D		20	
	21	Escrow or custodial account liability Complete Part IV of			21	····
ies	22	Loans and other payables to current and former officers				
Ē		trustees, key employees, highest compensated employees	ees, and		22	
Liabilities		disqualified persons Complete Part II of Schedule L	d notice	697,918	23	650,118
_	23	Secured mortgages and notes payable to unrelated third Unsecured notes and loans payable to unrelated third p		037,310	24	030/110
	25	Other liabilities (including federal income tax, payables				
	25	parties, and other liabilities not included on lines 17-24)				
	1	of Schedule D	Complete Falt X	21,921	25	8,178
	26	Total liabilities. Add lines 17 through 25		2,094,529		2,254,423
	1	Organizations that follow SFAS 117 (ASC 958), chec	k here ▶ X and			
Se		complete lines 27 through 29, and lines 33 and 34.				
Š	27	Unrestricted net assets		4,511,794	27	3,561,814
Balances	28	Temporarily restricted net assets		221,323		1,977,111
ā	29	Permanently restricted net assets		1,559,400	29	1,636,639
Ē		Organizations that do not follow SFAS 117 (ASC 958	8), check here ▶ and	, , , , , , , , , , , , , , , , , , , ,		
þ	1	complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
158	31	Paid-in or capital surplus, or land, building, or equipmer	nt fund		31	
Net Assets or Fund	32	Retained earnings, endowment, accumulated income, of			32	
Z	33	Total net assets or fund balances		6,292,517		7,175,564
	34	Total liabilities and net assets/fund balances		8,387,046	34	9,429,987

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3b

Form 990 (2012)

SCHEDULE A (Form 990 or 990-EZ)

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 Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

ETON ACADEMY

Employer identification number 38-2298096

			EION ACADEMI								,,,,		
P	art I	Reaso	on for Public Charity	Status (All organizations	must co	mplete	this pa	rt) Se	e insti	ruction	s		
he	orga	nization is not	a private foundation because	e it is (For lines 1 through 11, o	check only	one box)						
1	$\overline{\Box}$	A church, con	vention of churches, or asso	ociation of churches described	ın sectior	170(b)(1)(A)(i).						
2	X	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	П		, .,	ce organization described in sec	ction 170	(b)(1)(A)(i	ii).						
4	H	•						(1)(A)(ii	ii). Ente	r the ho	spital's name) .	
•	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												
_	\Box			of a college or university owned	or operate	ad by a go	wernme	ntal uni	describ	ned in			
5	Ш	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
			o)(1)(A)(iv). (Complete Part										
6		·	•	overnmental unit described in s									
7	\sqcup	An organization that normally receives a substantial part of its support from a governmental unit or from the general public											
		described in section 170(b)(1)(A)(vi). (Complete Part II)											
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	\Box	An organization	on that normally receives (1	l) more than 33 1/3% of its sup	port from	contribution	ons, mer	mbershij	p fees, :	and gro	ss		
	_	receipts from	activities related to its exem	npt functions—subject to certain	exceptio	ns, and (2	?) no mo	re than	33 1/3%	6 of its			
		support from	gross investment income an	nd unrelated business taxable in	ncome (les	ss section	511 tax) from b	usiness	ses			
		acquired by th	e organization after June 3	0, 1975 See section 509(a)(2)	. (Comple	te Part III)						
10				exclusively to test for public safe									
11	H	-	- ·	exclusively for the benefit of, to					out the	•			
•	ш												
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h												
_		a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons											
е	\Box			er than one or more publicly sup									
				than one of more publicly sup	ported or	garnzatioi	13 00301	ibca iii s	COLIOIT	505(a)(·	''		
		or section 509		ermination from the IRS that it is	a Type I	Type II (or Type	lil sunna	ortina				
f		-		emination from the IKS that it is	salypei,	Type II, C	oi iype i	iii suppe	orting .				\Box
		-	check this box		t.aa feam	n anu of th							Ш
g		•	· · · · · · · · · · · · · · · · · · ·	tion accepted any gift or contrib	ution non	i any oi ti	ie						
		following per				_							1
				ontrols, either alone or together	with perso	ons descr	ibea in (ii) and				Yes	No
			v, the governing body of the								11g(i)	 	-
			member of a person describ								11g(ii)	T	ļ
				described in (i) or (ii) above?							11g(iii	<u> 1</u>	
<u>h</u>		Provide the f	ollowing information about t	he supported organization(s)	1								
(ı) Nam	ne of supported	(ii) EIN	(iii) Type of organization		organization	(v) Did y	•		is the	(vii) Amount		tary
	on	ganization		(described on lines-1=9- above or IRC section	1 ''	sted in your-		nization in - of your	organizat (i) organi	zed in the	supp	ort	
above or IRC section governing document? Col (1) or your (1) organized in the (see instructions))													
				, , , , ,	Yes	No	Yes	No	Yes	No			
(A)													
		!		<u> </u>			l						
(B)		-						ļ		1 1			
						<u> </u>							
(C)						1							
						<u> </u>							
(D)												· · · · · ·	
					<u> </u>	<u> </u>	ļ	ļ	ļ	$\sqcup \sqcup$			
(E)						1]						
					1	-	<u> </u>	<u> </u>	<u> </u>				
_						1							
Tot	al		E .	1	i	1	Ŧ	£	E	1 1			

Page 2

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					,	
Calen	dar 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 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				Ī		
	tion B. Total Support						
Calen	dar 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 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				<u> </u>		
12	Gross receipts from related activities, etc	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	ourth, or fifth tax ye	ear as a section 50	1(c)(3)	
	organization, check this box and stop her						•
Sec	tion C. Computation of Public Su	ipport Percen	tage				T.
14	Public support percentage for 2012 (line 6	, column (f) divide	d by line 11, colur	nn (f))		14	%
15	Public support percentage from 2011 Sch	edule A, Part II, Iır	ne 14			15	<u>%</u>
16a	33 1/3% support test—2012. If the organ	ization did not che	ck the box on line	13, and line 14 is	33 1/3% or more,	check this	. —
	box and stop here. The organization qual	•					▶ [
b	33 1/3% support test—2011. If the organicheck this box and stop here. The organi				15 is 33 1/3% or n	nore,	▶ [
	10%-facts-and-circumstances test—20' 10% or more, and if the organization meet Part IV how the organization meets the "fa organization	ts the "facts-and-c acts-and-circumsta	ircumstances" tes ances" test. The oi	t, check this box a ganization qualifie	nd stop here. Exp es as a publicly sup	olain in oported	>
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization Explain in Part IV how the organization me supported organization	meets the "facts-	and-circumstance	s* test, check this	box and stop here) .	▶ [
	• • •		1 40 40 - 4	DL 47475 -5			
18	Private foundation. If the organization di	o not check a box	on line 13, 16a, 16	55, 1/a, or 1/5, cn	neck this box and s	see	

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

oupport contours for organizations become in course or (=/(=/
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part I
If the organization fails to qualify under the tests listed below, please complete Part II.)

500	tion A. Public Support	quality under ti	ie tests listed i	below, picase c	ompicte i ait ii		
	dar 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) 2232	(2)				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						<u>-</u>
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	L					
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b					<u> </u>	
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support		T		T	1	
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, dividends, payments received on securities loans rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do.not include gain or loss from the sale of capital assets (Explain in Part IV)		_		_		
13	Total support. (Add lines 9, 10c, 11,		1		1		
	and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop her		st, second, third, f	ourth, or fifth tax ye	ar as a section 50	11(c)(3)	▶ 🗌
Sec	tion C. Computation of Public S	upport Percer	ntage				
15	Public support percentage for 2012 (line 8	3, column (f) dıvide	ed by line 13, colu	mn (f))		15	
16	Public support percentage from 2011 Sch					16	%
Sec	tion D. Computation of Investme	ent Income Pe	rcentage				
17	Investment income percentage for 2012 (3, column (f))		17	<u>%</u>
18	Investment income percentage from 2011					18	<u>%</u>
19a	33 1/3% support tests—2012. If the orga						. □
	17 is not more than 33 1/3%, check this b						▶ ⊔
Ь	33 1/3% support tests—2011. If the orga						▶ □
20	line 18 is not more than 33 1/3%, check to Private foundation. If the organization di						
20	r mate roundation, it the organization to	11 11 11 11 11 11 11 11 11 11 11 11 11		. TOU, OHEON HIS D	on unit acc monde		

38-2298096

Part IV

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information (See instructions)

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.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 38-2298096 ETON ACADEMY Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements b Total acreage restricted by conservation easements 2b 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) | Yes | (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990. Part X

4 Describe in Part Alli the intended uses o	i the organization's endownie <u>nt</u>	Turius		
Part VI Land, Buildings, and E	quipment. See Form 990), Part X, line 10.		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		5,517,424	2,152,482	3,364,942
c Leasehold improvements				
d Equipment		816,296	445,588	370,708
e Other		<u> </u>		
Total, Add lines 1a through 1e. (Column (d) m	ust equal Form 990, Part X, colu	umn (B) line 10(c))	▶	3.735.650

Schedule D (Form 990) 2012

Part VII	Investments—Other Securities. See Form 9	90, Part X, line 12		
	(a) Description of security or category	(b) Book value	(c) Method of va	aluation
	' (including name of security)		Cost or end-of-year	market value
(1) Financial of	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
<u>(1)</u>				
		DOD 5 1 1 1 10		
Part VIII	Investments—Program Related. See Form 9			
	(a) Description of investment type	(b) Book value	(c) Method of v	
			Cost or end-of-year	market value
(1)				
(2)				
_(3)				
_(4)				
(5)				···
(6)				<u> </u>
(7)			-	
(8)				
(9)				. <u></u> .
(10)	n (b) must equal Form 990, Part X, col (B) line 13)	•		
Part IX	Other Assets. See Form 990, Part X, line 15.			
7 413 153	(a) Description			(b) Book value
(1)				
(2)		., . 11 ***		
(3)				
(4)				
(5)				
(6)				
(7)				<u>.</u>
(8)				
(9)				
(10)				
	n (b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities. See Form 990, Part X, line	25.		
1.	(a) Description of liability	(b) Book value		
(1) Federal	income taxes			
	REST RATE SWAP	8,17	3	
(3)				
(4)			_	
(5)				
(6)			」	
(7)			_	
(8)				
(9)			_	
(10)			_	
(11)				
	nn (b) must equal Form 990, Part X, col. (B) line 25)	▶ 8,17		
2. FIN 48 (AS	SC 740) Footnote. In Part XIII, provide the text of the footno	te to the organization's financ	cial statements that reports the	organızation's

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Supplemental Information

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

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

ASSISTANCE TO INDIVIDUALS

Ŝ 299,400

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER \$

ASSISTANCE TO INDIVIDUALS

299,400

Part XIII Supplemental Information (continued)

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

ETON ACADEMY

Employer identification number 38-2298096

Pa	irt l			
			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_	х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	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 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 THE SCHOOL DOES NOT UTILIZE NEWSPAPER OR BROADCAST MEDIA, HOWEVER, THE SCHOOL CURRENTLY ENROLLS STUDENTS OF RACIAL MINORITY GROUPS IN ACCORDANCE WITH THEIR ADMISSION CRITERIA.	3		x
4	Does the organization maintain the following?			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a_	X	<u> </u>
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	X	
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	X	
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	4d	Х	
5	Does the organization discriminate by race in any way with respect to		1	x
а	Students' rights or privileges?	<u>5a</u>		^
b	Admissions policies?	5b		х
С	Employment of faculty or administrative staff?	5c		х
đ	Scholarships or other financial assistance?	5d		х
e	Educational policies?	5e		_ X _
f	Use of facilities?	5f		Х
g	Athletic programs?	5 <u>g</u>		X
h	Other extracumcular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II	5h		x
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		x
ь	Has the organization's right to such aid ever been revoked or suspended?	6b		X
_	If you answered "Yes" to either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	x	

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

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047 **2012**

Open to Public Inspection

Employer identification number Name of the organization 38-2298096 ETON ACADEMY Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Solicitation of government grants Internet and email solicitations Phone solicitations Special fundraising events In-person solicitations d 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did fund (v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (IV) Gross receipts (or retained by) (or retained by) custody or (ii) Activity from activity or entity (fundraiser) fundraiser listed in organization control of contributions? col (ı) Yes No 2 3 5 6 9 10 Total

38-2298096

	Part II Fundraising E	control of fundamental and successions of fundamental and succ	nization answered Yes	to Form 990, Part IV, line	e 18, or reported
		,000 of fundraising event cor oss receipts greater than \$5,0		ome on Form 990-EZ, iin	es i and ob. List
		(a) Event #1	(b) Event #2	(c) Other events	
		AUCTION		NONE	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	col (c))
Revenue	1 Gross receipts	478,934			478,934
	2 Less Contributions		· · · · · · · · · · · · · · · · · · ·		
	3 Gross income (line 1 minus	478,934			478,934
	line 2)	470,934			470,334
	4 Cash prizes				
	5 Noncash prizes				
uses	6 Rent/facility costs		<u></u>		
Direct Expenses	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	138,858			138,858
	10 Direct expense summan	/ Add lines 4 through 9 in column (o	1)	•	138,858
	11 Net income summary C	ombine line 3, column (d), and line	10	<u> </u>	340,076
P	art III Gaming. Com	nplete if the organization answ on Form 990-EZ, line 6a	vered "Yes" to Form 990), Part IV, line 19, or repoi	rted more
_			(b) Pull tabs/instant	(2) Other	(d) Total gaming (add
Revenue	1	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
>			Dirigo progressive birigo		cor (a) tribugit cor (c))
æ	1 Cross revenue		billigospiogressive billigo		wir (a) mough cor (c)
<u></u>	1 Gross revenue		Unigurpi ogressive biligo		cor (a) modgir cor (c)
- ses	1 Gross revenue 2 Cash prizes		Unigurpi ogressive birigo		car (a) introdgit car (c)
- ses	1 Gross revenue 2 Cash prizes		Unigurpi ogressive birigo		cor (a) introdgit cor (c))
	1 Gross revenue 2 Cash prizes		Unigupi ogressive birigo		cor (a) introdgit cor (c))
- ses	1 Gross revenue 2 Cash prizes				
- ses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs	Yes %	Yes %	6 Yes %	
- ses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor	Yes %	Yes 9	_ 	
- ses	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summar	Yes %	Yes % No	_ 	
o o o o o o o o o o o o o o o o o o o	2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summan 8 Net garning income sum Enter the state(s) in which the	Yes % No Yes % No Add lines 2 through 5 in column (Yes 9 No d) nd line 7	_ 	

Schedu	ule G (Form 990 or 990-EZ) 2012 ETON ACADEMY	38-2298096	Page 3
11 [Ooes the organization operate gaming activities with nonmembers?		Yes No
12 ls	s the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	_	
fe	ormed to administer charitable gaming?	, ,L	_ Yes [_] No
13	ndicate the percentage of gaming activity operated in		
	he organization's facility	13a	
	an outside facility	13b	
	Enter the name and address of the person who prepares the organization's gaming/special events books and ecords		
1	lame ▶		
P	Address ▶		
	Ooes the organization have a contract with a third party from whom the organization receives gaming	٦	J voo □ No
	evenue? f "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the	_ Yes [_ No
	mount of gaming revenue retained by the third party ► \$	and the	
	f "Yes," enter name and address of the third party		
	, roof and mand and and and party		
ŀ	Name >		
A	Address ▶		
16 (Saming manager information		
1	Name ▶		
C	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
	Mandatory distributions		
	s the organization required under state law to make charitable distributions from the gaming proceeds to	ſ	7 v
	etain the state gaming license?	L	Yes No
	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 ▶ \$		
Part		red by Part I. line 2b	
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applie		this
	part to provide any additional information (see instructions)		
<u> </u>			

SCHEDULEI (Form 990)

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

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization	_					Emp C	Employer Identification number スターククタタクタん	
	A Action							
Fart : General Information on Grants and Assistance	d Assistance							
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	the amount of the g ance?	rants or ass	istance, the grantees'	eligibility for the grants	s or assistance, and	T.	X Yes	ջ
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	onitoring the use of	grant funds	in the United States	1				
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization Dart IV line 21 for any received more than \$5,000. Part II can be displaced if additional space is needed	overnments ar	nd Organi than \$5 0	zations in the Un	ited States. Com	plete if the orga	inization answe	Organizations in the United States. Complete if the organization answered "Yes" to Form 990, an \$5,000. Part II can be displicated if additional space is needed	o
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
(1)								
(2)								
(3)								
(4)								
(5)							:	
(9)								
(1)								

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

8

6

Schedule I (Form 990) (2012)

38-2298096

Schedule I (Form 990) (2012) ETON ACADEMY

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of 264,400 35,000 (c) Amount of cash grant Part III can be duplicated if additional space is needed (b) Number of recipients 30 ~ (a) Type of grant or assistance FINANCIAL NEED SCHOLARSHIPS Part IV

IF THE STUDENT IS ACCEPTED INTO FAMILIES, THEY RECOMMEND AN AMOUNT BASED ON THE AMOUNT OF TUITION AND THE TOTAL FINANCIAL ASSISTANCE AWARDED IS REPORTED TO BOTH ETON ACADEMY USES FACTS MANAGEMENT TO PROCESS ALL REQUESTS FOR FINANCIAL AFTER FACTS VERIFIES INFORMATION SUBMITTED BY POTENTIAL ETON ACADEMY, AN AWARD IS MADE BASED ON THE FACTS RECOMMENDATION AND THIS INFORMATION IS THEN TAKEN TO THE PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS THE FINANCE COMMITTEE AND THE BOARD OF TRUSTEES. FINANCIAL ASSISTANCE COMMITTEE FOR REVIEW. FAMILIES FINANCIAL POSITION. AVAILABLE FUNDS. ASSISTANCE.

information.

Schedule I (Form 990) (2012)

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

ETON ACADEMY

Employer identification number 38-2298096

Pa	rt I Questions Regarding Compensation	_	
	r	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef)	***************************************	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2		-
3	Indicate which, if any, of the following the filing organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
	Receive a severance payment or change-of-control payment?		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	- 	X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any	I	
	compensation contingent on the revenues of		.,
	The organization?		X
þ	Any related organization?	1	├^
•	If "Yes" to line 5a or 5b, describe in Part III		
0	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of	I	
•	The organization?	Ī	x
	Any related organization?		X
J	If "Yes" to line 6a or 6b, describe in Part III	1	1
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed	Ţ	
•	payments not described in lines 5 and 6? If "Yes," describe in Part III		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject	 	1
•	to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe	1	
	in Part III		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		
	Regulations section 53 4958-6(c)?		

Page 2

ETON ACADEMY

Part

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2012

38-2298096

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

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

	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990
PULLEN	186,300	7,500	2,756	11,414	0	207,970	0
	(II) 0	į	0		0		0
	€ #		•				
7	E .						
3	(11)						
4	(C)	•					
	0 0						
	(3)						
	(3)						
	(B)			:			
	(0)						
	(11)						
	(0)						
	(n)						
	(11)						
	(1)						

Schedule J (Form 990) 2012 ETON ACADEMY

:

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information. Supplemental Information Part III

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012 Open to Public Inspection

OMB No 1545-0047

Name of the organization

ETON ACADEMY

Employer identification number 38-2298096

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
AN OUTSIDE AUDITING FIRM PREPARES THE FORM 990. QUESTIONS ARE PREPARED BY
THE FIRM TO BE DISCUSSED AND ANSWERED BY THE HEAD OF SCHOOL, BOARD
PRESIDENT AND THE DIRECTOR OF FINANCE. A FINAL COPY OF THE FORM 990 IS
SUBMITTED TO THE DIRECTOR OF FINANCE FOR REVIEW AND SIGNATURES. THE FORM
990 IS THEN SUBMITTED TO THE IRS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE PROCESS FOR DETERMINING COMPENSATION FOR THE HEAD OF SCHOOL INCLUDES AN
ANNUAL REVIEW BY THE BOARD OF TRUSTEES AT THE JULY BOARD MEETING. THE
DIRECTOR OF FINANCE MAKES COMPARATIVE DATA AVAILABLE UPON REQUEST.

DOCUMENTATION OF THE DISCUSSION IS RECORDED IN THE BOARD MINUTES, BUT
ACTUAL DELIBERATION AND DISCUSSION IS NOT. THE BOARD PRESIDENT THEN
INSTRUCTS THE DIRECTOR OF FINANCE TO PRESENT AN EMPLOYMENT CONTRACT TO THE
HEAD OF SCHOOL WITH ANY CHANGES TO THEIR COMPENSATION. THE BOARD PRESIDENT
SIGNS THE CONTRACT AND THE DIRECTOR OF FINANCE IMPLEMENTS THE CHANGES.

FORM-990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
ETON ACADEMY DOES NOT MAKE THEIR INTERNAL DOCUMENTS AND POLICIES READILY
AVAILABLE TO THE GENERAL PUBLIC. THEY WOULD BE AVAILABLE UPON REQUEST WHEN
APPROPRIATE.

Form **4562**

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

179

Department of the Treasury Internal Revenue Service

(99)

► See separate instructions.

► Attach to your tax return.

Identifying number

	ETON AC	CADEMY						38-	229	B096
	ss or activity to which this form relates	· ON								
	NDIRECT DEPRECIATI Int i Election To Expen		erty Under S	ection 179				 		
ra	Note: If you have a	•	•		אטוו כ	omple	te Part	l		
1	Maximum amount (see instructions		, complete i a	it v belore	you c	Ompi	oto i uit		1	500,000
2	Total cost of section 179 property	•	e instructions)						2	300,000
3	Threshold cost of section 179 prop			instructions)				1	3	2,000,000
4	Reduction in limitation Subtract lin								4	<u> </u>
5	Dollar limitation for tax year Subtract lin				arately, s	see instr	uctions	İ	5	
6	(a) Description		·	(b) Cost (busine				lected cost		
7	Listed property Enter the amount	from line 29				7				
8	Total elected cost of section 179 p	roperty Add amount	ts ın column (c), lı	nes 6 and 7					8	
9	Tentative deduction Enter the small	aller of line 5 or line	8						9	
10	Carryover of disallowed deduction	from line 13 of your	2011 Form 4562						10	
11	Business income limitation Enter	the smaller of busine	ess income (not le	ss than zero)	or line	5 (see	instruction	ıs)	11	
12	Section 179 expense deduction A	dd lines 9 and 10, bi	ut do not enter mo	re than line 11	1				12	·····
13	Carryover of disallowed deduction	to 2013 Add lines 9	and 10, less line	12	<u> </u>	13]	.,,
Note	: Do not use Part II or Part III below									
Pa	rt II Special Depreciati						ude liste	ed prope	rty.) (See instructions)
14	Special depreciation allowance for	qualified property (o	ther than listed pi	operty) placed	d in ser	vice				
	during the tax year (see instruction	•							14	
15	Property subject to section 168(f)(•							15	000 001
16	Other depreciation (including ACR								16	289,091
<u>Pa</u>	rt III MACRS Depreciat	ion (Do not inclu			ınstru	ctions	5.)			
				tion A					4-	0
17	MACRS deductions for assets place							. □	17	<u> </u>
18	If you are electing to group any assets placed	I in service during the tax yes					ral Denre	ciation S	vstem	
	Section B—A	(b) Month and year	(c) Basis for depre			T	nai Depit	Clation	,3.0	
	(a) Classification of property	placed in service	(business/investmei only-see instruc	nt use	eriod	(e) C	onvention	(f) Metho	od	(g) Depreciation deduction
<u>19a</u>	3-year property					ļ				
<u>b</u>	5-year property					ļ				
<u> </u>	7-year property					-				
<u>d</u>	10-year property					 	_			
<u>e</u>	15-year property									
_ <u>f</u>	20-year property	-				 -		0.0		
	25-year property		ļ		yrs	+		S/L		
h	Residential rental property				5 yrs	 	MM	S/L		
				_	5 yrs	+	MM MM	S/L		
i	Nonresidential real property			38	yrs.	+	MM	S/L S/L		
		l sets Placed in Serv	ice During 2012	Tay Year Hei	na the	Altern			Svete	l <u> </u>
20-		sets Flaced III Serv	le burng 2012	Tax Teal Osh	ing the	T	ative Dep			
	Class life	-		12	2 yrs	+		S/L S/L		
	12-year		<u> </u>			+	NANA .	S/L		
	40-year Summary (See ins	tructions \	1) yrs	Ь	<u>MM</u>	, 3/L		
21	Listed property Enter amount from								21	
21	Total. Add amounts from line 12,		lines 19 and 20 in	Lodumn (a) la	and line	21 F	iter here			
	and on the appropriate lines of you								22	289,091
23	For assets shown above and place									
-	portion of the basis attributable to	-				23				