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DLN: 93493049005024

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012 , 2012, and ending 06-30-2013 D Employer identification number B Check if applicable SPARTANBURG DAY SCHOOL Address change 57-0371816 Doing Business As Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite E Telephone number 1701 SKYLYN DRIVE Terminated (864) 582-7539 City or town, state or country, and ZIP + 4 SPARTANBURG, SC 29307 \_\_\_\_\_Amended return Application pending **G** Gross receipts \$ 14,322,428 Name and address of principal officer Is this a group return for PALMER D BALL ┌ Yes 🗸 No affiliates? 1701 SKYLYN DRIVE SPARTANBURG, SC 29307 **H(b)** Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions) Tax-exempt status **H(c)** Group exemption number ▶ Website: ► WWW SPARTANBURGDAYSCHOOL ORG **L** Year of formation 1957 **M** State of legal domicile SC Part I Summary Briefly describe the organization's mission or most significant activities SDS IS A COLLEGE PREPARATORY, CO-EDUCATIONAL DAY SCHOOL FOR STUDENTS IN GRADES 4-K THROUGH 12 Activities & Governance 2 Check this box 🛏 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . 19 Number of independent voting members of the governing body (Part VI, line 1b) 4 19 176 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 6 473 Total number of volunteers (estimate if necessary) . . . 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a  $\boldsymbol{b}$  Net unrelated business taxable income from Form 990-T, line 34  $\,$ 7b 0 **Prior Year Current Year** 3,740,537 Contributions and grants (Part VIII, line 1h) . . 3,292,467 5,880,575 6,025,416 Program service revenue (Part VIII, line 2g) . . 141,773 -64,644 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 419,704 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 401,311 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 9,716,126 10,121,013 13 947,579 981,673 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . Salaries, other compensation, employee benefits (Part IX, column (A), lines **15 Expenses** 5,181,096 5,219,089 16a Professional fundraising fees (Part IX, column (A), line 11e) . 0 b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright 232,550$ **17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e). 3,180,349 2,740,676 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 9,309,024 8,941,438 18 1,179,575 19 Revenue less expenses Subtract line 18 from line 12 407,102 t Assets or id Balances **Beginning of Current End of Year** 38,631,639 20 Total assets (Part X, line 16) . 37,010,897 6,654,356 21 Total liabilities (Part X, line 26) . . 6,513,997 22 Net assets or fund balances Subtract line 21 from line 20 30,496,900 31,977,283 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2014-02-12 Signature of office Sign Here PALMER D BALL BUSINESS MANAGER Type or print name and title Print/Type preparer's name HOMER E MCABEE JR Preparer's signature Check P00965340 self-employed Paid Firm's name MCABEE SCHWARTZ HALLIDAY & CO Firm's EIN F 57-0925346 Preparer

Firm's address > 824 EAST MAIN STREET

SPARTANBURG, SC 29302 May the IRS discuss this return with the preparer shown above? (see instructions)

Use Only

Phone no (864) 583-0886

✓ Yes ☐ No

Par			rvice Accomplishment response to any question in the			
1	Briefly descr	ibe the organization's miss	sion			
STUI STUI INST	DENTS IN AN DENTS IN THE TILL AN ETHIC	ENVIRONMENT THAT CI FIR QUEST FOR SELF-UN COF SERVICE SPARTAN	HOOL IS TO SHAPE THE IN HALLENGES, YET SUPPORT: DERSTANDING, TO FOSTER IBURG DAY SCHOOL IS ACC IS WWW SPARTANBURGDAY	S AND NURTURES R AN AWARENESS CREDITED BY THE	YOUNG PEOPLE WE OF HUMAN WORTH A	STRIVE TO GUIDE ND DIGNITY, AND
2	the prior Form	1990 or 990-EZ?	ıfıcant program services durii			┌ Yes ┌ No
	•	ribe these new services o				
3	services? .		or make significant changes i			┌ Yes ┌ No
	If "Yes," desc	ribe these changes on Scl	nedule O			
4	expenses Se	ction 501(c)(3) and 501(d	rvice accomplishments for ea c)(4) organizations are require for each program service rep	ed to report the amo		
4a	(Code PURPOSE IS ED SCHOOL	) (Expenses \$ DUCATION OF STUDENTS FROM	6,679,023 including gra	·	981,673 ) (Revenue \$ GCHOOL IT IS A COLLEGE PI	6,380,476 ) REPARATORY INDEPENDENT
4b	(Code	) (Expenses \$	ıncludıng gra	nts of \$	) (Revenue \$	)
<b>4</b> c	(Code	) (Expenses \$	ıncludıng gra	nts of \$	) (Revenue \$	)
	Otherpre	am convices (Describe := 0	ichadula O )			
4d	(Expenses \$	am services (Describe in S	including grants of \$	) (Re	venue \$	)
<b>4e</b>	Total progra	m service expenses 🟲	6,679,023			

art IV	Check	list of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part $I$	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\bullet}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 🥵	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part $IV \cdot \cdot \cdot \cdot$ .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm <b>99</b> 0	(2012)

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

Se	ection A. Governing Body and Management			
	Enterthe market forther market of the comment of the theory is a first of the form.		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee			
	or similar committee, explain in Schedule O			
D	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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
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	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ıe Cod	e.)
			Yes	No
				110
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	Did the organization have local chapters, branches, or affiliates?	10a 10b		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b	Yes	
b 11a	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	10b		
b 11a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b		
b 11a b 12a	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990	10b	Yes	
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a	Yes	
b 11a b 12a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a 12a 12b	Yes Yes	
b 11a b 12a b c	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	10b 11a 12a 12b	Yes Yes Yes	
b 111a b 112a b c 13	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes Yes	
b 111a b 112a c 113 114 115 a	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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  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?	10b  11a  12a  12b  12c  13  14	Yes Yes Yes Yes Yes Yes	
b 111a b 112a c 113 114 115 a	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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a 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?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10b  11a  12a  12b  12c  13  14  15a  15b	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b 16a 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes Yes	No

Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of

State the name, physical address, and telephone number of the person who possesses the books and records of the organization

interest policy, and financial statements available to the public during the tax year

►PALMER BALL 1701 SKYLYN DRIVE SPARTANBURG, SC (864) 582-7539

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) (B) (C) (D) (E)												
<b>(A)</b> Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more that person and a linetitutional linetitutional or director		n (do not con one box, so both an our control officer		c, unle offic	ess er e)	( <b>D)</b> Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
		a.	Trustee			insated						
(1) CHARLOTTE VERREAULT	0 00	х						0	0	0		
PAST PRESIDENT		_ ^						0	0			
(2) ANDREW BABB	0 00	х						0	0	0		
TRUSTEE (3) VIC BAILEY III	0 00											
TRUSTEE		х						0	0	0		
(4) SUSAN BRIDGES	0 00	<u> </u>						_	_			
TREASURER		X		X				0	0	0		
(5) CHRIS CANNON	0 00	х						0	0	0		
TRUSTEE		_ ^						0	0			
(6) FRED B DENT JR	0 00	x						0	0	0		
TRUSTEE							_					
(7) ELAINE FREEMAN	0 00	x						0	0	0		
TRUSTEE (8) CORRY OAKES	0 00											
TRUSTEE		х						0	0	0		
(9) LOY JEFFORDS	0 00											
SECRETARY		X		X				0	0	0		
(10) ALEX EVINS	0 00	, , , , , , , , , , , , , , , , , , ,		х				0	0			
PRESIDENT		Х						U	0	0		
(11) JAMES FLETCHER THOMPSON	0 00	x						0	0	0		
TRUSTEE							_		_			
(12) MICHEL STONE	0 00	x						0	0	0		
TRUSTEE (13) BILLY WEBSTER	0 00											
	0 00	×		х				0	0	0		
VICE PRESIDENT (14) JUSTIN CONVERSE	0 00	-			$\vdash$		$\vdash$					
TRUSTEE		Х						0	0	0		
(15) DR KIRSTEN EASTIN	0 00	l ,						_	_			
TRUSTEE		Х						0	0	0		
(16) DR GORDON SHERARD	0 00	х						0	0	0		
TRUSTEE		<u> </u>						<u> </u>	0			
(17) NED PAGE	0 00	x						0	0	0		
TRUSTEE												
										Form <b>990</b> (2012)		

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

	(A) Name and Title	(B) A verage hours per week (list any lours	more pers	than on is	one bot rect	note booth	chec k, unle n offic- rustee	ess er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estim amount of compen from	ated of other sation the	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organiz and re organiz	lated	
(18)	ERIN OUZTS	0 00	×						0	0	)		
TRUS													
	JOHN STOCKWELL	0 00	x						0	0	ı	0	
TRUS	TEE RACHEL DEEMS	40 00											
` ,		40 00				x			191,300	0	ı	10,200	
	OF SCHOOL  PALMER BALL	40 00				$\vdash$							
` ,	NESS MANAGER						X		106,500	0	ı	21,454	
	JACK MACMULLAN	40 00											
HEAD	OF UPPER SCHOOL						X		105,000	0		29,715	
		1				$\vdash$							
						-							
1b	Sub-Total						▶						
c	Total from continuation sheets to Pa	t VII, Section A					▶□						
d	Total (add lines 1b and 1c)						<b>•</b>		402,800	0		61,369	
2	Total number of individuals (including \$100,000 of reportable compensation				ed a	bove	e) who	rec	eıved more than				
											Yes	No	
3	Did the organization list any <b>former</b> of on line 1a? <i>If</i> "Yes," complete Schedule							r hig	hest compensate				
4	For any individual listed on line 1a, is							.+60	r componention fro	3		No_	
7	organization and related organizations									om me			
	ındıvıdual				•		•			4	Yes		
5	Did any person listed on line 1a receives services rendered to the organization?		•						-	ndıvıdual for		No	
	ation B. Indoords 1.2												
1	Complete this table for your five highe compensation from the organization R	st compensated									s tax vear		
		(A)					,			(B)	(C	)	
ALLEC	Name and GIANCE INDUSTRIES PO BOX 12251 COLUMBIA SO	business address 2 29211							Description JANITORIAL SER	on of services VICES	Comper	129,527	
									III OND IL SER			,	
	Total number of independent contractor \$100,000 of compensation from the org	•	not lim	ited	to th	iose	listed	abo	ove) who received	more than			

Part V	4 + + 1	Statement o	o <b>f Revenue</b> ule O contains a respo	nse to any question i	n this Part VIII			
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
u 20	1a	Federated cam	paigns 1a					
anta unt	ь	Membership du	es <b>1b</b>					
ر س	С	Fundraising eve	ents <b>1c</b>					
Program Service Revenue and Other Similar Amounts	d	Related organiz	zations 1d					
ا‼ا	e	Government grants						
ons Sir	f	All other contribute	ons, gifts, grants, and <b>1f</b>	3,740,537				
her	•	sımılar amounts no						
i i	g	Noncash contribute 1a-1f \$	ons included in lines	338,508				
Con and	h	Total. Add lines	s 1a-1f	🗼	3,740,537			
				Business Code				
enn	2a	TUITION AND FEES	5	611110	6,025,416	6,025,416		
Rev	ь							
100	С							
Serv	d							
ลา (	е							
uBo.	f	All other progra	am service revenue					
<u>&amp;</u>	g	Total. Add lines	s 2a – 2f		6,025,416			
	3		ome (including dividen ar amounts)		182,580	182,580		
	4		stment of tax-exempt bond	<u> </u>				
	5	Royalties	<u> </u>	▶				
	_		(ı) Real	(II) Personal				
	6a b	Gross rents Less rental						
		expenses Rental income						
	С	or (loss)						
	d	Net rental inco	me or (loss)					
	7a	Gross amount	(ı) Securities	(II) Other				
		from sales of assets other than inventory	3,954,191					
	ь	Less cost or other basis and	3,827,726	373,689				
	c	sales expenses Gain or (loss)	126,465	-373,689				
	ď		L	·	-247,224	-247,224		
Other Revenue	8a	events (not inc \$	s reported on line 1c)					
jer	ь	Less direction	penses b					
5	c		(loss) from fundraising	events				
	9a	Gross income f	rom gaming activities ie 19					
	ь	Loca direction	penses b	<del>                                     </del>				
	С		penses <b>b</b> (loss) from gamıng actı					
	10a	Gross sales of returns and allo	inventory, less					
		1	a					
	b		oods sold <b> b</b> (loss) from sales of inv	entory -				
		Miscellaneous		Business Code	<del> </del>			
	11a	PARENTS CLU		611110	172,460	172,460		
	b	AFTERCARE		611110	133,588	133,588		
	С	SUMMERSCAP		611110	46,599	46,599		
	d		ue		67,057	67,057		
	e	Total. Add lines	s 11a-11d	🕨	419,704			
	12	Total revenue.	See Instructions .	🗚	10,121,013	6,380,476	0	(

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response to any question in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising 7b. 8b. 9b. and 10b of Part VIII. Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 981,673 981,673 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and 201,500 66,496 68,508 66,496 key employees . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . Other salaries and wages 3,774,743 2,800,329 874,915 99,499 Pension plan accruals and contributions (include section 401(k) 161,094 115,750 40,369 4,975 and 403(b) employer contributions) . . . . 803,044 196,130 Other employee benefits . . . . 583,721 23,193 10 278,708 200,678 66,521 11,509 11 Fees for services (non-employees) 75,739 75,739 Management . . . . 17,131 17,131 Legal . . . . . . . . Accounting . . . . . . . . . . . . 25,800 25,800 Professional fundraising services See Part IV, line 17 Investment management fees . . . . . 65,914 65,914 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on 3,461 3,461 Schedule O) . . . . . . . Advertising and promotion . . 67,510 67,510 12 13 Office expenses . . . . . 8,154 5,899 2,255 23,549 2,355 14 Information technology . . . 21,194 15 Royalties . 580,942 493,699 87,243 16 Occupancy . . . . . . **17** 2,754 2,056 399 299 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . . 19 Conferences, conventions, and meetings . 35,098 22,388 12,710 20 Payments to affiliates . . . . . . 21 969,970 22 Depreciation, depletion, and amortization . . . 872,973 96,997 23 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) a TEACHING SUPPLIES 137,217 137,217 RESTRICTED SPECIAL PROJ 106,288 106,288 ATHLETICS 99,157 99,157 d MISCELLANEOUS 49,397 89,798 39,306 1.095 432,194 156,556 252,409 23,229 e All other expenses Total functional expenses. Add lines 1 through 24e 232,550 25 8,941,438 6,679,023 2,029,865 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 ► T if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Par	ťΧ	Check if Schedule O contains a response to any question in thi	s Part	x			
					(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash—non-interest-bearing			1,267,224	1	3,007,332
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			420,802	3	238,176
	4	Accounts receivable, net			3,940,549	4	4,368,908
	5	Loans and other receivables from current and former officers, of employees, and highest compensated employees. Complete P. Schedule L	art II o	of .		5	
Assets	6	Loans and other receivables from other disqualified persons (a 4958(f)(1)), persons described in section 4958(c)(3)(B), and and sponsoring organizations of section 501(c)(9) voluntary e organizations (see instructions) Complete Part II of Schedule	outing employers		6		
82	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			97,328	9	110,470
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D		27,480,597	,		
	ь	Less accumulated depreciation	10b	6,824,565	21,950,303	10c	20,656,032
	11	Investments—publicly traded securities	<u> </u>		9,334,691	11	10,250,721
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			37,010,897	16	38,631,639
	17	Accounts payable and accrued expenses			594,123	17	618,153
	18	Grants payable			33 1,1 12	18	
	19	Deferred revenue	•		5,842,333	19	5,935,165
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Sch				21	
lities	22	Loans and other payables to current and former officers, direct key employees, highest compensated employees, and disquali	ors, tr			21	
Liabilit		persons Complete Part II of Schedule L				22	
Ξ	23	Secured mortgages and notes payable to unrelated third partie	s .			23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to rela and other liabilities not included on lines 17-24) Complete Pa	rt X of	Schedule	77.544	-	404.020
		D			77,541	25	101,038
مخ	26	Total liabilities. Add lines 17 through 25			6,513,997	26	6,654,356
ξ		lines 27 through 29, and lines 33 and 34.					
<u> </u>	27	Unrestricted net assets		• •	24,008,946		23,421,927
ă	28	Temporarily restricted net assets			2,152,548	28	2,204,329
Fund Balance	29	Permanently restricted net assets			4,335,406	29	6,351,027
or FL		Organizations that do not follow SFAS 117 (ASC 958), check he complete lines 30 through 34.	ere ►	and			
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other	funds			32	
Ř	33	Total net assets or fund balances	•		30,496,900	33	31,977,283
_	34	Total liabilities and net assets/fund balances			37,010,897	34	38,631,639

Par	Reconcilliation of Net Assets Check if Schedule O contains a response to any question in this Part XI				୮
1	Total revenue (must equal Part VIII, column (A), line 12)			10,1	21,013
2	Total expenses (must equal Part IX, column (A), line 25)			8,9	41,438
3	Revenue less expenses Subtract line 2 from line 1			1,1	79,575
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4			30,4	96,900
5	Net unrealized gains (losses) on investments			3	00,808
6	Donated services and use of facilities				
7	Investment expenses				
8	Prior period adjustments				
9	Other changes in net assets or fund balances (explain in Schedule O)				0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	,		31,9	77,283
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. Г
		,	Y	es	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2	a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed a separate basis, consolidated basis, or both	on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	2	b Y	es	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	3			
	▼ Separate basis			l	
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant?	the 2	c Y	es	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3	a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	ıred <b>3</b>	ь		

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As Filed Data -

DLN: 93493049005024

**Employer identification number** 

OMB No 1545-0047

# **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Total

# **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.

Inspection

SPART	ANBUR	G DAY SC	HOOL										
Do		D	f D	hlia Chauitu. Cta	**** / A II			-l-4- 4b	57-03718				
	rt I			blic Charity State foundation because						istructi	ons.		
1	n gain			on of churches, or a			-						
2	<u>'</u>			d in <b>section 170(b)(1</b>				ection 170(i	D)(1)(A)(I).				
3	ļ.			perative hospital se			•	n 170(h)(1)	\(				
4	<u>'</u>			h organization opera						1)/A)/ii	ii) Ent	or the	
•	'			ty, and state	tea iii conjan	iction with a	nospital acs	cribed in <b>se</b>	ction 170(b)(	-/(~/("	Liic	ci tiic	
5	Γ			erated for the benefi	t of a college	or universi	ty owned or o	perated by	a government	al unit d	describ	ed in	
		sect ior	170(b)(1)(	(A)(iv). (Complete P	art II )								
6	Γ	A feder	al, state, or	local government o	r government	tal unit desc	rıbed ın <b>secti</b>	on 170(b)(	1)(A)(v).				
7	$\Gamma$			at normally receives			support from	a governme	ental unit or fi	om the	genera	l public	:
	_			on 170(b)(1)(A)(vi).			uulaka Dawk II						
8 9	<u> </u>			described in <b>section</b> at normally receives					autions mam	harchin	foos o	nd area	
9	,			rities related to its e									>>
		•		oss investment inco	•	-		• •	• •				
		•	-	ganızatıon after June				•		(4) 1101	ii busii	103303	
10	$\vdash$			ganized and operated									
11	, _	_		ganized and operated						o carry	out the	nurnos	ses of
	•	one or the box	more public that descr	ly supported organiz bes the type of supp	ations descr orting organ	ibed in sect ization and (	ion 509(a)(1 complete line	) or section s 11e th <u>ro</u> u	509(a)(2) Solgh 11h	ee <b>secti</b>	on 509	(a)(3).	Check
_	_			<b>b</b> Type II <b>c</b> ox, I certify that the									
е	'	•	_	on managers and ot	-				•		•	•	
		section	n 509(a)(2)										
f g		check	this box	received a written do 2006, has the organ						III sup <sub>l</sub>	porting	organı	zation,
			ng persons?										
				rectly or indirectly o	•		_	persons de	scribed in (ii)			Yes	No
				governing body of th		_	n?				11g(i)		
				er of a person descr						-	11g(ii)		
				lled entity of a perso						L	11g(iii	)	<u> </u>
h		Provide	e the following	ng information about	the support	ed organizat	ion(s)						
	) Nan	ne of	(ii) EIN	(iii) Type of	(iv) Is	the	(v) Did you	ı notıfv	(vi) Is	the	1	vii) An	nount of
	uppo		` ´	organization	organizati	ion in	the organi	zation	organizati	ion in		mone	etary
OI	ganiz	ation		(described on lines 1- 9 above	col (i) lis		ın col (i) d		col (i) org			sup	port
				or IRC section	your gove docume		suppor	( '	In the U	5 ′			
				(see									
				instructions))	Yes	No	Yes	No	Yes	No			
										<u> </u>	-+		
											-+		
							1						

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

Schedule A (Form 990 or 990-EZ) 2012 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt

	purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or						
	business under section 513			-			
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	<b>Total.</b> Add lines 1 through 5						
	Amounts included on lines 1, 2,						
<i>7</i> a	and 3 received from disqualified						
	persons						
b	Amounts included on lines 2 and 3						
_	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6 )						
_Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2008	<b>(b)</b> 2009	(c) 2010	( <b>d)</b> 2011	(e) 2012	(f) Total
	in) ►	(u) 2000	(6) 2003	(6) 2010	(4) 2011	(6) 2012	(1) 10tai
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
Ь	Unrelated business taxable income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated						
11	business activities not included						
	in line 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support. (Add lines 9, 10c,						
	11, and 12)			Librari Corretto con	6.01	E04(-)(2)	
14	First five years. If the Form 990 is for	or the organization	on's first, second	i, thira, fourth, or	ππη tax year as a	1 501(c)(3) org	anization, ►
	check this box and stop here	a Cunnaut Da					<u> </u>
	ction C. Computation of Public			1.2		T I	
15	Public support percentage for 2012			13, column (T))		15	
16	Public support percentage from 2011	L Schedule A, Pa	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 20				nn (f))	17	
					. , ,	<del>                                     </del>	
18	Investment income percentage from					18	
19a	33 1/3% support tests—2012. If the o						ıd lıne 17 ıs not ▶□

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

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

Schedule A (Form 990 or 990-EZ) 2012

DLN: 93493049005024

OMB No 1545-0047

Open to Public

#### **SCHEDULE D** (Form 990)

Department of the Treasury

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

**Supplemental Financial Statements** 

itema	I Revenue Service ► Attach to For	rm 990. ► See separate instructions.	Inspection
	me of the organization		Employer identification number
SPA	ARTANBURG DAY SCHOOL		57-0371816
Pa	rt I Organizations Maintaining Donor Ad	vised Funds or Other Similar Fu	
	organization answered "Yes" to Form 990		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o		or advised <b>Yes No</b>
6	Did the organization inform all grantees, donors, and cused only for charitable purposes and not for the bene conferring impermissible private benefit?		
Pa	rt III Conservation Easements. Complete if	f the organization answered "Yes" to	o Form 990, Part IV, line 7.
1 2	Purpose(s) of conservation easements held by the org Preservation of land for public use (e.g., recreation Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held easement on the last day of the tax year	n or education) Preservation of an Preservation of a c	certified historic structure
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified hist	orıc structure ıncluded ın (a)	2c
d	Number of conservation easements included in (c) according to the structure listed in the National Register	quired after 8/17/06, and not on a	2d
3	Number of conservation easements modified, transfer	red, released, extinguished, or terminate	d by the organization during
	the tax year 🛌		
4	Number of states where property subject to conservat	ion easement is located 🗠	<u></u>
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	dling of violations, and
6	Staff and volunteer hours devoted to monitoring, inspe	ecting, and enforcing conservation easen	nents during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting  \$ \blue{1}\$	g, and enforcing conservation easements	during the year
8	Does each conservation easement reported on line 2( and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sec	tion 170(h)(4)(B)(ı) Yes No
9	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of th the organization's accounting for conservation easem	e footnote to the organization's financial	
Par	t III Organizations Maintaining Collection		or Other Similar Assets.
	Complete if the organization answered "	<u> </u>	
1a	If the organization elected, as permitted under SFAS: works of art, historical treasures, or other similar assesservice, provide, in Part XIII, the text of the footnote	ets held for public exhibition, education,	or research in furtherance of public
b	If the organization elected, as permitted under SFAS: works of art, historical treasures, or other similar assesservice, provide the following amounts relating to these	ets held for public exhibition, education,	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
	(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

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

Revenues included in Form 990, Part VIII, line 1

**b** Assets included in Form 990, Part X

Cat No 52283D Schedule D (Form 990) 2012

Part	Organizations Maintaining Co	llections of Art	t, HIS	tori	<u>cai ire</u>	asures, or c	<u> </u>	r Similar A	sset	S (co	<u>ntınued)</u>
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recor	ds, ch	neck a		_		_	se of i	ts	
а	Public exhibition		d	Г	Loan or	exchange prog	ırams	;			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	aın hov	v they	/ further	the organizatio	n's ex	xempt purpose	e in		
5	During the year, did the organization solicit of							nılar		_	<b>–</b>
Dar	assets to be sold to raise funds rather than t <b>t IV</b> Escrow and Custodial Arrang		-					os" to Form	厂 <b>Y</b>		│ No
FGI	Part IV, line 9, or reported an an						su i	65 (0101111	990,	•	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontrıbutı	ons or other as	sets	not	Γ <b>`</b>	'es	┌ No
b	If "Yes," explain the arrangement in Part XII $$	I and complete the	follov	ving t	able						
								<i>p</i>	mou	nt	
C	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?						<b>┌</b> \	es'	┌ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	natio	n has be	en provided in	Part :	XIII			Γ
Pai	t V Endowment Funds. Complete	f the organizatio									
		(a)Current year	(b)	Prior y		(c)Two years bac	-	· · · · · · · · · · · · · · · · · · ·			ears back
1a	Beginning of year balance	5,482,728			573,054	4,109,42	-	3,691,38	-		4,360,551
Ь	Contributions	2,426,913			31,253	30,69	3	194,93	2		206,942
С	Net investment earnings, gains, and losses	524,460			62,312	708,64	4	388,01	1		-659,689
d	Grants or scholarships	196,589		1	183,891	175,70	8	164,89	3		216,424
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance	8,237,512		5,4	182,728	4,673,05	4	4,109,42	5		3,691,380
2	Provide the estimated percentage of the curr	ent year end balan	ce (lın	e 1g,	column	(a)) held as					
а	Board designated or quasi-endowment ►	6 000 %									
b	Permanent endowment ► 94 000 %										
c	Temporarily restricted endowment ► The percentages in lines 2a, 2b, and 2c show	uld equal 100%									
За	Are there endowment funds not in the posses	ssion of the organiz	ation 1	that a	re held a	and administere	d for	the	r		
	organization by (i) unrelated organizations							دا	a(i)	Yes	No No
	(ii) related organizations			•			•		1(ii)		No
ь	If "Yes" to 3a(II), are the related organization						•	-	3b		
4	Describe in Part XIII the intended uses of th	ie organization's en	dowm	ent fu	ınds						
Par	t VI Land, Buildings, and Equipme	<b>nt.</b> See Form 99	90, Pa	rt X	line 10	).					
	Description of property				Cost or ot (Investm			(c) Accumulate depreciation		( <b>d)</b> Boo	ok value
<b>1</b> a l	and					1,48	9,300				1,489,300
b E	Buildings					24,32	0,561	5,914,0	)44	18	8,406,517
<b>c</b> l	easehold improvements										
d E	Equipment					1,67	0,736	910,	521		760,215
<b>e</b> (	Other							1			
			-								

Part VIII Investments—Other Securities. See	reministry are styline in	
<ul><li>(a) Description of security or category</li></ul>	(b)Book value	(c) Method of valuation
(including name of security)		Cost or end-of-year market value
1)Financial derivatives		
2 )Closely-held equity interests	+	
Other		
	_	
	P-	
Part VIIII Investments—Program Related. Se	ee Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
· · · · · · · · · · · · · · · · · · ·		Cost or end-of-year market value
	1	•
	+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )	<b>F</b>	
( - ,		
(	ine 15.	
Part IX Other Assets. See Form 990, Part X, I		(b) Book value
(		(b) Book value
Part IX Other Assets. See Form 990, Part X, I		(b) Book value
Part IX Other Assets. See Form 990, Part X, I		(b) Book value
Part IX Other Assets. See Form 990, Part X, I		(b) Book value
Part IX Other Assets. See Form 990, Part X, I		(b) Book value
Part IX Other Assets. See Form 990, Part X, I		(b) Book value
Part IX Other Assets. See Form 990, Part X, I		(b) Book value
Part IX Other Assets. See Form 990, Part X, I		(b) Book value
Part IX Other Assets. See Form 990, Part X, I		(b) Book value
Part IX Other Assets. See Form 990, Part X, I		(b) Book value
Part IX Other Assets. See Form 990, Part X, I		(b) Book value
Part IX Other Assets. See Form 990, Part X, I		(b) Book value
Part IX Other Assets. See Form 990, Part X, I		(b) Book value
Part IX Other Assets. See Form 990, Part X, I		(b) Book value
Part IX Other Assets. See Form 990, Part X, I		(b) Book value
Part IX Other Assets. See Form 990, Part X, I		(b) Book value
Part IX Other Assets. See Form 990, Part X, I		(b) Book value
Part IX Other Assets. See Form 990, Part X, I		(b) Book value
Part IX Other Assets. See Form 990, Part X, I		(b) Book value
Part IX Other Assets. See Form 990, Part X, II (a) Descri	ıptıon	
Part IX Other Assets. See Form 990, Part X, In (a) Described (a) Describ	5.)	(b) Book value
Part IX Other Assets. See Form 990, Part X, In (a) Described (a) Describ	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X  Other Liabilities. See Form 990, Part (c).  Other Liabilities. See Form 990, Part (c).  Part X  Other Liabilities. See Form 990, Part (c).  Other Liabilities. See Form 990, Part (c).	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X  Other Liabilities. See Form 990, Part (c).  Other Liabilities. See Form 990, Part (c).  Part X  Other Liabilities. See Form 990, Part (c).  Other Liabilities. See Form 990, Part (c).	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part 1.  (a) Description of liability	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part 1.  (a) Description of liability  Federal income taxes	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part 1.  (a) Description of liability  Federal income taxes  NON-REFUNDABLE DEPOSITS	5.)	
Part IX Other Assets. See Form 990, Part X, In (a) Described (a) Described (a) Described (a) Described (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part In (a) Description of liability  Federal Income taxes  NON-REFUNDABLE DEPOSITS	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part 1.  (a) Description of liability  Federal income taxes  NON-REFUNDABLE DEPOSITS	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part 1.  (a) Description of liability  Federal income taxes  NON-REFUNDABLE DEPOSITS	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  NON-REFUNDABLE DEPOSITS	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  NON-REFUNDABLE DEPOSITS	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  NON-REFUNDABLE DEPOSITS	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  NON-REFUNDABLE DEPOSITS	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  NON-REFUNDABLE DEPOSITS	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  NON-REFUNDABLE DEPOSITS	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  NON-REFUNDABLE DEPOSITS	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  NON-REFUNDABLE DEPOSITS	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  NON-REFUNDABLE DEPOSITS	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  NON-REFUNDABLE DEPOSITS	5.)	
Other Assets. See Form 990, Part X, In (a) Description (a) Description (a) Description (a) Description (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  NON-REFUNDABLE DEPOSITS	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  NON-REFUNDABLE DEPOSITS	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  NON-REFUNDABLE DEPOSITS  RESERVE ACCOUNTS	5.)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability  Federal income taxes  NON-REFUNDABLE DEPOSITS	5.)	

Par	XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	eturn
1	Total revenue, gains, and other support per audited financial statements	1	9,447,111
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	373,689
3	Subtract line <b>2e</b> from line <b>1</b>	3	9,073,422
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII )		
С	Add lines <b>4a</b> and <b>4b</b>	4c	1,047,591
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )	5	10,121,013
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	8,267,536
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines 2a through 2d	2e	373,689
3	Subtract line <b>2e</b> from line <b>1</b>	3	7,893,847
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 4a		
b	Other (Describe in Part XIII )		
c	Add lines <b>4a</b> and <b>4b</b>	4c	1,047,591
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)	5	8,941,438

### Part XIII Supplemental Information

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

I dentifier	Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS		LOSS ON DISPOSITION OF ASSETS 373,689
PART XI, LINE 4B - OTHER ADJUSTMENTS		TUITION SCHOLARSHIPS 981,673 INVESTMENT FEES 65,918
PART XII, LINE 2D - OTHER ADJUSTMENTS		LOSS ON DISPOSITION OF ASSETS 373,689
PART XII, LINE 4B - OTHER ADJUSTMENTS		TUITION SCHOLARSHIPS 981,673 INVESTMENT FEES 65,918
		ENDOWMENT FUNDS PART V, LINE 4 THE INCOME IS TO BE USED FOR SCHOLARSHIPS, FINE ARTS PROGRAMMING, AND FACULTY SALARIES AND DEVELOPMENT

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DLN: 93493049005024

## OMB No 1545-0047

# **Schools**

SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization SPARTANBURG DAY SCHOOL

►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.

Open to Inspect

Employer identification number

57-0371816 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 2 Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain If you need more space use Part II 3 Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 4c Yes 4d Yes d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain If you need more space, use Part II Does the organization discriminate by race in any way with respect to a Students' rights or privileges? Νo 5a **b** Admissions policies? 5b Νo c Employment of faculty or administrative staff? Νo d Scholarships or other financial assistance? 5d Νo e Educational policies? 5e Νo f Use of facilities? 5f Νo g Athletic programs? 5g Νo 5h Νo h Other extracurricular activities? If you answered "Yes" to any of the above, please explain If you need more space, use Part II 6a Νo 6a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? Νo If you answered "Yes" to either line 6a or line 6b, explain on Part II 7 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Part II Yes

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

ldentifier	Return Reference	Explanation
EXPLANATION OF NONDISCRIMINATORY POLICY PUBLICATION		THE RACIALLY NONDISCRIMINATORY POLICY IS PRINTED IN NEWSPAPER ADS DURING THE PERIOD OF SOLICITATION OF STUDENTS

Schedule E (Form 990 or 990-EZ) 2012

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Grants and Other Assistance to Organizations,

Governments and Individuals in the United States

OMB No 1545-0047

DLN: 93493049005024

Open to Public Inspection

Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

varile of the organization						Employer identificati	on number
SPARTANBURG DAY SCHOOL						57-0371816	
Part I General Informati	on on Grants and	d Assistance				<b>'</b>	
<ol> <li>Does the organization maintain the selection criteria used to a Describe in Part IV the organization</li> </ol>	ward the grants or as	sıstance <sup>?</sup>			the grants or assist	ance, and	ΓYes Γ
				<b>United States.</b> Con rt II can be duplicated			es" to
(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grar or assistance
<ul><li>2 Enter total number of section 5</li><li>3 Enter total number of other org</li></ul>						_	
For Paperwork Reduction Act Notice Se				Cat No. 50055P			le I (Form 990) 2012

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

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	( <b>d)</b> A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) MERIT SCHOLARSHIPS AND NO NEED AWARDS	80	503,552			
(2) NEED BASED SCHOLARSHIPS	76	478,121			
	1 1			1	

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
		GRANT MONITORING PART 1, LINE 2 GRANTS FUNDS PROVIDED BY THE SCHOOL ARE ONLY FOR FINANCIAL ASSISTANCE WITH TUITION CREDITS ARE APPLIED TO STUDENT ACCOUNTS, THUS RECIPIENTS NEVER RECEIVE CASH, BUT INSTEAD RECEIVE A REDUCTION IN FEES THEY OWE THE SCHOOL

Schedule I (Form 990) 2012

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DLN: 93493049005024

OMB No 1545-0047

**Schedule J** (Form 990)

Department of the Treasury

Internal Revenue Service

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

**Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization SPARTANBURG DAY SCHOOL

**Employer identification number** 

57-0371816

Pai	t I Questions Regarding Compensation				
			Yes	No	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items				
	First-class or charter travel  Housing allowance or residence for personal use				
	Travel for companions  Payments for business use of personal residence				
	✓ Discretionary spending account				
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III				
	✓ Compensation committee ✓ Written employment contract				
	Form 990 of other organizations  Approval by the board or compensation committee				
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization				
а	Receive a severance payment or change-of-control payment?	4a		Νo	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νo	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νο	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III				
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.				
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of				
а	The organization?	5a		Νo	
b	Any related organization?	5b		Νo	
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of				
а	The organization?	6a		Νo	
b	Any related organization?	6b		Νο	
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was				
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe				
	ın Part III	8		Νo	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9			

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	<b>(F)</b> Compensation	
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported as deferred in prior Form 990	
	(i) (ii)	191,300 0	0 0	0 0	9,960 0	240 0	201,500 0	0	

Schedule J (Form 990) 2012

#### Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION		BENEFITS PART I, LINE 1A THE HEAD OF SCHOOL HAS A \$4,000 DISCRETIONARY SPENDING ACCOUNT THE SCHOOL PAYS THE DUES TO VARIOUS SOCIAL CLUBS FOR THE HEAD OF SCHOOL AND THE HEAD OF SCHOOL PAYS FOR PERSONAL USE

Schedule J (Form 990) 2012

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DLN: 93493049005024

OMB No 1545-0047

**Inspection** 

Department of the Treasury

Internal Revenue Service

**SCHEDULE M** 

(Form 990)

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

**Noncash Contributions** 

Name of the organization SPARTANBURG DAY SCHOOL

**Employer identification number** 

					57-0371816			
Pa	rt I Types of Property							
	Asta Walley of and	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	<b>(d</b> Method of d noncash contrib	etermı	_	ts
	Art—Works of art							
	Art—Historical treasures .							
_	Art—Fractional interests							
	Books and publications							
5	Clothing and household							
6	goods							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	10	250 380	STOCK MARKET Q	HOTE		
	Securities—Closely held stock .		10	230,300	STOCK MARKET Q	OOIL		
	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
L4	Qualified conservation contribution—Other							
L5	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
	Drugs and medical supplies .							
	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	GALA							
25	Other►( <u>AUCTION</u> )	Х	112	·	PROCEEDS RECEI	VED		
26	Other►( MISCELLANEOUS )	Х	6	3,325	COST			
27	O ther ►()							
	O ther ▶ ()							
29	Number of Forms 8283 received				29			
	for which the organization comple	ecea Form 8	203, Part IV, Donee Ackno	owieagement [			V	Nic
30°	During the year, did the organiza	ation receiv	a by contribution any propo	arty reported in Part I lines	1-28 that it		Yes	No
JJa	must hold for at least three year							
	for exempt purposes for the enti				a to be useu	20-		No
L						30a		INO
о 31	If "Yes," describe the arrangement of the organization have a gift			review of any non-standard	contributions?	31	Yes	
3∠a	Does the organization hire or us	-		to solicit, process, or sell i	noncasn			
_	contributions?					32a		No
	If "Yes," describe in Part II							
33	If the organization did not report	t an amount	: in column (c) for a type of	property for which column (	a) is checked,			

Page 2

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

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

Identifier Return Reference Explanation

Schedule M (Form 990) (2012)

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DLN: 93493049005024

2042

2012

OMB No 1545-0047

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization SPARTANBURG DAY SCHOOL

**Employer identification number** 

57-0371816

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	ANDREW BABB / JUSTIN CONVERSE BUSINESS RELATIONSHIP CHRIS CANNON / LOY JEFFORDS BUSINESS RELATIONSHIP JUSTIN CONVERSE / ALEX EVINS BUSINESS RELATIONSHIP CHRIS CANNON / SUSAN BRIDGES BUSINESS RELATIONSHIP ANDREW BABB / CHRIS CANNON BUSINESS RELATIONSHIP CHRIS CANNON / JUSTIN CONVERSE BUSINESS RELATIONSHIP
	FORM 990, PART VI, SECTION A, LINE 6	THE PARENTS OF STUDENTS ARE CONSIDERED MEMBERS OF THE ORGANIZATION AND ELECT THE GOVERNING BOARD
	FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF TRUSTEES ARE ELECTED BY THE PARENTS OF THE STUDENT BODY AT THEIR ANNUAL MEETING
	FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION'S FORM 990 WAS PREPARED BY PROFESSIONAL, INDEPENDENT ACCOUNTANTS THE BOARD OF TRUSTEES DELEGATED THE REVIEW OF FORM 990 TO THE COMPENSATION COMMITTEE, THE MEMBERSHIP OF WHICH INCLUDES THE BOARD CHAIR, BOARD VICE CHAIR, FINANCE CHAIR AND AUDIT CHAIR THE COMPENSATION COMMITTEE REVIEWED THE DRAFT FORM 990 PREPARED BY THE INDEPENDENT ACCOUNTANTS PRIOR TO SUBMITTING TO IRS THE COMPENSATION COMMITTEE REPORTED TO THE BOARD OF TRUSTEES THAT THEY HAD, TO THE BEST OF ITS ABILITY, DETERMINED THAT THE FORM 990 WAS COMPLETE, ACCURATE AND CORRECT
	FORM 990, PART VI, SECTION B, LINE 12C	THE TRUSTEES, OFFICERS, AND KEY EMPLOYEES COMPLETE ANNUAL CONFLICT OF INTEREST DISCLOSURES AND THEY ARE RETAINED BY THE BUSINESS MANAGER, WHO INFORMS THE BOARD AND COMMITTEES WHEN CONFLICTS ARISE
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION COMMITTEE SETS THE COMPENSATION FOR THE HEAD OF SCHOOL THE COMPENSATION COMMITTEE IS COMPRISED OF THE BOARD CHAIR, THE BOARD VICE CHAIR, THE FINANCE CHAIR AND THE AUDIT CHAIR. THE COMPENSATION COMMITTEE IS DEEMED INDEPENDENT AS IT IS COMPRISED OF INDIVIDUALS UNRELATED TO AND NOT SUBJECT TO THE CONTROL OF THE HEAD OF SCHOOL IN PREPARATION FOR THIS DECISION, A COMPENSATION COMPARISON IS PREPARED USING DATA FROM THE NATIONAL ASSOCIATION OF INDEPENDENT SCHOOLS (NAIS). DATA IS PULLED AND ANALYZED FOR A SET OF PREDETERMINED PEER SCHOOLS AND BENCHMARK SCHOOLS. THE STRATEGIC PLANNING COMMITTEE SETS THE LIST OF BENCHMARK SCHOOLS AS THEY ARE USED FOR COMPARISON FOR VARIOUS ITEMS ACROSS THE SCHOOL. THE COMPENSATION COMMITTEE THEN USED THIS INFORMATION TO NEGOTIATE THE CONTRACT FOR THE HEAD OF SCHOOL. IN ADDITION, THE COMPENSATION AGREEMENT BETWEEN THE HEAD OF SCHOOL AND THE COMPENSATION COMMITTEE IS DOCUMENTED IN MEETING MINUTES WHICH ARE RETAINED AS PART OF THE YEAR'S BOARD MEETING MINUTES. THE HEAD OF SCHOOL SETS THE SALARIES OF THE LEADERSHIP TEAM (INCLUDING THE HIGHLY COMPENSATED EMPLOYEES). THE HEAD OF SCHOOL USES SIMILAR COMPARABLE DATA FROM NAIS TO DETERMINE SALARY LEVELS. THE COMPENSATION COMMITTEE APPROVES THE SALARIES SET BY THE HEAD OF SCHOOL.
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AT ITS OFFICES IN SPARTANBURG, SC BETWEEN THE HOURS OF 9AM AND 4PM MONDAY THROUGH FRIDAY