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Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

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

Open to Public Inspection

A I	or the	2012 calendar year, or tax year beginning $JUL L$ , $20L2$ and end	ل ling	UN 30, 2013	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addre	NORFOLK COLLEGIATE SCHOOL			
	Name chang	Doing Business As		54-08	806413
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	m/suite	E Telephone number	
	Termir	7336 GRANBY STREET		757-!	<u> 583-0919</u>
	Amen	City, town, or post office, state, and ZIP code		G Gross receipts \$	16,206,872.
	Application	NORPOLIK, VA_ 2000		H(a) Is this a group re	
	pendii	F Name and address of principal officer: SCOTT KENNEDY		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates incl	luded? Yes No
		empt status: X 501(c)(3) 501(c)( ) ( (Insert no.) 4947(a)(1) or L	527	If "No," attach a	list. (see instructions)
<u>J</u>	Websi	e: > WWW.NORFOLKCOLLEGIATE.ORG		H(c) Group exemption	
			L Year	of formation: 1948 M	State of legal domicile: VA
Р	art I	Summary			
ø	1	Briefly describe the organization's mission or most significant activities. TO EDU			BODY OF
Governance		STUDENTS TO THRIVE IN A COLLEGE SETTING AN			
ern	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed	of more	than 25% of its net as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	39
		Number of independent voting members of the governing body (Part VI, line 1b)		4	38
ies	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	153
Activities &	٩	Total number of volunteers (estimate if necessary)		6	<u> 150</u>
Aci	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		. <mark>7a</mark>	0.
	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
		On the basis and areats (Dod VIII line 1h)		Prior Year 794,146.	Current Year 755, 372.
e	8	Contributions and grants (Part VIII, line 1h)		10,918,812.	10,567,595.
Revenue	9	Program service revenue (Part VIII, line 2g)	• -	352,228.	395,060.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		248,224.	197,638.
	11 12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,313,410.	11,915,665.
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,160,313.	1,145,407.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<sub>(7</sub>	1	Salaries, other compensation, employee benefits (Part IX-cotonia (A) lines 5 10)		6,707,403.	5,983,917.
Se	16a	Professional fundraising fees (Part IX, column (A), Imp 10 EIV		0.	0.
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) 628, 015			
, ũ	17	Other expenses (Part IX, column (A), lines 1 1a-11d, 11f 24e)		4,821,079.	5,676,389.
•		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10	L_	12,688,795.	12,805,713.
2	40	Revenue less expenses. Subtract line 18 from line 12		<375,385.	<890,048.
Assets or	ß	OGDEN, O'	Be	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		31,070,166.	32,218,004.
t As	21	Total liabilities (Part X, line 26)		11,519,107.	12,784,870.
Net /	22_	Net assets or fund balances. Subtract line 21 from line 20		19,551,059.	19,433,134.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedules ar			y knowledge and belief, it is
tru	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	preparei	has any knowledge.	
		Signature of officer . A. I		l Date	
Sig	_	1	_		2014
He	ere	SCOTT KENNEDY, PRESIDENT Type or print name and title			
_			- A	Date Check	PTIN
Pa	id	Print/Type preparer's name  SUSAN R. EINHORN  Preparer's signature  SUSAN Preparer's name	1771	1/16/14 ff self-employ	<b></b> -J∣
	eparer	Firm's name WALL, EINHORN & CHERNITZER, P.C.	£ 10	Firm's EIN	54-1517420
	e Only	Firm's address 555 E. MAIN ST., SUITE 1600		1000000	
-50	. J,	NORFOLK, VA 23510		Phone no. 7	57-625-4700
Ma	ay the	RS discuss this return with the preparer shown above? (see instructions)		•	X Yes No
	001 12-				Form <b>990</b> (2012)

5-

If "Yes," complete Schedule D, Part IV 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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete

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?

- 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X
  - a Did the organization report an amount for land, buildings, and equipment in Part X, Imp 102 if "Yes," complete Schedule D,
  - 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
  - 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
  - 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
  - e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
  - 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
- 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII
  - 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
- Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 14a Did the organization maintain an office, employees, or agents outside of the United States?
  - 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
- 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
- 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
- Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I
- Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 1c and 8a? If "Yes," complete Schedule G, Part II
- 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
- 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
- b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

		Λ	
	2	X	
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	4		_X_
	5		X
	6_		X
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	11a	Х	
	11b		X
	11c		x
	11d	X	
	11e	X	
	11f	X	
	12a	X	
	12b		X
	13	Х	
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	14b		X
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	19		X
	20a		X
	_ =va		<del></del> _
	20b	ļ	ŀ

Part IV Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the X 21 United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, 22 X column (A), line 2? If "Yes," complete Schedule I, Parts I and III 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 X 23 Schedule J. 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 X Schedule K. If "No", go to line 25 24a X 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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 25a Х disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete X 25b Schedule L. Part I Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified X person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial - contributor or employee thereof, a grant solaction committee member, or to a 35% controlled entity or family member X 27 of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 X 31 If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Х Part V, line 1 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI Х 37

Form 990 (2012)

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

	Check if Schedule O contains a response to any question in this Part V					
			,		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			ĺ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eporta	ble gamıng			
	(gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	153			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	5)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accou	nts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne orga	anızatıon solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions o	r gifts			
	were not tax deductible?		!	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	rvices p	provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uıred			
	to file Form 8282?			7c	<u> </u>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_7d				l
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ct?	7e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	ļ	<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	<u> </u>	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			_		
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any tin	ne during the year?	. 8		<del> </del>
9	Sponsoring organizations maintaining donor advised funds.			_		
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	•		9b		
10	Section 501(c)(7) organizations. Enter.	100	1			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	LIOD				
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders	11a	1			
a	Gross income from other sources (Do not net amounts due or paid to other sources against	- 13				
b	amounts due or received from them)	11b				
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	į			<del>                                     </del>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<del></del>			
ıs a	is the organization licensed to issue qualified health plans in more than one state?			13a		
d	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
J	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b		
					. 000	(2012)

232005 12-10-12

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

	Check if Schedule O contains a response to any question in this Part VI			$\mathbf{x}$
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 39			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		_X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_5_		X
6	Did the organization have members or stockholders?	_ 6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		:	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	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?	45-	х	
-	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b		<del> </del>
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
loa		160		X
L	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a	<u> </u>	Α
D	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		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ▶VA			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvaılab	ile	_
18	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
13	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 organiza	tion:	•	
	NORFOLK COLLEGIATE SCHOOL - 757-583-0919			
	7336 GRANBY STREET, NORFOLK, VA 23505-3492		_	
23200 12-10	6	Form	990	(2012

Form 990 (2012) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors** 

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

#### 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.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and Title	(B) Average hours per	box,	not cl unles	ss per	tion more rson i	than is bot	han	( <b>D)</b> Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) STANLEY G. BARR, JR HONORARY TRUSTEE	2.00	x						0.	0.	0.
(2) MARK S. BATZEL	2.00	-								
TRUSTEE		x						0.	0.	0.
(3) GARY D. BONNEWELL	2.00									
CHAIRMAN		X		X				0.	0.	0.
(4) DR. JOSEPH F. BOUCHARD	2.00									
VICE PRESIDENT		X		X			<u> </u>	0.	0.	0.
(5) ASHLYN M. BRANDT	2.00									
TRUSTEE		X	<u></u>		<u> </u>	-		0.	0.	0.
(6) BENJAMIN G. COTTRELL, V	2.00	v						0.	0.	0.
TRUSTEE	2.00	X						· · · · · · · · · · · · · · · · · · ·	0.	<u>U•</u>
(7) JEFFREY S. CREEKMORE	2.00	x						0.	0.	0.
TRUSTEE (8) ROBERT H. DEFORD, III	2.00	^	_				_	•	•	•
TRUSTEE		$\mathbf{x}$						0.	0.	0.
(9) TAYLOR FRANKLIN	2.00	_				-	-			
TRUSTEE		X						0.	0.	0.
(10) DIEDRE M. GRANGER	2.00									
TRUSTEE		X						0.	0.	0.
(11) STEVEN B. HALL	2.00									
TRUSTEE		X				_		0.	0.	0.
(12) HENRY U. HARRIS, III	2.00									_
TRUSTEE		X	-	ļ			_	0.	0.	0.
(13) HON. STEPHEN E. HERETICK	2.00									_
TRUSTEE		X		<u> </u>	<u></u>	<del> </del>	┢	0.	0.	0.
(14) CHRISTOPHER KANTER	2.00	X						0.	0.	0.
TRUSTEE	2.00				-		├	<u> </u>	0.	0.
(15) HON. SUSAN H. KELLEY TRUSTEE	4.00	X						0.	0.	0.
(16) RICHARD F. KIEFNER, JR.	2.00	_				<del>                                     </del>				
TRUSTEE		x						0.	o.	0.
(17) KEVIN M. LARKIN	2.00									
TRUSTEE		x						0.	0.	0.
232007 12-10-12										Form <b>990</b> (2012)

(A)	(B)	ыоу	ees	and (C		gne	st C	(D)	es (continueu) (E)		<del>.</del>	(F)	
Name and title	Average			Posi		1		Reportable	Reportable		Fe	יי) timate	adi
· ·	hours per					than		1 .	compensation	n		ount	
	week					r/trus		from	from related			other	
	(list any	ector						the	organizations	<b>3</b>	com	pensa	ition
	hours for	흉	يو ا			ate		organization	(W-2/1099-MIS	;C)	fr	om th	е
	related	ustee	truste		8	bens		(W-2/1099-MISC)			•	anızat	
	organizations below	ual tri	onal		ptoye	t com						i relat Inizati	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	<b>Former</b>				orga	ııızaıı	UIIS
(18) SUNSHINE M. LEINBACH	2.00				_			-					
TRUSTEE		X						0.		0.			_0.
(19) FREDERICK V. MARTIN	2.00												
HONORARY TRUSTEE		X	<u> </u>					0.		0.			0.
(20) BETSY N. MASON	2.00												
HONORARY TRUSTEE		X						0.		0.			0.
(21) THEODORE A. MATHAS	2.00												
TRUSTEE		X						0.		0.			0.
(22) ROBERT W. MCFARLAND	2.00									İ			
SECRETARY		X		X				0.		0.			0.
(23) CAROL H. MOORE	2.00	1							•				
TREASURER		X		X		<u> </u>		0.		0.			0.
(24) HARRISON J. PERRINE	2.00												
TRUSTEE		X				<u> </u>		0.		0.			<u>0.</u>
(25) RICHARD D. ROBERTS	2.00		İ				ļ						
HONORARY TRUSTEE		X						0.		0.			0.
(26) DR. SCOTT A. ROBERTSON	2.00		1										_
TRUSTEE	<u> </u>	X	1			L		0.		0.			0.
1b Sub-total .								0.		0.			0.
c Total from continuation sheets to Part V	II, Section A							185,453.		0.			86.
d Total (add lines 1b and 1c)	<del></del>					<u> </u>		185,453.		0.		4,1	<u>86.</u>
2 Total number of individuals (including but r	ot limited to th	1050	liste	ed al	DOV	e) wi	10 r	received more than \$100	0,000 of reportable	Ð			1
compensation from the organization												Yes	No
O Did the agreement on let any former officer	d							highest compensated o	malayaa aa	Г		163	100
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s			e, Ke	y er	пріс	yee	OI	nignest compensated e	mployee on				x
4 For any individual listed on line 1a, is the si			nmn	anes	atıor	nana	1 01	her compensation from	the organization	ŀ	3		
and related organizations greater than \$15									the organization		4	х	
5 Did any person listed on line 1a receive or			•						idual for services	ŀ			
rendered to the organization? If "Yes," com					-			<b>g</b>			5		x
Section B. Independent Contractors												-	
Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors '	that received more than	\$100,000 of com	pens	ation f	rom	
the organization. Report compensation for										•			
(A)								(B)			(0	;)	
Name and business	address							Description of s	ervices	C	ompe	nsatio	<u>n</u>
SAGE DINING SERVICES, IN	c.												
222 BOSLEY AVE, TOWSON,	MD 2120	4						FOOD SERVICE			<u>63</u>	<u>1,5</u>	<u>07.</u>
TRANQUEST LLC													
994 SCOTT STREET, NORFOL	K, VA 2	<u>35</u>	02					CHARTER BUS	SERVICES		22	<u>5,2</u>	<u>97.</u>
DUKE SERVICES													
PO BOX 6027 , WILLIAMSBU	RG, VA	<u> 23:</u>	18	3				CLEANING SER	VICES		<u> 14</u>	7,4	<u> 16.</u>
CSC LEASING					_			L					
6806 PARAGAN PLACE, RICH	MOND, V	A	<u> 23</u> 2	<u> 23(</u>	<u>J</u>			LEASING OF A	SSETS		<u> 13</u>	<u>5,9</u>	<u>92.</u>

SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 (2012)

\$100,000 of compensation from the organization

	COPPERIT								54-080	0413
Part VII Section A. Officers, Directors,	Trustees, Key Er	nplo	yee	s, ar	nd H	ligh	est	Compensated Employ	ees (continued)	
Name and title	(B) Average hours	(cł		(C Posi	tion		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) DR. BARBARA M. SARRIS TRUSTEE	2.00	x						0.	0.	0.
(28) JOHN SAWYER TRUSTEE	2.00	x						0.	0.	0.
(29) DR. CAMDEN WOOD SELIG TRUSTEE	2.00	X						0.	0.	0.
(30) JEFFREY M. SILVERMAN TRUSTEE	2.00	x						0.	0.	0
(31) BROOK J. SMITH TRUSTEE	2.00	х						0.	0.	0
(32) ELIZABETH S. SMITH TRUSTEE	2.00	x						0.	0.	0.
(33) DR. RONALD A. STINE	2.00	x						0.	0.	0
(34) JEFFREY A. SWARTZ TRUSTEE	2.00	x						0.	0.	0
(35) VICKI H. TOWNSEND TRUSTEE	2.00	x						0.	0.	0
(36) JAMES T. VAIL TRUSTEE	2.00	X						0.	0.	0
(37) JOHN P. WRIGHT TRUSTEE	2.00	x						0.	0.	0
(38) SHEPELLE WATKINS-WHITE TRUSTEE	2.00	x						0.	0.	0
(39) SCOTT G. KENNEDY PRESIDENT	60.00					x		185,453.	0.	2,786
		<u> </u>								
		_					_			
		_								
		<u> </u>								
					_					
Total to Part VII, Section A, line 1c								185,453.		2,786

			<ul> <li>Check if Schedule O conta</li> </ul>	ains a response i	to any question in	this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ts ts	1:	a	Federated campaigns	1a					
필	-	-	Membership dues	1b					
ع ق			Fundraising events	1c	68,601,				
ifts ar A			Related organizations	1d	98,000.				
9,5			Government grants (contributi						
E is		-	All other contributions, gifts, grant	·					
돌힐		•	similar amounts not included above		588,771.				
EO		a	Noncash contributions included in lines		18,392.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f		<b>•</b>	755_372			
					Business Code				
بو	2	а	TUITION		611710	9,981,646.	9,981,646,		
Ę			AUXILIARY SERVICES		611710	464.506,	464,506,		
Program Service Revenue			STUDENT ACTIVITIES		611710	121 443.	121,443.		
E a		d							
Pa		e	-						
g			All other program service reve	nue					
			Total, Add lines 2a-2f		. ▶	10.567.595.			
	3		Investment income (including	dividends, intere	est, and				
			other similar amounts)	_	<b>•</b>	237,680,			237,680.
	•		Income from investment of tax	k-exempt bond p	roceeds				
	5		Royalties .		▶ [				1.
			•	(ı) Real	(II) Personal				
	6	а	Gross rents	82,728.			ŀ		
		b	Less: rental expenses	22 328					
		С	Rental income or (loss)	60,400.					
		d	Net rental income or (loss)			60,400.			60,400.
	7	а	Gross amount from sales of	(i) Securities	(II) Other				1
			assets other than inventory	4,321,468.					
		b	Less: cost or other basis						
			and sales expenses	4,164,088					
		С	Gain or (loss)	157,380.					
			Net gain or (loss)		<b></b>	157,380,	157,380,		
ě	8	а	Gross income from fundraising	• .					
				<u>,601</u> of					
Other Reven			contributions reported on line	1c). See					
ē			Part IV, line 18	а					
₹			Less: direct expenses	. <b>b</b>					
	l		Net income or (loss) from fund	-	<b>•</b>	117,671.			117,671.
	9	а	Gross income from gaming ac						
				a					
	ļ.		Less: direct expenses	b					
	•		Net income or (loss) from gam	-					<del> </del>
	טו	а	Gross sales of inventory, less						
			and allowances	. a					
	ı		Less: cost of goods sold	. b					
		С	Net income or (loss) from sale		Business Code	- <del></del>	<del>-</del>	<del></del>	<del>                                     </del>
	_	_	Miscellaneous Revenu			10 567	10 567		
	17		CHARITABLE REMAINDER T		525920	19,567.	19,567.		
		b		<del></del>					<del> </del>
	[	۲ 0	All other revenue			<u> </u>			
		-	Total. Add lines 11a-11d	•	<b>&gt;</b>	19.567.			
	12	-	Total revenue. See instructions.	• • •		11_915_665.	10 744 542	0	415,751,
23200 12-10			TOTAL TOTOMES. OUT HIGH BUILDING.	<del></del>					Form <b>990</b> (2012)

Form 990 (2012) NORFOLK COLLEGIATE SCHOOL
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon	se to any question in this	s Part IX	(C)	(D)
	not include amounts reported on lines 6b, 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 United States. See Part IV, line 21	<u></u>			
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	1,145,407.	1,145,407.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	207,660.	187,272.	20 200	
	trustees, and key employees	207,000.	101,414.	20,388.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	5,069,158.	3,677,621.	1,263,322.	128,215
7 8	Other salaries and wages Pension plan accruals and contributions (include	3,003,130.	3,011,041.	1,403,344.	140,415
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	284,938.		284,938.	
10	Payroll taxes	422,161.	301,068.	109,057.	12,036
11	Fees for services (non-employees):	122/1020	301/0001		
 a	Management		ļ		
b	Legal				· · · · · · · · · · · · · · · · · · ·
c	Accounting	43,090.		43,090.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	31,114.		31,114.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
Ī	column (A) amount, list line 11g expenses on Sch O.)	733,876.	620,575.	113,191.	110
12	Advertising and promotion	121,636.		121,636.	
13	Office expenses				
14	Information technology .	78,319.	66,374.	11,945.	
15	Royalties .				
16	Occupancy	337,928.	326,839.	11,089.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	5 400			
19	Conferences, conventions, and meetings	6,100.	200 460	4,965.	1,135
20	Interest .	229,468.	229,468.		
21	Payments to affiliates	752 406	752 406		
22	Depreciation, depletion, and amortization	753,496.	753,496.		
23	Insurance	53,789.	53,789.		
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 0.)				
•	FACULTY SCHOLARSHIPS	610,256.		610,256.	
b	DINITIO GERMANA	556,990.	556,990.		
c	BAD DEBTS	526,403.	,	95,253.	431,150
d	ATHLETIC DEPARTMENT	393,750.	393,750.		
	All other expenses	1,200,174.	814,076.	330,729.	55,369
25	Total functional expenses. Add lines 1 through 24e	12,805,713.	9,126,725.	3,050,973.	628,015
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet Check if Schedule O contains a response to any question in this Part X Beginning of year End of year 710.739. 8,567. Cash · non-interest-bearing 1 1 734,901. 1,405,925. 2 Savings and temporary cash investments 3,841,277. 2,995,628. Pledges and grants receivable, net 3 3 1,369,154 1,558,409. 4 Accounts receivable, net 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 6 employees' beneficiary organizations (see instr). Complete Part II of Sch L Assets Notes and loans receivable, net 7 56,782. 84,782. 8 Inventories for sale or use 62,571. 45,705. 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 29,734,600. 10a basis. Complete Part VI of Schedule D 13,497,960. 9,408,619. 20,325,981. b Less accumulated depreciation 10b 10c 7,122,007. 5,198,671. 11 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 3,674,775. 594,336. 15 Other assets See Part IV, line 11 15 31,070,166. 32,218,004. 16 Total assets, Add lines 1 through 15 (must equal line 34) 16 822,486. 1,692,438. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 3,081,361 2,910,299. 19 19 Deferred revenue 5,318,553. 20 20 Tax-exempt bond liabilities Escrow or custodial account liability Complete Part IV of Schedule D 21 Liabilities Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 6,555,480. 3,618,852. 23 Secured mortgages and notes payable to unrelated third parties 23 24 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 189,828. 114,680. 25 Schedule D 11,519,107. 12,784,870. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here > X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 15,494,106. 27 15,906,973. Unrestricted net assets 27 726,900. 971,101. 28 28 Temporarily restricted net assets 3,085,852. 2,799,261. 29 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 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 19,551,059 19,433,134. 33 33 Total net assets or fund balances 31.070,166 32,218,004.

Form 990 (2012)

34

Total liabilities and net assets/fund balances

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

Form 990 (2012)

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(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

Name of the organization

Employer identification number

		NORFOLK	COLLEGIATE	SCHOO	L				5	<u>4-0806</u>	<u>413</u>	
Part I	Reason	for Public Char	ty Status (All organiza	ations mus	st complet	e this part	t.) See inst	ructions.				
The organ	nization is not a	private foundation l	pecause it is: (For lines 1	through 1	11, check o	only one b	ox.)					
1 🗀	A church, cor	nvention of churches	s, or association of churc	ches desc	nbed in se	ction 170	(b)(1)(A)(i)					
2 X	A school des	cribed in section 17	<b>0(b)(1)(A)(ii).</b> (Attach Scl	hedule E.)								
з 🔲	A hospital or	a cooperative hospit	tal service organization of	described	n section	170(b)(1)	(A)(iii).					
4	A medical res	search organization of	perated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital	's nam	ю,
	city, and state	θ.										
5 🔲	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	erated by	a governr	nental un	t describ	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6	A federal, sta	te, or local governm	ent or governmental unit	described	d in section	n 170(b)(	1)(A)(v).					
7 🗀	An organizati	on that normally rec	eives a substantial part o	of its supp	ort from a	governme	ental unit o	r from the	general	public desc	ribed i	n
	-	b)(1)(A)(vi). (Comple										
8 🗌	A community	trust described in s	ection 170(b)(1)(A)(vi). (	(Complete	Part II.)							
9 🗀	An organizati	on that normally rec	eives: (1) more than 33 1	1/3% of its	support fr	om contri	butions, m	iembershi	p fees, a	ınd gross red	ceipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	ıın exceptı	ons, and (2	2) no more	than 33 1	/3% of its	support	t from gross	ınvest	ment
	income and u	unrelated business to	axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon	after June 3	0, 197	<b>'</b> 5.
	See section	<b>509(a)(2).</b> (Complete	Part III.)									
10 🗔	An organizati	ion organized and or	perated exclusively to tes	st for publ	ıc safety. S	See <b>sect</b> io	on 509(a)(4	<b>)</b> ).				
11 🗔	An organ:zatı	on organized and or	perated exclusively for th	ne benefit (	of, to perfo	rm the fu	nctions of,	or to carr	y out the	purposes o	one e	07
	more publicly	supported organiza	itions described in section	on 509(a)( <sup>·</sup>	1) or sectio	n 509(a)(2	2). See <b>se</b> o	tion 509(	<b>a)(3).</b> Ch	eck the box	that	
	describes the	type of supporting	organization and comple	ete lines 1	1e through	11h.						
	a LType i		•	• •	nctionally i	•				n-functional		•
e		-	t the organization is not									n
		-	han one or more publicly						9(a)(1) or	section 509	ı(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	H				_
		rganization, check th										
g	•	· ·	organization accepted ar			-						
			irectly controls, either al	one or tog	ether with	persons o	described	ก (แ) and (	iii) below	1	Yes	No
	•	•	upported organization?					-		11g(i)	<del> </del>	<u> </u>
	• • • • •	•	n described in (i) above?							11g(ii)	1	
	• •	•	person described in (i) o				•		•	11g(iii)		<u>.                                    </u>
h	Provide the f	ollowing information	about the supported org	ganization	(S).							
				(iv) lo the c	rannization	(v) Did vo	u notification	(vi) ls	the	Ī <b>.</b>		
	e of supported	(ii) EIN			organization sted in your		tion in col.	lorganizáti	on in col.	(vii) Amouni		netary
Or	ganization		above or IRC section		document?		r support?	(i) organiz U.S	.?	Sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No	1		
					1				1			
										_		
					1				<del>  -</del>			
Total												

232021

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

LHA For Paperwork Reduction Act Notice, see the Instructions for

Pa	art II Support Schedule for	Organizations	Described in	Sections 170	(b)(1)(A)(iv) an	d 170	(b)(1)(A)(\	/i)
	(Complete only if you checked	the box on line 5	, 7, or 8 of Part I o	or if the organization	on failed to qualify	under P	art III. If the	organization
	fails to qualify under the tests	listed below, plea	se complete Part	III )				
Sec	ction A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e	2012	(f) Total
	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-							
_	ization's benefit and either paid to							
	or expended on its behalf				i			
3		-						
3	furnished by a governmental unit to							
	the organization without charge							
4		-	·-					
5	The portion of total contributions					<u> </u>		
3	· ·				1	1		
	by each person (other than a governmental unit or publicly	1						
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)							
_						1		
	Public support. Subtract line 5 from line 4 ction B. Total Support	J	l.,	L		1		L
			# > 0000	4.20010	( 0.0011			(O Tabel
	endar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e	2012	(f) Total
	Amounts from line 4					+		
8	•							
	dividends, payments received on							
	securities loans, rents, royalties							
_	and income from similar sources				-	+		
9								
	activities, whether or not the							
	business is regularly carned on			<del> </del>	4	<del> </del>		
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part IV.)	· · · · · · · · · · · · · · · · · · ·				1		
11	Total support. Add lines 7 through 10	L	L	<u> </u>				
12	•					12		
13	•		s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(d	c)(3)	. —
~	organization, check this box and stor			·				<u> </u>
Se	ction C. Computation of Publ					<del> </del>		
14	., .			column (f))		14		%
15	,, ,					15		%
16	a 33 1/3% support test - 2012. If the o				e 14 is 33 1/3% or i	more, cl	neck this be	ox and
	stop here. The organization qualifies						•	
1	<b>b 33 1/3% support test - 2011.</b> If the o				d line 15 is 33 1/39	% or mo	re, check t	his box
	and stop here. The organization qual							▶∟
17:	a 10% -facts-and-circumstances tes							
	and if the organization meets the "fac					art IV ho	w the organ	nization
	meets the "facts-and-circumstances"							. ▶∟
l	b 10% -facts-and-circumstances tes							
	more, and if the organization meets to							ө
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a pub	licly supported org	anızatıc	n	. ▶∐

Schedule A (Form 990 or 990-EZ) 2012

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not					ľ	
ınclude any "unusual grants.")					<u> </u>	
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ızatıon'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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and				†		<u> </u>
3 received from disqualified persons					1	
b Amounts included on lines 2 and 3 received			<u> </u>	<u> </u>		
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)	-,					
Section B. Total Support		<u> </u>	•			
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6		12/2				.,
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income	·				1	
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business			-	+		
activities not included in line 10b,						
whether or not the business is		1				
regularly carried on  12 Other income. Do not include gain		<del>                                     </del>		†	<del> </del>	
or loss from the sale of capital						
assets (Explain in Part IV.)				1		<del> </del>
<ul><li>13 Total support. (Add lines 9, 10c, 11, and 12)</li><li>14 First five years. If the Form 990 is form</li></ul>	the organization	e firet soossal +b-	rd fourth or fifth	lay year as a soct	on 501(a)(3) argani	zation
· .	r the organization	s first, second, trii	ra, rourth, or mun	lax year as a sect	on sor(c)(s) organi.	zation,
Section C. Computation of Publ	ic Support Pe	rcentage	. · ·			
15 Public support percentage for 2012 (			column (fl)		15	
			Column (i))			%
16 Public support percentage from 2011 Section D. Computation of Inve	stment Incom	e Percentage	·		16	
					17	%
17 Investment income percentage for 20			118 13, COIGHRI (I))			%
18 Investment income percentage from			on line 14 and lin	o 15 io mara th	18	
19a 33 1/3% support tests - 2012. If the						IT IS HOL ▶
more than 33 1/3%, check this box a						and .
b 33 1/3% support tests - 2011. If the						
line 18 is not more than 33 1/3%, che						
20 Private foundation If the organization	nn dig not check a	i nox on line 14. 19	a. or 196. check 1	ınıs dox and see ii	nstructionS	<b>₽</b>

## **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

Name of the organization

**Employer identification number** 

NORFOLK COLLEGIATE SCHOOL 54-0806413 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 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. 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 Total number of conservation easements Total acreage restricted by conservation easements 2b 2¢ Number of conservation easements on a certified historic structure included in (a) 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 tax year 🕨 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 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 > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes 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 Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

		COLLEGIATE					0806 <b>41</b> 3 Page <b>2</b>
Par	t III Organizations Maintaining C	<u>ollections of Art,</u>	Historical Tre	easures, c	or Other	Similar As	sets(continued)
3	Using the organization's acquisition, accession	on, and other records,	check any of the f	following tha	t are a sıgı	nificant use of	its collection items
	(check all that apply):	,					
а	Public exhibition	d	Loan or exch	nange progra	ams		
b	Scholarly research	e	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	llections and explain h	ow they further th	ne organizati	on's exem <sub>l</sub>	pt purpose in	Part XIII.
5	During the year, did the organization solicit or	receive donations of a	art, historical treas	sures, or oth	er sımılar a	ssets	
	to be sold to raise funds rather than to be ma						Yes No
Par	t IV Escrow and Custodial Arrang		if the organization	n answered '	'Yes" to Fo	orm 990, Part	IV, line 9, or
	reported an amount on Form 990, Par	t X, line 21.					
1a	Is the organization an agent, trustee, custodia	an or other intermediar	y for contribution	s or other as	sets not in	cluded	
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follow	wing table:			1	
							Amount
C	Beginning balance					1c	
d	Additions during the year					1d	
е	Distributions during the year					1e	
f	Ending balance					1f	
2a	Did the organization include an amount on Fo	orm 990, Part X, line 21	?				Yes No
b_	If "Yes," explain the arrangement in Part XIII.						
Par	t V   Endowment Funds. Complete if	the organization answ	rered "Yes" to For	m 990, Part			
		(a) Current year	(b) Prior year	(c) Two year	rs back (d	I) Three years b	ack (e) Four years back
1a	Beginning of year balance	3,653,261.	3,525,477.	3,10	2,377.	2,845,6	2,644,099.
່ນ	Contributions	21,791	58,463.		4,996,	61,5	05. <u>356,560.</u>
С	Net investment earnings, gains, and losses	161,893.	69,321.	418	8,104.	195,2	42. <155,029.>
d	Grants or scholarships						
е	Other expenditures for facilities						
	and programs	317,487.					
f	Administrative expenses .						
g	End of year balance	3,519,458,	3,653,261.	3,52	5,477,	3,102,3	77. 2.845.630.
2	Provide the estimated percentage of the curr	ent year end balance (	line 1g, column (a	i)) held as:			
а	Board designated or quasi-endowment	9	%				
b	Permanent endowment ► 79.54	%					
C	Temporarily restricted endowment ▶ 2						
	The percentages in lines 2a, 2b, and 2c should						
3а	Are there endowment funds not in the posse	ssion of the organization	on that are held a	nd administe	red for the	organization	
	by:						Yes No
	(i) unrelated organizations						3a(i) X
	(ii) related organizations						3a(ii) X
b	If "Yes" to 3a(II), are the related organizations					• •	3b
4	Describe in Part XIII the intended uses of the						
Pa	rt VI Land, Buildings, and Equipm						
	Description of property	(a) Cost or othe basis (investme	' '	or other (other)	` '	cumulated eciation	(d) Book value
1a	Land		2,93	5,042.			2,935,042.
	Buildings			3,616.	6,7	76,636.	17,166,980.
c	Leasehold improvements						
d	Equipment						
	Other		2,85	5,942.	2,6	31,983.	223,959.
Tota	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X,	column (B), line 1	0(c))			20,325,981.

Schedule D (Form 990) 2012

232053 12-10-12

Sche	dule D (Form 990) 2012 NORFOLK COLLEGIATE SCHOOL	54-	0806413 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	<b>letur</b> r	1 .
1	Total revenue, gains, and other support per audited financial statements	1_1_	11,302,005.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a 338,130	.	
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.) 2d 193,617.	<u>.</u>	
е	Add lines 2a through 2d	2e_	531,747.
3	Subtract line 2e from line 1	3	10,770,258.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	┧ '	
b	Other (Describe in Part XIII ) 4b 1,145,407	<u>.</u>	
С	Add lines 4a and 4b	4c	1,145,407.
5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	_5_	11,915,665.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	
1	Total expenses and losses per audited financial statements	1	11,787,425.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
а	Donated services and use of facilities	4	
b	Prior year adjustments 2b	_	
С	Other losses	4	
d	Other (Describe in Part XIII.)	4	
е	Add lines 2a through 2d .	2e	127,119.
3	Subtract line 2e from line 1	3	11,660,306.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	investment expenses not included on Form 990, Part VIII, line 7b	4	
b	Other (Describe in Part XIII ) 4b 1,145,407	<u>.</u>	
C		4c	1,145,407.
5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,805,713.
	rt XIII Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines		2b; Part V, line 4; Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informa		
PAI	RT V, LINE 4: ENDOWMENTS ARE MAINTAINED FOR VARIOUS REASON	1 <u>S</u> S	UCH AS
STI	UDENT SCHOLARSHIPS, FINANCIAL ASSISTANCE, AND FACULTY SALA	ARIE	S. THE
SCI	HOOL'S ENDOWMENT CONSISTS OF APPROXIMATELY 12 INDIVIDUAL I	<u>rund</u>	S
ES'	TABLISHED FOR A VARIETY OF PURPOSES. THE ENDOWMENT INCLUI	DES	
DOI	NOR-RESTRICTED ENDOWMENT FUNDS. NET ASSETS ASSOCIATED WIT	CH E	NDOWMENT
FU	NDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR	ABS	ENCE OF
DOI	NOR-IMPOSED RESTRICTIONS.		

Schedule D (Form 990) 2012

t.

FINANCIAL AID	1,145,407.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
TOTAL TO SCHEDULE D, PART XI, LINE 2D	193,617.
RENTAL EXPENSES	22,328.
CHANGE IN INTEREST IN NET ASSETS OF RECIPIENT ORGANIZATION	9,253.
GAIN ON DERIVATIVE INSTRUMENTS	57,245.
FUNDRAISING EXPENSES	104,791.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
2010 IS GENERALLY NOT SUBJECT TO EXAMINATION BY THE IRS.	
EXEMPT FROM INCOME TAX (FORM 990) FOR THE YEARS ENDED PRIOR TO	JUNE 30,
ADMINISTRATIVE EXPENSES. THE SCHOOL'S FEDERAL RETURN OF ORGANI	ZATION
RESULT OF UNCERTAIN TAX POSITIONS WOULD BE RECORDED IN GENERAL	AND
FINANCIAL STATEMENTS; HOWEVER, ANY PENALTIES AND INTEREST INCU	RRED AS A
HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE CONS	OLIDATED
HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SU	CH, DOES NOT
OBLIGATION FOR ANY UNRELATED BUSINESS INCOME TAX. THE SCHOOL	BELIEVES IT
OR PERFORMANCE OF ITS EXEMPT PURPOSE. CURRENTLY, THE SCHOOL H	AS NO
ANY TRADE OR BUSINESS WHICH IS NOT SUBSTANTIALLY RELATED TO TH	E EXERCISE
513(A) DEFINES AN UNRELATED TRADE OR BUSINESS OF AN EXEMPT ORG	ANIZATION AS
DERVIED FROM UNRELATED BUSINESS ACTIVITIES. INTERNAL REVENUE C	ODE SECTION
SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET	INCOME

232055

RENTAL EXPENSES

**FUNDRAISING EXPENSES** 

104,791.

22,328.

Schedule D (Form 990) 2012 NORFOLK COLLEGIATE SCHOOL  Part XIII Supplemental Information (continued)	54-0806413 Page 5
Part XIII   Supplemental Information (continued)	
TOTAL TO SCHEDULE D, PART XII, LINE 2D	127,119.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
	1 145 405
FINANCIAL AID	1,145,407.

#### **SCHEDULE E**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

► 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.

**Schools** 

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

NORFOLK COLLEGIATE SCHOOL

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

Employer identification number 54-0806413

Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? X 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? X 2 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. X 3 If you need more space, use Part II NEWSPAPER ADVERTISEMENT Does the organization maintain the following? Records indicating the racial composition of the student body, faculty, and administrative staff? 4a X Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? 4b 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? 4d If you answered "No" to any of the above, please explain. If you need more space, use Part II Does the organization discriminate by race in any way with respect to: Students' rights or privileges? 5a Admissions policies? 5b Employment of faculty or administrative staff? 5с d Scholarships or other financial assistance? 5d e Educational policies? 5e f Use of facilities? 5f g Athletic programs? <u>5g</u> h Other extracurricular activities? 5h If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 6a Does the organization receive any financial aid or assistance from a governmental agency? 6a b Has the organization's right to such aid ever been revoked or suspended? 6b if you answered "Yes" to either line 6a or line 6b, explain on Part II. 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

Schedule E (Form 990 or 990-EZ) (2012)

cnedule E	E (Form 990 or 990-EZ) (2012) NORFOLK COLLEGIATE SCHOOL  Supplemental Information. Complete this part to provide the explanations required	54-0806413 Page 2
ran II	<b>Supplemental Information.</b> Complete this part to provide the explanations required as applicable. Also complete this part to provide any other additional information	by Part I, lines 3, 4d, 5h, 6b, and 7,
•		
<del></del>		
		<del></del>
		<del></del>
		<del></del>
<del></del> .		

#### **SCHEDULE G**

(Form 990 or 990-EZ)

# **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.

OMB No 1545-0047

Open To Public Inspection

Internal Revenue Service

Department of the Treasury

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Name of the organization Employer identification number NORFOLK COLLEGIATE SCHOOL 54-0806413 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants h Phone solicitations Special fundraising events C d In-person solicitations 2 a 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? Yes b 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 fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col (i) Ye<u>s</u> No List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2012

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990 EZ) 2012 NORFOLK COLLEGIATE SCHOOL 54-0806413 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through FALL FAIR AUCTION col. (c)) (event type) (total number) (event type) 291,063. 45,062. 136,689 109,312 1 Gross receipts 42,400 68,601. 15,401 10,800. 2 Less Contributions 93,911. 34,262. 94,289 222,462. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 16,116. 20,008. 68,667 104,791. Other direct expenses 104,791 10 Direct expense summary. Add lines 4 through 9 in column (d) 117,671 14 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: Yes a is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes

Schedule G (Form 990 or 990-EZ) 2012

b If "Yes," explain:

232082 01-07-13

Sch	edule G (Form 990 or 990-EZ) 2012 NORFOLK COLLEGIATE SCHOOL	<u>54-0806</u>	<u>413</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	☐ 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?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in.			
ā	a The organization's facility	13a		%
k	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds:		
	Name			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ı	b If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	ount		
	of gaming revenue retained by the third party > \$			
	If "Yes," enter name and address of the third party:			
	Name			
	Address >	· · · · · · · · · · · · · · · · · · ·		
16	Gaming manager information:			
	Name 🛌			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	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?		Yes	☐ No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or speni			
	organization's own exempt activities during the tax year > \$	• • • • • • • • • • • • • • • • • • • •		
P	art IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, col	lumns (iii) and (v	/), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional in			
_				
_				
_				
_				
_				
_		<u> </u>		
_				<del>-</del>

SCHEDULE

OMB No 1545-0047

(Form 990)			Government	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	e to Organizations in the United Stat	i, les		2012
Department of the Treasury Internal Revenue Service		Compl	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  ▶ Attach to Form 990.	in answered "Yes" to Fo  ➤ Attach to Form 990.	' to Form \$90, Par m 990.	t IV, line 21 or 22.		Open to Public Inspection
Name of the organization	NORFOLK	COLLEGIATE	SCHOOL				3	Employer identification number 54-0806413
Part I General In	General Information on Grants and Assistance	nd Assistance						
1 Does the organiz	Does the organization maintain records to substantiate the amount of the	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or ass	ne grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	:
criteria used to a	criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	tance? cedures for monit	oring the use of grant	funds in the United	d States.			X Yes
art II	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Sovernments and	1 Organizations in the	e United States. C	complete if the orga	anization answered "\	(es" to Form 990, Part IN	V, line 21, for any
recipient th	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	5,000. Part II can	be duplicated if addit	ional space is need	Jed.			
1 (a) Name and ad or gov	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
		=						
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	nd government or	ganizations listed in the	ne line 1 table		5		<b>A A</b>
٦,	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	ions for Form 990.					Schedule I (Form 990) (2012)

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(f) Description of non-cash assistance Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) PART I, LINE 2: THE SCHOOL HAS A FINANCIAL AID POLICY THAT IS (d) Amou.nt of non-cash assistance Ö 1,145,407, (c) Amount of cash grant 40 216 (b) Number of recipients USED TO MONITOR THE USE OF FINANCIAL AID. (a) Type of grant or assistance NEED BASED FINANCIAL AID FOR TUITION SCHEDULE I,

Schedule I (Form 990) (2012)

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Page 2

54-0806413

(Form 990) (2012) NORFOLK COLLEGIATE SCHOOL

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

Schedule I (Form 990) (2012)

Part III

## 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. **ZU IZ** 

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

NORFOLK COLLEGIATE SCHOOL

Employer identification number 54-0806413

Pa	rt I Questions Regarding Compensation				
				Yes	No
ta	Check the appropriate box(es) if the organization provide	d any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide ai	ny relevant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organi	zation follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses describ		1b		
2		ursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the i	tems checked in line 1a?	2		
	,				
3	Indicate which, if any, of the following the filing organizati	on used to establish the compensation of the organization's			
		ck any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, b	· · · · · · · · · · · · · · · · · · ·			
	X Compensation committee	X Written employment contract			
	Independent compensation consultant	X Compensation survey or study			
	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 V	/II, Section A, line 1a, with respect to the filing			
	organization or a related organization:				
а	Receive a severance payment or change-of-control paym	ent?	4a		Х
b	Participate in, or receive payment from, a supplemental n	nonqualified retirement plan?	4b		Х
C	Participate in, or receive payment from, an equity-based	compensation arrangement?	4c		Х
	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 mus	st complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a	a, did the organization pay or accrue any compensation			
	contingent on the revenues of:				
а	The organization?		5a		X
b	Any related organization?		5b		X
	If "Yes" to line 5a or 5b, describe in Part III.				
6	For persons listed in Form 990, Part VII, Section A, line 1:	a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:				
а	The organization?		6a		X
b	Any related organization?		6b_		X
	if "Yes" to line 6a or 6b, describe in Part III.				
7	For persons listed in Form 990, Part VII, Section A, line 1	a, did the organization provide any non-fixed payments			1
	not described in lines 5 and 6? If "Yes," describe in Part	<b>Ⅲ</b>	7		X
8	Were any amounts reported in Form 990, Part VII, paid o	r accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations sectio	n 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebu	uttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	· · · · · · · · · · · · · · · · · · ·	. 9		

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

Schedule J (Form 990) 2012

54-0806413

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

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 VIII.

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	(Q)-(i)(B)	reported as deferred in prior Form 990
(1) SCOTT G KENNEDY	€	185,453.	0	0.	0	2,786.	188,239.	0
	(E)		0	0.	0	.0		0.
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939119							Schedu	Schedule J (Form 990) 2012

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Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. See separate instructions. Supplemental Information on Tax-Exempt Bonds NORFOLK COLLEGIATE SCHOOL ► Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULEK (Form 990) Part I

OMB No 1545-0047 2012 Open to Public Inspection

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(g) Defeased (h) On behalf (i) Pooled financing Yes No × × Employer identification number 54-0806413 Yes No of issuer × × Yes No × × (f) Description of purpose BUILDINGS AND BUILDINGS AND .STRUCTURES 1,330,250.STRUCTURES 3,990,750 (e) Issue price 06/27/12 06/27/12 (d) Date issued (c) CUSIP# NONE NONE 54-6001465 54-6001465 (b) Issuer EIN A AUTHORITY 2012A NORFOLK AIRPORT NORFOLK AIRPORT B AUTHORITY 2012B (a) Issuer name Bond Issues Proceeds Part II

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	٧		1	8	၁		۵	
1 Amount of bonds retired		1,835.		612.				
2 Amount of bonds legally defeased								
3 Total proceeds of issue	3,99	3,990,750.	1,3	1,330,250.				
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		52,313.		52,312.				
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	3,93	938,437.	1,2	,277,938.				
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion								
	Yes	cN	Yes	No	Yes	No	Yes	N <sub>o</sub>
14 Were the bonds issued as part of a current refunding issue?		X		×				
15 Were the bonds issued as part of an advance refunding issue?		×		×				
16 Has the final allocation of proceeds been made?	X		X					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		×					
Part III Private Business Use								
1 Was the organization a partner in a partnership, or a member of an LLC,	<b>▼</b>		_	80	O		O	

232121 12-17-12 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. bond-financed property?

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

which owned property financed by tax-exempt bonds?

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×

Schedule K (Form 990) 2012

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Yes

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Yes

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Yes

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Yes

Schedule K (Form 990) 2012 NORFOLK COLLEGIATE SCHOOL			54-(	54-0806413				Page 2
Part III Private Business Use (Continued)	į							
7 - 4	4		B S		3	<u>د</u> ا	۵ ×۶۷	2
Sa Are triefe any management of service contracts that may result in private business use of bond-financed property?	S	×	163	×	201	2	3	
b if "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
c Are there any research agreements that may result in private business use of bond-financed property?		×		×				
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside								
		-						
4 Enter the percentage of financed property used in a private business use by		-						ì
		%		%		%		%
5 Enter the percentage of illuanced property used in a private business use as a result of								
unrelated trade or business activity carried on by your organization, another		i		;				;
section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%	•	%
7 Does the bond issue meet the private security or payment test?		×		×				
Sa Has there been a sale or disposition of any of the bond-financed property to a non-							-	
governmental person other than a 501(c)(3) organization since the bonds were issued?		×		×				
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed								
of		%		%	,	%	-	%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1,141-12 and 1,145-2?					·			
9 Has the organization established written procedures to ensure that all nonqualified								
bonds of the issue are remediated in accordance with the requirements under					·			
Regulations sections 1.141-12 and 1.145-2?		X		×				
Part IV Arbitrage								
	ď		8	_		ပ	۵	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		×		×				
2 if "No" to line 1, did the following apply?								
a Rebate not due yet?		X		×				
b Exception to rebate?		×		×				
c No rebate due?		×		×				
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate								
computation was performed								
3 Is the bond issue a variable rate issue?	×		×					
4a Has the organization or the governmental issuer entered into a qualified			-					
hedge with respect to the bond issue?		X		×				
b Name of provider								
c Term of hedge							}	
d Was the hedge superintegrated?								
e Was the hedge terminated?		;						

Schedule K (Form 990) 2012

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

NORFOLK COLLEGIATE SCHOOL	54-0806413
FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE:	
SCHOOL	····
FORM 990, PART VI, SECTION A, LINE 6: THE SCHOOL HAD BOAR	D MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A: THERE IS A COMMITT	EE OF TRUSTEES
THAT OVERSEES BOARD MEMBERSHIP. THE NEEDS OF THE BOARD/S	CHOOL ARE ALWAYS
REVIEWED FOR ITEMS SUCH AS GEOGRAPHIC/WORK/GENDER/DIVERSI	TY. THIS COMMITTEE
SOLICITS MEMBERS FROM WITHIN THE COMMUNITY (OTHER BOARD,	STAFF). THE
COMMITTEE REVIEWS THEIR ATTRIBUTES AS BEING A PART OF THE	BOARD. THEY ARE
ALSO INTERVIEWED BY THE BOARD CHAIR AND COMMITTEE ON TRUS	TEE CHAIR PRIOR TO
BEING PRESENTED TO BOARD FOR VOTING APPROVAL.	
FORM 990, PART VI, SECTION A, LINE 7B: THE BOARD NORMALLY	WORKS THROUGH A
COMMITTEE STRUCTURE WHICH INCLUDES ADVANCEMENT, BUILDING	& GROUNDS,
FINANCE, STUDENT LIFE, AND GOVERNANCE. INITIALLY MOST IT	EMS ARE DISCUSSED
AND BROUGHT TO THE COMMITTEE LEVEL FOR BACKGROUND, RESEAR	CH, AND REVIEW.
AREAS THAT REQUIRE APPROVAL ARE VOTED ON BY COMMITTEE, TA	KEN TO THE
EXECUTIVE COMMITTEE FOR DISCUSSION/VOTE, AND THEN TAKEN T	O THE FULL BOARD
FOR DISCUSSION/VOTE.	
FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWE	D BY THE AUDIT
COMMITTEE PRIOR TO ITS FILING. IT IS ALSO AVAILABLE TO T	HE BOARD PRIOR TO
FILING WITH THE IRS.	

FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, BOARD MEMBERS ARE

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

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization

NORFOLK COLLEGIATE SCHOOL

REQUIRED TO SUBMIT CONFLICT OF INTEREST

Employer identification number 54-0806413

REQUIRED TO SUBMIT CONFLICT OF INTEREST STATEMENTS (REFLECTING NONE OR STATED CONFLICTS) TO THE GOVERNANCE COMMITTEE CHAIR.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR ADMINISTRATIVE

POSITIONS IS BENCHMARKED USING SEVEN CRITERIA FIELDS OF SALARY BY POSITION

FROM NATIONAL ASSOCIATION OF INDEPENDENT SCHOOL AND VIRGINIA ASSOCIATION OF

INDEPENDENT SCHOOLS. FOR ADMINISTRATIVE POSITIONS, THE MEDIAN OF THAT DATA

IS USED AS A BENCHMARK FOR SALARY DETERMINATION WITHIN THE BUDGET

GUIDELINES AND OVERALL STAFF AND FACULTY COST OF LIVING GUIDELINES FOR EACH

FISCAL YEAR.

HEADMASTER COMPENSATION ALSO USED THE BENCHMARKING CRITERIA AND IS REVIEWED AND SET BY A COMPENSATION COMMITTEE OF BOARD MEMBERS.

FORM 990, PART VI, SECTION C, LINE 19: NORFOLK COLLEGIATE SCHOOL PROVIDES

AND REVIEWS GOVERNING DOCUMENTS AND ITS CONFLICT OF INTEREST POLICY WITH

THE BOARD OF TRUSTEES MEMBERS ANNUALLY. THE ANNUAL FINANCIAL STATEMETHS

ARE PRESENTED TO THE BOARD OF TRUSTEES AUDIT COMMITTEE, WHO SUBSEQUENTLY

PRESENTS THE FINANCIALS TO THE FINANCE COMMITTEE AND THE EXECUTIVE BOARD OF

THE TRUSTEES. THE ANNUAL FINANCIAL STATEMENTS ARE ALSO AVAILABLE FOR

REVIEW BY ALL MEMBERS OF THE BOARD OF TRUSTEES UPON PRESENTATION TO THE

AFOREMENTIONED COMMITTEES. ALL OF THESE DOCUMENTS ARE AVAILABLE TO THE

PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

GAIN ON DERIVATIVE INSTRUMENTS

57,245.

CHANGE IN INTEREST IN NET ASSETS OF RECIPIENT ORGANIZATION

9,253.

TOTAL TO FORM 990, PART XI, LINE 9

<u>66,498.</u>

01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization NORFOLK COLLEGIATE SCHOOL	Employer identification number 54-0806413
FORM 990, PART XII, LINE 2C: THE ORGANIZATION HAS A	COMMITTEE THAT
ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT.	THE ORGANIZATION
HAS NOT CHANGED ITS OVERSIGHT PROCESS OR SELECTION F	ROCESS DURING THE
YEAR.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

2012 Open to Public Inspection

OMB No 1545-0047

Employer identification númber 54-0806413

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990. NORFOLK COLLEGIATE SCHOOL Name of the organization

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

Part I

(g) Section 512(b)(13)	(f)	(e)	(b)	(c)	(q)	(e)
npt	nore related tax-exen	use it had one or i	art IV, line 34 becau	nswered "Yes" to Form 990, F	tions (Complete if the organization a	Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)
Direct controlling entity		End-of-year assets	Total income	Legal domicile (state or foreign country)	Primary activity	Name, address, and EIN (if applicable) of disregarded entity
<b>(</b> )		(e)	<u>(</u>	(0)	(p)	(a)

(g) tron 512(b)(13) controlled entity?	No	×		
Section 512(b)(13) controlled entity?	Yes			
(f) Direct controlling entity		N/A		
(e) Public chanty status (if section	501(c)(3))	509(A)		
(d) Exempt Code section		501(C)(3)		
(c) Legal domicile (state or foreign country)	•	VIRGINIA		
(b) Primary activity		PROVIDE GRANTS TO NORFOLK COLLEGIATE SCHOOL FOR NEED-BASED FINANCIAL AID,		
(a) Name, address, and EIN of related organization		NORFOLK COLLEGIATE EDUCATIONAL FOUNDATION, INC 54-1893594, 7336 GRANBY STREET, NORFOLK, VA 23505		

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

Schedule R (Form 990) 2012

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54-0806413

Page 2

Schedule R (Form 990) 2012 NORFOLK COLLEGIATE SCHOOL

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

,000

Legal Direct controlling domicile (state or
foreign country)

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

organizations treated as a corporation of these during the tax year /	נוווו אווים נמיץ אמון /							
(a)	(q)	(c)	(p)	(e)			E	()
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage 512(b)(13) ownership controlled entity?	512(b)(13) controlled entity?
		country)		or trust)		- 1		Yes No
								-
	•							
	<b>.</b>							
								-
								-
	·						-	_

Schedule R (Form 990) 2012

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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

The state of the s					-	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	2
1 During the tax year, did the organization engage in any of the following transaction	s with one or more re	transactions with one or more related organizations listed in Parts II-IV?	I in Parts II-1V?		+	;
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				<u>1</u> 9	+	×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				<b>1</b>		×
c Gift. grant, or capital contribution from related organization(s)				5	×	
				;	-	>
		-		멸,	-	4 >
<ul> <li>Loans or loan guarantees by related organization(s)</li> </ul>				9	$\dagger$	4
						}
f Dividends from related organization(s)				<b>*</b>	-	×
a Sale of assets to related organization(s)				19		×
				ŧ		×
יייייייייייייייייייייייייייייייייייייי				;	-	>
i Exchange of assets with related organization(s)		-		= :	+	4 :
<ul> <li>j Lease of facilities, equipment, or other assets to related organization(s)</li> </ul>				-	$\dashv$	×
						:
k Lease of facilities, equipment, or other assets from related organization(s)				¥	+	×
l Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			Ē		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoi			무	×	
				├-	×	1
				╁	4	
a Deimhi isamant naid to related argenization(a) for accordan						×
ם הפוווטטואפון אינו (פומופת סומשוולאן הפומופת סומשוולאן ומו פאלאפון אפי				<u>a</u>	t	4
<ul> <li>A Reimbursement paid by related organization(s) for expenses</li> </ul>				19	$\dashv$	×
<ul> <li>Other transfer of cash or property to related organization(s)</li> </ul>				<b>+</b>		×
s. Other transfer of cash or property from related organization(s)				1s		×
2 If the answer to any of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line. including covered	relationships and transaction thresholds.			
1		200				
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) NORFOLK COLLEGIATE EDUCATIONAL FOUNDATION	D	98,000.CASH	САЅН			
(2)						
(3)						
(4)					İ	
(5)						
(9)						
232163 12-10-12	52		Schedule R (Form 990) 2012	(Form 9	390) 24	012

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Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(k) centage nership					Schedule R (Form 990) 2012
Perc		 			 n 990
(j) General or managing partner? Yes NO				 <del></del>	 (For
- 7. - 1. - 1. - 1. - 1. - 1.		 		 	ule R
Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065) Yes No					Sched
Disprapor- tonate allocations?					
V all prist			 	 	
(g) Share of end-of-year assets	,				
(f) Share of total					
(e) Are all partners sec 501(c)(3) 0005 4) Yes No					
(d) Predominant income (related, unrelated, excluded from tax under section 512-514) y					
(c) gal domicile ate or foreign country)					
(b) Primary activity					
(a) (b) Name, address, and EIN Primary activity Le					

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1 - 1 %