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DLN: 93493051004194

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public

| A Fo | r the 2012 c | alendar year, or tax year beginning | g 07-01-2012 , 2012, and ending 06 | -30-2013 | | | | | |
|--------------------------------|--|---|--|---------------|--|---|--|--|--|
| | eck ıf applıcable | C Name of organization | , , | | D Employer | identification number | | | |
| ☐ Add | ress change | | | | 59-1618607 | | | | |
| ∏ Na | me change | Doing Business As | | | | | | | |
| Init | ial return | Number and street (or P O box if m | all is not delivered to street address) Room/ | suite | E Telephone | number | | | |
| _ | mınated | | | | (813) 25 | 51-8481 | | | |
| _ | ended return | City or town, state or country, and 7 TAMPA, FL 336061105 | ZIP + 4 | | | | | | |
| App | olication pendin | | | _ | | ipts \$ 15,434,738 | | | |
| | | F Name and address of prin | icipal officer | I | this a group re iliates? | turn for | | | |
| | | 727 W CASS STREET TAMPA,FL 33606 | | | | | | | |
| | | TAMPA,TE 33000 | | | | ncluded? \(\text{Yes} \(\text{No} \) Ilst (see instructions) | | | |
| I Ta | x-exempt statu | s 🔽 501(c)(3) | insert no) | ┦ " | NO, attacha | iist (see instructions) | | | |
| J W | ebsite: ► H | TTP //WWW TAMPAPREP ORG/ | | H(c) G | roup exemption | number ► | | | |
| K For | n of organization | on Corporation Trust Association | n Other 🕨 | l Year o | f formation 1974 | M State of legal domicile FL | | | |
| | _ | nmary | Sile P | T rear o | Tomadon 1371 | 11 State of legal dofficile 12 | | | |
| Governance | AND F DAY S | CHOOL SERVING GRADES 6-12 | on or most significant activities DLLEGE PREPARATORY, COEDUCA RIGOROUS ACADEMICS, CHARA ITS STUDENTS FOR LIFE WITH A I | CTER EDUC | ATION AND TI | HE DEVELOPMENT OF | | | |
| e Gove | 2 Check | this box 析 if the organization dis | scontinued its operations or disposed | d of more tha | n 25% of its ne | t assets | | | |
| Activities & | 3 Numbe | r of voting members of the govern | ing body (Part VI, line 1a) | | | 3 24 | | | |
| Ē | | | of the governing body (Part VI, line 1 | | | 4 24 | | | |
| Ą | | | calendar year 2012 (Part V, line 2a) | | | 5 189 | | | |
| | | • | ecessary) | | <u> </u> | 6 150 7a 0 | | | |
| | 1 | | rom Form 990-T, line 34 | | | 7b 0 | | | |
| | | | · | | rior Year | Current Year | | | |
| | 8 Cont | ributions and grants (Part VIII, lii | ne 1h) | | 891,49 | 5 1,158,249 | | | |
| alle | 9 Prog | ram service revenue (Part VIII, li | ne 2g) | | 11,415,08 | 3 12,229,181 | | | |
| Rayenue | | · · · · · · · · · · · · · · · · · · · | (A), lines 3, 4, and 7d) | | 84,25 | | | | |
| | 1 | | lines 5, 6d, 8c, 9c, 10c, and 11e) (must equal Part VIII, column (A), li | Ine Line | 244,70! | 314,259 | | | |
| | | · · · · · · · · · · · · · · · · | | ille | 12,635,534 | 14,105,896 | | | |
| | | | IX, column (A), lines 1-3) | | 1,121,91 | | | | |
| | | | X, column (A), line 4) | | (| 0 | | | |
| \$ | 15 Sala 5-1 | | ee benefits (Part IX, column (A), lines | 5 | 7,211,259 | 7,762,058 | | | |
| Expenses | 16a Profe | essional fundraising fees (Part IX, | column (A), line 11e) | | (| 0 | | | |
| ਡੌ | b Total | fundraising expenses (Part IX, column (D) |), line 25) ► 414,895 | | | | | | |
| | | | ines 11a-11d, 11f-24e) | | 4,546,874 | | | | |
| | | · | st equal Part IX, column (A), line 25) | | 12,880,044 | | | | |
| Net Assets or Fund Balances | 19 Reve | inue less expellses Subtract line | 18 from line 12 | | -244,510 ning of Current Year | End of Year | | | |
| LSS e Hear | 20 Tota | l assets (Part X, line 16) | | | 29,347,479 | | | | |
| and and | 1 | l liabilities (Part X, line 26) | | | 18,212,178 | | | | |
| | | | line 21 from line 20 | | 11,135,30 | 1 12,272,133 | | | |
| Unde my k | r penalties on nowledge and arer has any | d belief, it is true, correct, and com | amined this return, including accompanies of preparer (other | | | | | | |
| | <u> </u> | pe or print name and title | | | | | | | |
| | 17 | Print/Type preparer's name DAWN M LOPEZ | Preparer's signature | | CHECK! II 50 | TIN 00853029 | | | |
| Paid | | Firm's name | <u> </u> 1PANY | | self-employed PC Firm's EIN 🟲 59-2: | | | | |
| | parer | | | | | | | | |
| Use | Only | Firm's address ► 611 SOUTH MAGNOLIA | AVENUE | | Phone no (813) 2 | 51-2411 | | | |

TAMPA, FL 336062744

May the IRS discuss this return with the preparer shown above? (see instructions) $\ \ .$

✓ Yes ☐ No

4e Total program service expenses ► 10,043,506

| art IV | Checklist of | Required | Schedules |
|--------|--------------|----------|-----------|
| | | | |

| | | | Yes | No |
|-----------|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 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 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | 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 I | 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 | 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 | 9 | | No |
| LO | 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 | |
| l1 | 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 |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 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 | | No |
| 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 |
| L2a | 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 | |
| | 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 | | Νo |
| L5 | 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> | 15 | | No |
| L6 | 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? <i>If</i> "Yes," complete Schedule F, Parts III and IV | 16 | | No |
| L7 | 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 |
| L8 | 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 | Yes | |
| L9 | 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 | | N o |
| 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 | | | |
| | | 28a | | No |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | N o |
| | 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 | 28c | | N o |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | No |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M | 30 | | N o |
| 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 | | N o |
| 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</i> "Yes," complete Schedule R, Part 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 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | 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? | 20 | Yes | |

| FGII | Statements Regarding Other IRS Filings and Tax Compliance | | | _ |
|-----------|--|---------------|---------|-----|
| | Check if Schedule O contains a response to any question in this Part V | - | Yes | l |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 26 | | 103 | 140 |
| | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | 1 | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | 1 | | |
| | gaming (gambling) winnings to prize winners? | 1 c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | | | |
| b | 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 | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | No |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | No |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| 5a | 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? | | | No |
| | | 5b | | |
| С | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | Νo |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6b | | |
| 7 | 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 services provided to the payor? | 7a | Yes | |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Yes | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | No |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | /- | | INO |
| u | The state the number of forms 5252 med during the year | 1 | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | No |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | Νo |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | No |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | No |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. 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 | | |
| Ь | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 0 | Section 501(c)(7) organizations. Enter | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | 4 | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | - | | |
| | Section 501(c)(12) organizations. Enter | | | |
| а | Gross income from members or shareholders | 1 | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | | | |
| .2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| .3 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 1 | | |
| | Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O | 13a | | |
| b | 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 | | | ı |
| С | Enter the amount of reserves on hand | 1 | | |
| 4a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | No |
| | If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O | 14h | | |

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

| | <u> </u> | | 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 | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 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 | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | | Νo |
| 6 | Did the organization have members or stockholders? | 6 | | Νo |
| 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 | | Νo |
| | | | | |
| Se | ection B. Policies (This Section B requests information about policies not required by the Internal R | evenu | ıe Cod | e.) |
| Se | | evenu | ue Cod Yes | e.) No |
| 10a | Did the organization have local chapters, branches, or affiliates? | evenu 10a | | |
| 10a | ection B. Policies (This Section B requests information about policies not required by the Internal R | | | No |
| 10a b | Did the organization have local chapters, branches, or affiliates? | 10a | | No |
| 10a b 11a | Did the organization have local chapters, branches, or affiliates? | 10a 10b | Yes | No |
| 10a b 11a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b | Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b | Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a | Yes Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b | Yes Yes Yes | No |
| 10a b 11a b 12a b | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b | Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 | Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c | Did the organization have local chapters, branches, or affiliates? 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 whistleblower 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 | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes Yes | No |
| 10a b 11a b 12a b c 13 14 15 | Did the organization have local chapters, branches, or affiliates? | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes Yes | No No |
| 10a b 11a b 12a b c 13 14 15 a b | Did the organization have local chapters, branches, or affiliates? 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? | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes Yes | No No |
| 10a b 11a b 12a b c 13 14 15 a b | Did the organization have local chapters, branches, or affiliates? 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 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 | 10a 10b 11a 12a 12b 12c 13 14 | Yes Yes Yes Yes Yes Yes Yes Yes | No No |

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed▶
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 - Own website Another's website Upon request Other (explain in Schedule O)
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization STEVE GARRETT 727 CASS STREET TAMPA, FL (813) 251-8481

| Form | 990 | (2012) | |
|------|-----|--------|--|
|------|-----|--------|--|

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

| | 1 | 1 | | | | | | | | |
|---------------------------|---|--|-----------------------|---------|--------------|------------------------------|--------|--|--|---|
| (A) Name and Title | (B) A verage hours per week (list any hours for related | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W- 2/1099-MISC) | (E) Reportable compensation from related organizations (W- 2/1099- | (F) Estimated amount of other compensation from the |
| | organizations below dotted line) | Individual trustae or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/1099-M13C) | MISC) | organization and related organizations |
| See Additional Data Table | | | | | | | | | | |
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| | • | • | • | | | | | | | Form 990 (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 hours | more t | more than one box, unless compensation compensation person is both an officer and a director/trustee) roganization (W-organization (W-organiza | | | | | | Reportable compensation from related organizations (W | . (| (F) Estimated amount of other compensation from the organization and | | |
|----|--|---|-----------------------------------|--|---------------|--------------|------------------------------|------------|------------|--|----------------------|--|--------------------------------|---------|
| | | for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | 2/1099 | -MISC) | 2/1099-MISC) | | ganizati relate organiza | ed |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |
| 1b | Sub-Total | | | | | | | | | | | | | |
| с | Total from continuation sheet | | | ١. | | • | • | • | | 910 201 | | 0 | | 115 076 |
| 2 | Total (add lines 1b and 1c) . Total number of individuals (in | - | limited | | | | d abov | e) wl | ho receive | 810,291 d more th | | 0 | | 115,876 |
| | \$100,000 of reportable compe | ensation from th | e organ | ızatı | on ⊫ ! | 5 | | | | | | | | |
| 3 | Did the organization list any f c | ormer officer, dii | ector o | r trus | stee, | , key | emplo | yee, | or highes | t compen | sated employee | | Yes | No |
| 4 | on line 1a? If "Yes," complete S For any individual listed on line | | | | | • mne | neatio | • n and | | nnencati | on from the | 3 | | No |
| • | organization and related organ | | | | | | | | | | | 4 | Yes | |
| 5 | Did any person listed on line 1 | | | | | | | | | anızatıon | or individual for | | 165 | |
| | services rendered to the organ | nization? IT "Yes | ," compi | ete S | cnea | iuie J | i tor su | cn pe | erson . | | [| 5 | | N o |
| | ction B. Independent Co | | | د ا | | | . | | | | | | | |
| 1 | Complete this table for your five compensation from the organization from the organizati | | | | | | | | | | | | | |
| | N | lame and business | address | | | | | | | Des | cription of services | | (C Comper | |
| | | | | | | | | | | | | \dashv | | |
| | | | | | | | | | | | | \pm | | |
| | otal number of independent co | | | not | lımıt | ed t | o thos | e list | ed above) | who rece | ıved more than | | | |

| Part V | | Statement of Revenue Check if Schedule O contains a respo | onse 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 |
| တည | 1a | Federated campaigns 1 | · | | | | |
| tributions, Gifts, Grants Other Similar Amounts | b | Membership dues 1 | · | | | | |
| ∰. Gr | С | Fundraising events 1 | c 173,730 | | | | |
| iffts, ar⊄ | d | Related organizations 10 | <u> </u> | | | | |
| Contributions, Giffs, and Other Similar A | е | Government grants (contributions) | | | | | |
| ons Sil | f | All other contributions, gifts, grants, and 1 | 984,519 | | ł | | |
| outi the | | similar amounts not included above | | | ļ | | ļ |
| ntril 4 O | g | Noncash contributions included in lines 1a-1f \$ | | | | | |
| Containd | h | Total. Add lines 1a-1f | | 1,158,249 | | | |
| <u> </u> | | | Business Code | | | | |
| Program Service Revenue | 2a | PROG SERV REVENUE-RELATED-990 | 611710 | 12,229,181 | 12,229,181 | | |
| Æ | b | | | | | | |
| МСе | С | | | | | | |
| Ser | d | | | | | | |
| E | e f | All other program service revenue | | | | | |
| rogr | ' | An other program service revenue | | | | | |
| Ь | g | Total. Add lines 2a-2f | | 12,229,181 | | | |
| | 3 | Investment income (including divide and other similar amounts) | | 321,578 | | | 321,578 |
| | 4 | Income from investment of tax-exempt bond | l proceeds 🕨 | | | | |
| | 5 | Royalties | | | | | |
| | 6a | (1) Real Gross rents 24,800 | (II) Personal | | | | |
| | b | Less rental 0 | | | | | |
| | c | expenses Rental income 24,800 | | | | | |
| | d | or (loss) Net rental income or (loss) | | 24,800 | 24,800 | | |
| | | (i) Securities | (II) O ther | , | , , , , , , , , , , , , , , , , , , , | | <u> </u> |
| | 7a | Gross amount from sales of 1,214,179 assets other | | | | | |
| | ь | Less cost or other basis and sales expenses 1,131,550 | | | | | |
| | С | Gain or (loss) 82,629 | | | | | |
| | d 8a | Net gain or (loss) | | 82,629 | | | 82,629 |
| Other Revenue | ou | Gross income from fundraising events (not including \$\frac{173,730}{\text{of contributions reported on line 1c}}\$\$ See Part IV, line 18 | | | | | |
| <u>.</u> | L | Local direct expenses | 307,011 | | | | |
| ∄ | b c | Less direct expenses I Net income or (loss) from fundraising | | 169,719 | | | 169,719 |
| | 9a | Gross income from gaming activities See Part IV , line 19 | | | | | |
| | ь | Less direct expenses I | | | | | |
| | С | Net income or (loss) from gaming ac | | | | | |
| | 10a | Gross sales of inventory, less returns and allowances . | | | | | |
| | ь | a Less cost of goods sold b | <u> </u> | | | | |
| | | Net income or (loss) from sales of in | ventory | | | | |
| | | Miscellaneous Revenue | Business Code | | | | |
| | 11a | MISCELLANEOUS | 900099 | 34,886 | 34,886 | | |
| | b | EXAM TESTING | 611710 | 33,928 | 33,928 | | |
| | С | SENIOR COMMENCEMENT | 611710 | 23,485 | 23,485 | | |
| | d | All other revenue | | 27,441 | 27,441 | | |
| | е | Total. Add lines 11a-11d | | 119,740 | | | |
| | 12 | Total revenue. See Instructions . | | 14,105,896 | 12,373,721 | (| 573,926 |

| | t IX Statement of Functional Expenses | | | | |
|----------|--|-----------------------|---|--|---------------------------------------|
| Section | on 501(c)(3) and 501(c)(4) organizations must complete all columns A | | | | |
| | Check if Schedule O contains a response to any question in this F | Part IX | | | <u> </u> |
| | ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 1,266,370 | 1,266,370 | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | , , | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 621,222 | 455,413 | 142,881 | 22,928 |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | 5,546,042 | 3,837,622 | 1,480,800 | 227,620 |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 237,380 | 165,240 | 62,496 | 9,644 |
| 9 | Other employee benefits | 894,683 | 622,789 | 235,548 | 36,346 |
| 10 | Payroll taxes | 462,731 | 322,106 | 121,826 | 18,799 |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | | | | _ |
| c | Accounting | | | | |
| d | Lobbying | | | | _ |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | 94,647 | | 94,647 | |
| g | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | | | | _ |
| 12 | Advertising and promotion | 49,406 | 49,406 | | |
| 13 | | 86,561 | 52,220 | 21,357 | 12,984 |
| 14 | Information technology | 31,805 | 24,412 | 7,393 | 12,304 |
| 15 | Royalties | 31,803 | 24,412 | 7,393 | |
| 16 | Occupancy | | | | |
| 10 17 | | 00.142 | 24.421 | 63.566 | 1 145 |
| | Travel | 98,142 | 34,431 | 62,566 | 1,145 |
| 18 | state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 44,817 | | 26,183 | 18,634 |
| 20 | Interest | 499,185 | | 499,185 | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 1,262,074 | 1,113,743 | | |
| 23 | Insurance | 313,676 | 268,490 | 45,186 | |
| 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) | | | | |
| а | UTILITIES | 374,407 | 327,218 | 47,189 | |
| b | SUMMER SCHOOL EXPENSE | 324,560 | 324,560 | | |
| c | REMISSION | 319,278 | 319,278 | | |
| d | DEPARTMENT EXPENSE | 311,404 | 311,404 | | |
| e | All other expenses | 822,167 | 548,804 | 206,568 | 66,795 |
| 25 | Total functional expenses. Add lines 1 through 24e | 13,660,557 | 10,043,506 | 3,202,156 | 414,895 |
| 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 ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

| | T X | Check if Schedule O contains a response to any question in th | s Part | : X | | | · · · · <u> </u> |
|---------------|-----|---|----------------------|---------------------------------------|--------------------------|----------|---------------------------|
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash—non-interest-bearing | | | 11,832 | 1 | 251,153 |
| | 2 | Savings and temporary cash investments | | | 1,067,756 | 2 | 1,332,914 |
| | 3 | Pledges and grants receivable, net | | | 290,880 | 3 | 425,880 |
| | 4 | Accounts receivable, net | | | 303,167 | 4 | 285,962 |
| | 5 | Loans and other receivables from current and former officers, employees, and highest compensated employees Complete P Schedule L | art II | of | 47,000 | - | 0 |
| ıts | 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 | buting employers | · · · · · · · · · · · · · · · · · · · | 5 | <u> </u> | |
| Assets | 7 | Notes and loans receivable, net | | 516,051 | 7 | 379,058 | |
| ď | 8 | Inventories for sale or use | | | 14,263 | - | 1,494 |
| | 9 | Prepaid expenses and deferred charges | | | 302,196 | | 297,301 |
| | 10a | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | | 20 424 459 | , | 9 | 207,001 |
| | Ь | Less accumulated depreciation | 10b | 1 | 15,489,116 | 10c | 15,499,870 |
| | 11 | Investments—publicly traded securities | | | 8,779,532 | 11 | 10,507,594 |
| | 12 | Investments—other securities See Part IV, line 11 | | | 2,288,447 | 12 | 1,063,456 |
| | 13 | Investments—program-related See Part IV, line 11 | 0 | 13 | 0 | | |
| | 14 | Intangible assets | | 14 | | | |
| | 15 | Other assets See Part IV, line 11 | | 237,239 | | 242,694 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34). | 29,347,479 | | 30,287,376 | | |
| | 17 | Accounts payable and accrued expenses | | | 607,139 | | 484,856 |
| | 18 | Grants payable | | | , | 18 | , |
| | 19 | Deferred revenue | | | 1,090,498 | 19 | 1,327,279 |
| | 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 disqual | ors, t | | | | |
| Liabilit | | persons Complete Part II of Schedule L | | | | 22 | |
| Ĭ | 23 | Secured mortgages and notes payable to unrelated third partie | | | 16,514,541 | 23 | 16,203,108 |
| | 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 | art X o | f Schedule | | 25 | |
| | 126 | D | | | 18,212,178 | 25 | 19.015.242 |
| | 26 | Total liabilities. Add lines 17 through 25 | | | 10,212,170 | 26 | 18,015,243 |
| ě | | lines 27 through 29, and lines 33 and 34. | | | 7 972 560 | 27 | 9 924 264 |
| <u>ದ</u> | 27 | Unrestricted net assets | 7,872,569 242,225 | | 8,834,261 386,277 | | |
| ã | 28 | Temporarily restricted net assets | | | | | |
| Fund Balances | 29 | Permanently restricted net assets | | | 3,020,507 | 29 | 3,051,595 |
| 正 | | Organizations that do not follow SFAS 117 (ASC 958), check I complete lines 30 through 34. | iere 🏲 | j and | | | |
| Assets or | 30 | Capital stock or trust principal, or current funds | _ | | | 30 | |
| ets ets | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | | 31 | |
| ¥\$ \$ | 32 | Retained earnings, endowment, accumulated income, or other | | | | 32 | |
| Net ₄ | 33 | Total net assets or fund balances | | | 11,135,301 | 33 | 12,272,133 |
| ž | 34 | Total liabilities and net assets/fund balances | | | 29,347,479 | | 30,287,376 |
| | J-4 | rotar navinties and net assets/fully valdifices | | • • | 29,347,479 | 34 | 30,201,316 |

| Pai | rt XI Reconcilliation of Net Assets | | | | |
|-----|---|-----------|-----|------|---------|
| | Check if Schedule O contains a response to any question in this Part XI | • • | • • | • • | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | | | |
| | | 1 | | 14,1 | 105,896 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 13,6 | 560,557 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | | 2 | 145,339 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 11 . | 135,301 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 591,492 |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 1 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | | 12,7 | 272,133 |
| Par | t XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | . ᅜ |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | No |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revie a separate basis, consolidated basis, or both | wed on | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Yes | |
| | If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both | arate | | | |
| | ▼ Separate basis | | | | |
| С | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant? | it of the | 2c | Yes | |
| | If the organization changed either its oversight process or selection process during the tax year, explain i Schedule O | n | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133? | e | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | required | 3b | | |

Software ID: Software Version:

EIN: 59-1618607

Name: TAMPA PREPARATORY SCHOOL INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| Form 990, Part VII - Compensation of Compensated Employees, and Indepe | Officers, Dir ndent Contra | ectors | ,Tru | ıste | es, | Key | En | nployees, Highe | st | _ |
|---|--|-----------------------------------|-----------------------|-------------------------------------|-----------------------------|---------------------------------|--------|---|---|--|
| (A) Name and Title | (B) Average hours per week (list any | dıre | than | not one on i r an trust | box s bot d a tee) | th | | (D) 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 |
| | hours for related organizations below dotted line) | Individual trustee or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | | | organizations |
| KEVIN PLUMMER HEAD OF SCHOOL, TRUSTEE | 40 00 | х | | | x | х | | 322,940 | 0 | 48,943 |
| MAUREEN AYRAL TRUSTEE | 0 00 | х | | | | | | 0 | 0 | 0 |
| CHRISTINE BURDICK TRUSTEE | 0 00 | х | | | | | | 0 | 0 | 0 |
| CHARLES CARVER TRUSTEE | 0 00 | х | | | | | | 0 | 0 | 0 |
| TERRY CURRY TRUSTEE | 0 00 | х | | | | | | 0 | 0 | 0 |
| MATTHEW DANAHY TRUSTEE | 0 00 | х | | | | | | 0 | 0 | 0 |
| ERIC EBBERT TRUSTEE | 0 00 | х | | | | | | 0 | 0 | 0 |
| IRA FEDERER TRUSTEE | 0 00 | х | | | | | | 0 | 0 | 0 |
| LAUREL FREDLAKE TRUSTEE | 0 00 | х | | | | | | 0 | 0 | 0 |
| DONNA HATTON TRUSTEE | 0 00 | х | | | | | | 0 | 0 | 0 |
| GAIL GOLMAN HOLTZMAN TRUSTEE | 0 00 | х | | | | | | 0 | 0 | 0 |
| DONNA PETERSON TRUSTEE | 0 00 | х | | | | | | 0 | 0 | 0 |
| EVELYN SAWICKI TRUSTEE | 0 00 | х | | | | | | 0 | 0 | 0 |
| TODD SCHLEMMER TRUSTEE | 0 00 | х | | | | | | 0 | 0 | 0 |
| ELIZABETH SIGETY TRUSTEE | 0 00 | х | | | | | | 0 | 0 | 0 |
| ARNE SKJAERPE TRUSTEE | 0 00 | х | | | | | | 0 | 0 | 0 |
| CATHY SMITH TRUSTEE EMERITA | 0 00 | х | | | | | | 0 | 0 | 0 |
| STEVE TORRES TRUSTEE | 0 00 | х | | | | | | 0 | 0 | 0 |
| GLENN VAUGHN TRUSTEE (PAST PRESIDENT) | 0 00 | х | | | | | | 0 | 0 | 0 |
| ROBERT WALTER TRUSTEE | 0 00 | х | | | | | | 0 | 0 | 0 |
| CHRISTINE ZETTEL TRUSTEE | 0 00 | х | | | | | | 0 | 0 | 0 |
| TED ZOLLINGER TRUSTEE | 0 00 | х | | | | | | 0 | 0 | 0 |
| GAIL BERNUCCA PRESIDENT, TRUSTEE | 0 00 | | | х | | | | 0 | 0 | 0 |
| BRUCE BURDGE SECRETARY, TRUSTEE | 0 00 | | | х | | | | 0 | 0 | 0 |
| KEN FULLERTON TREASURER, TRUSTEE | 0 00 | | | x | | | | 0 | 0 | 0 |

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

| Compensated Employees, and Indeper | naent Contra | actors | | | | | | | | |
|---|--|-----------------------------------|-----------------------|------------------------------------|-----------------------------|------------------------------|--------|--|---|--|
| (A) Name and Title | (B) Average hours per week (list | | than | o not n one son is er and | box s bot d a tee) | c, oth | | (D) 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 |
| | any hours for related organizations below dotted line) | Individual trustae or director | Institutional Trustee | Officei | Key employee | Highest compensated employee | Former | | | related organizations |
| STEVEN MEZER VICE-PRESIDENT, TRUSTEE | 0 00 | | | х | | | | 0 | 0 | 0 |
| JEFFREY MITCHELL 2ND VICE-PRESIDENT, TRUSTEE | 0 00 | | | х | | | | 0 | 0 | 0 |
| PETER SHEPLEY ASSOCIATE HEAD OF SCHOOL | 40 00 | | | | | х | | 152,212 | 0 | 8,999 |
| DENNIS FACCIOLO DIRECTOR OF ADMISSIONS | 40 00 | | | | | х | | 112,923 | 0 | 16,929 |
| STEPHEN GARRETT BUSINESS MANAGER | 40 00 | | | | | х | | 116,754 | 0 | 20,814 |
| JOSEPH FENLON DIRECTOR OF MIDDLE SCHOOL | 40 00 | | | | | х | | 105,462 | 0 | 20,191 |
| | | | | | | | | | | |

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493051004194

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

TAMPA PREPARATORY SCHOOL INC

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

2012

Open to Public Inspection

| | | | | | | | | | 59-1618 | | |
|-----------|-------------------------|-------------------|----------------------------|---|--|----------------------------|--|------------------------------|---|----------------------|---|
| Pai | | | | blic Charity Sta | | | | | | instruction | ıs. |
| | rganı: | | | te foundation becaus | | | = - | | | | |
| 1 | <u> </u> | | • | on of churches, or a | | | | section 170 | (b)(1)(A)(i) | • | |
| 2 | 고 | | | in section 170(b)(1 | | | | | | | |
| 3 | <u>_</u> | | | perative hospital se | = | | | | | | |
| 4 | ı | | | h organization operat ity, and state | ted in conjun | ction with a | a hospital de | scribed in s | ection 170(b |)(1)(A)(iii). | Enter the |
| 5 | Γ | Anorg | anızatıon op | erated for the benefi | t of a college | or univers | ıty owned or | operated by | a governme | ntal unit des | scribed in |
| | | sect ior | 170(b)(1)(| (A)(iv). (Complete P | art II) | | | | | | |
| 6 | \sqcap | A fede | ral, state, or | local government or | government | al unit des | cribed in sec | tion 170(b) | (1)(A)(v). | | |
| 7 | Γ | describ | oed in sect ic | at normally receives on 170(b)(1)(A)(vi). | (Complete F | art II) | | _ | nental unit or | from the ge | neral public |
| 8 | <u> </u> | | | described in section | | | - | - | | | |
| 9 | ı | _ | | at normally receives | | | * * | | · · | · · | · - |
| | | | | rities related to its ex | | | | | | | |
| | | | | oss investment inco | | | | | | 1 tax) from l | ousinesses |
| | | - | | ganızatıon after June | • | | | • | • | | |
| 10 | | _ | | ganized and operated | | | | | | | |
| 11 | ı | one or the box | more public cthat descr | ganized and operated ly supported organiz bes the type of supp b Type II c | ations descr orting organ | ıbed ın sec ızatıon and | tion 509(a)(complete lin | l) or section es 11e thro | n 509(a)(2) ough 11h | See section | 509(a)(3). Check |
| e | Γ | other t | | ox, I certify that the on managers and ot | | | | | | | |
| f | | If the c | | received a written de | etermination | from the I | RS that it is a | Type I, Ty | pe II, or Typ | e III suppo | rting organization, |
| g | | | | 2006, has the organi | zation accer | ted any gif | t or contribu | tion from an | y of the | | • |
| _ | | | ng persons? | | · | | | | • | | |
| | | | | irectly or indirectly o | • | | _ | h persons d | escribed in (i | | Yes No |
| | | • | | governing body of th | | - | on? | | | | lg(i) |
| | | • • | • | er of a person descr | • • | | | | | | g(ii) |
| | | | | lled entity of a perso | | | | | | 11 | g(iii) |
| h | | Provide | e the followi | ng information about | the supporte | ed organıza | tion(s) | | | | |
| s |) Nan uppoi ganiz | ted | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is organiza col (i) or in the | ation in rganized | (vii) A mount of monetary support |
| | | | | instructions)) | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | | | |
| Total | | | | | | | | | | | |

| Sch | edule A (Form 990 or 990-EZ) 2012 | | | | | | | Page 2 |
|--------|---|------------------|--------------------|------------------|--------------------|------------------|-----------|----------------|
| 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.) | |
| | ection A. Public Support endar year (or fiscal year beginning | | | | | 1 | | |
| | in) ► | (a) 2008 | (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 | Total. Add lines 1 through 3 | | | | | | | |
| 5 | The portion of total contributions by each person (other than a | | | | | | | |
| | governmental unit or publicly | | | | | | | |
| | supported organization) included on | | | | | | | |
| | line 1 that exceeds 2% of the | | | | | | | |
| | amount shown on line 11, column | | | | | | | |
| 6 | (f) Public support. Subtract line 5 from | | | | | | | |
| | line 4 | | | | | | | |
| S | ection B. Total Support | | | | | | | |
| Cal | endar year (or fiscal year beginning | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 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 | First five years. If the Form 990 is this box and stop here | | | | | | | 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 stop here. The organization qua | | | | me 1 1 13 33 1/3/0 | or more, | JIICCK CI | ► □ |
| b | 33 1/3% support test—2011. If the | | | | and line 15 is 33 | 3 1/3% or n | nore, ch | eck this |
| | box and stop here. 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 | 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 | | | | | | | ▶ ┌ |

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 | Total. 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) 2009 | (c) 2010 | (d) 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 | |
| | | | | | . , , | | |
| 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: 93493051004194

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

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

Open to Public

| Interna | al Revenue Service | ► Attach to For | m 990. ► See separate instructions. | Inspection |
|----------|--------------------|--|--|--|
| | me of the organ | | | Employer identification number |
| | | Jenose Inc | | 59-1618607 |
| Pa | | | | unds or Accounts. Complete if the |
| | organi | zation answered "Yes" to Form 990 | , Part IV, line 6. (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number a | at end of year | (a) Donor advised funds | (b) Funds and other accounts |
| 2 | | tributions to (during year) | | |
| 3 | | nts from (during year) | | |
| 4 | | ue at end of year | | |
| 5 | | zation inform all donors and donor adviso | ere in writing that the accets held in don | or advised |
| , | funds are the o | organization's property, subject to the or | ganization's exclusive legal control? | ☐ Yes ☐ No |
| 6 | | zation inform all grantees, donors, and d :haritable purposes and not for the benef | | |
| | | ermissible private benefit? | int of the dollor of dollor advisor, or for ar | Yes No |
| Pa | rt III Conse | rvation Easements. Complete If | the organization answered "Yes" to | o Form 990, Part IV, line 7. |
| 1 | Purpose(s) of | conservation easements held by the org | anızatıon (check all that apply) | |
| | | on of land for public use (e g , recreation | | historically important land area |
| | Protection | of natural habitat | Preservation of a c | certified historic structure |
| | ☐ Preservati | on of open space | | |
| 2 | | s 2a through 2d if the organization held a | a qualified conservation contribution in t | he form of a conservation |
| | easement on t | he last day of the tax year | Г | Held at the End of the Year |
| а | Total number of | of conservation easements | | 2a |
| u b | | restricted by conservation easements | ŀ | 2b |
| c | _ | servation easements on a certified histo | oric structure included in (a) | 2c |
| d | | servation easements included in (c) acc | • • | |
| u | | ure listed in the National Register | , and a died. 0, 1, , 00, and not on a | 2d |
| 3 | Number of con | servation easements modified, transferr | red, released, extinguished, or terminate | d by the organization during |
| | the tax year ► | · <u> </u> | | |
| 4 | Number of stat | tes where property subject to conservat | ion easement is located 🛌 | |
| 5 | | nization have a written policy regarding t f the conservation easements it holds? | the periodic monitoring, inspection, hand | dling of violations, and Yes No |
| _ | | nteer hours devoted to monitoring, inspe | cting and enforcing conservation easen | |
| 6 | Stall alla volul | iteer nours devoted to monitoring, inspe | cting, and emoreing conservation easen | ments during the year |
| | Λ mount of ovn | enses incurred in monitoring, inspecting | and opforcing concervation eacoments | during the year |
| 7 | • | enses incurred in monitoring, inspecting | g, and emoreing conservation easements | s during the year |
| 8 | | nservation easement reported on line 2(o | d) above satisfy the requirements of sec | tion 170(h)(4)(B)(ı) |
| | | 70(h)(4)(B)(II)? | .,,, | ☐ Yes ☐ No |
| 9 | balance sheet | escribe how the organization reports coi , and include, if applicable, the text of th | e footnote to the organization's financial | |
| 5- | | on's accounting for conservation easeme | | an Other Circiles Assets |
| Pal | | iizations Maintaining Collection ete if the organization answered "Y | | or Other Sillilar Assets. |
| | | tion elected, as permitted under SFAS 1 | | nue statement and balance sheet |
| | | istorical treasures, or other similar asse de, in Part XIII, the text of the footnote t | | |
| b | works of art, h | tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes | ts held for public exhibition, education, | |
| | (i) Revenues i | ncluded in Form 990, Part VIII, line 1 | | ► \$ |
| | (ii) Assets inc | luded in Form 990, Part X | | ► \$ |
| 2 | If the organiza | tion received or held works of art, histor ints required to be reported under SFAS | | ' |
| а | _ | · | , | № ¢ |
| *** | Revenues Incl | uded in Form 990, Part VIII, line 1 | | ► \$ |

b Assets included in Form 990, Part X

| | Organizations Maintaining Co | | | | | | | | | | |
|--------------------------|--|---|-----------------|----------------|-------------------------------------|------------------------------------|-----------------------|------------------------------|------------|-----------------|--|
| 3 | Using the organization's acquisition, access collection items (check all that apply) | ion, and other recor | ds,ch | eck a | · | _ | | _ | se of | ts | |
| а | Public exhibition | | d | ı | Loan or ex | kchange prog | rams | | | | |
| b | Scholarly research | | e | Γ | Other | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's c Part XIII | ollections and expla | ın hov | v they | further the | e organizatioi | ı's ex | empt purpos | e in | | |
| 5 | During the year, did the organization solicit | | | | | | | ıılar | г, | | . |
| Dar | assets to be sold to raise funds rather than to the sold to raise funds rather than the sold in the so | | | | | | | oc" to Form | <u>۲ ۱</u> | | l No |
| | Part IV, line 9, or reported an ar | | | | | on answere | u i | es to 10111 | 1 990 | • | |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | dian or other interme | diary | forco | ontribution | s or other ass | etsı | not | Γ, | 'es | ┌ No |
| b | If "Yes," explain the arrangement in Part XI | II and complete the | follow | ving ta | able | - | | | | | |
| | | | | | | | | , | 4 mou | nt | |
| С | Beginning balance | | | | | | 1c | | | | |
| d | Additions during the year | | | | | | 1d | | | | |
| е | Distributions during the year | | | | | | 1e | | | | |
| f | Ending balance | | | | | L | 1f | | | | |
| 2a | Did the organization include an amount on F | orm 990, Part X, line | e 21? | | | | | | Γ, | es (| ┌ No |
| b | If "Yes," explain the arrangement in Part XII | I Check here if the | expla | natio | n has been | ı provided in f | art > | KIII | | | Γ |
| Pa | rt V Endowment Funds. Complete | ıf the organızatıoı | n ans | were | d "Yes" to | o Form 990 | Par | | | | |
| | | (a)Current year | (b) | Prior ye | | Two years back | _ | | | | ears back |
| 1a | Beginning of year balance | 3,020,507 | | | 66,300 | 2,422,29 | + | 2,385,59 | | | 2,240,739 |
| b | Contributions | 31,088 | | | 54,207 | 544,009 | | 36,69 | 95 | | 144,857 |
| С | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| e | Other expenditures for facilities and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | 3,051,595 | | 3,0 | 20,507 | 2,966,300 | | 2,422,29 | 1 | | 2,385,596 |
| 2 | Provide the estimated percentage of the cur | rent year end baland | e (lın | e 1g, | column (a |)) held as | | | | | |
| а | Board designated or quasi-endowment 🕨 | 0 % | | | | | | | | | |
| ь | Permanent endowment 🕨 100 000 % | | | | | | | | | | |
| c | Temporarily restricted endowment F The percentages in lines 2a, 2b, and 2c sho | 0 % uld equal 100% | | | | | | | | | |
| | Are there endowment funds not in the posse | ssion of the organiza | ation t | hat a | re held and | d administere | d for | the | _ | | |
| За | The there endowment failed five in the posse | | | | ie neid and | | | | | V | |
| 3a | organization by | | | | re nera and | | | _ | | Yes | No |
| <i>3</i> a | organization by (i) unrelated organizations | | | | | | | | a(i) | res | No |
| | organization by (i) unrelated organizations | | | | | | | | a(ii) | res | |
| b | organization by (i) unrelated organizations | ns listed as required | d on S | | | | | | | Yes | No |
| ь 4 | organization by (i) unrelated organizations (ii) related organizations If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the | ns listed as required ne organization's en | d on S dowm | ched ent fu | ule R? . nds | | | | a(ii) | res | No |
| ь 4 | organization by (i) unrelated organizations | ns listed as required ne organization's en | d on S dowm | chedient fu | ule R? . nds | (b) Cost or o | | | a(ii) 3b | | No |
| b 4 Par | organization by (i) unrelated organizations | ns listed as required ne organization's en | d on S dowm | chedient fu | ule R? . nds line 10. Cost or other | (b) Cost or o basis (other | | (c) Accumulat | a(ii) 3b | | No No ok value |
| b 4 Par | organization by (i) unrelated organizations | ns listed as required ne organization's en | d on S dowm | chedient fu | ule R? . nds line 10. Cost or other | (b) Cost or o basis (other | r) ,383 | (c) Accumulat | 3b | (d) Boo | No No |
| b 4 Par 1a b | organization by (i) unrelated organizations | ns listed as required ne organization's en | d on S dowm | chedient fu | ule R? . nds line 10. Cost or other | (b) Cost or o basis (other | r) ,383 | (c) Accumulated depreciation | 3b | (d) Boo | No No Dk value |
| b 4 Par 1a b | organization by (i) unrelated organizations | ns listed as required ne organization's en | d on S dowm | chedient fu | ule R? . nds line 10. Cost or other | (b) Cost or o basis (other | er) 9,383 9,269 | (c) Accumulated depreciation | a(ii) 3b | (d) Boo | No No Dk value |
| b 4 Par 1a b c d | organization by (i) unrelated organizations | ns listed as required ne organization's en | d on S dowmo | chedient fu | ule R? . nds line 10. Cost or other | (b) Cost or o basis (other | er) 9,383 9,269 | (c) Accumulated depreciation | a(ii) 3b | (d) Boo | No No No ok value 320,383 4,200,643 |

| Part VII Investments—Other Securities. See | Form 990, Part X, line 1 | 2. | |
|---|---|----------------|--------------------|
| (a) Description of security or category | (b)Book value | (c) Metho | d of valuation |
| (including name of security) | | Cost or end-of | -year market value |
| (1)Financial derivatives | | | |
| (2)Closely-held equity interests Other | | | |
| Other | | | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 12) | | | |
| Part VIII Investments—Program Related. See | | <u> </u> 13 | |
| (a) Description of investment type | (b) Book value | | d of valuation |
| | (=, =================================== | | -year market value |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 13) | | | |
| Part IX Other Assets. See Form 990, Part X, III | | | |
| (a) Descrip | | | (b) Book value |
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| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15 | 7.) | | |
| Part X Other Liabilities. See Form 990, Part X | | | |
| 1 (a) Description of liability | (b) Book value | | |
| Federal income taxes | | | |
| reactar meanic taxes | | | |
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| Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶ | İ | | |

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|------|---|------|--------------------|------|---------------------------------------|
| Par | t XI Reconciliation of Revenue per Audited Financial State | emei | nts With Revenue p | er R | leturn |
| 1 | Total revenue, gains, and other support per audited financial statements . | | | 1 | 14,402,000 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | | | |
| а | Net unrealized gains on investments | 2a | 691,492 | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII).............. | 2d | -144,335 | | |
| e | Add lines 2a through 2d | | | 2e | 547,157 |
| 3 | Subtract line 2e from line 1 | | | 3 | 13,854,843 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . | 4a | 94,647 | | |
| b | Other (Describe in Part XIII)............. | 4b | 156,406 | | |
| c | Add lines 4a and 4b | | | 4c | 251,053 |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 | 12) | | 5 | 14,105,896 |
| Part | XII Reconciliation of Expenses per Audited Financial Stat | teme | nts With Expenses | per | Return |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 13,409,220 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | | | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIII) | 2d | -284 | | |
| e | Add lines 2a through 2d | | | 2e | -284 |
| 3 | Subtract line 2e from line 1 | | | 3 | 13,409,504 |
| 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 | 94,647 | | |
| b | Other (Describe in Part XIII) | 4b | 156,406 | | |
| c | Add lines 4a and 4b | | | 4c | 251,053 |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line | 18) | | 5 | 13,660,557 |

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

| Information | | |
|---|------------------|---|
| Identifier | Return Reference | Explanation |
| DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS | PART V, LINE 4 | THE ENDOWMENT FUND CONSISTS OF PERMANENTLY RESTRICTED NET ASSETS TO PROVIDE FOR TEACHER SALARIES, BENEFITS AND PROFESSIONAL DEVELOPMENT, AS WELL AS, STUDENT FINANCIAL AID, SCHOLARSHIPS AND ADDITIONAL INSTRUCTIONAL PROGRAMS |
| PART XI, LINE 2D - OTHER ADJUSTMENTS | | CHANGE IN AGENCY FUND ACTIVITY -144,051 AMOUNTS NETTED WITH REVENUES -284 |
| PART XI, LINE 4B - OTHER ADJUSTMENTS | | AMOUNTS CLASSIFIED AS REVENUES ON FINANCIAL STATEMENTS AND EXPENSES ON FORM 990 156,406 |
| PART XII, LINE 2D - OTHER ADJUSTMENTS | | AMOUNTS NETTED WITH REVENUES -284 |
| PART XII, LINE 4B - OTHER ADJUSTMENTS | | AMOUNTS CLASSIFIED AS REVENUES ON FINANCIAL STATEMENTS AND EXPENSES ON FORM 990 156,406 |
| | | THE DIFFERENCE BETWEEN BEGINNING AND ENDING NET ASSETS ON PART I LINE 22 IS \$144,051 HIGHER THAN THE NET ASSETS ON THE FINANCIAL STATEMENTS, DUE TO A RECLASSIFICATION OF ORGANIZATIONAL FUNDS FOR TAX RETURN REPORTING PURPOSES PART XII, LINE 4B AND PART XIII, LINE 4B THE \$156,406 DIFFERENCE IN REVENUES AND EXPENSES IS COMPOSED OF THE FOLLOWING GOLF REVENUES INCLUDED IN EXPENSE SECTION OF FINANCIAL STATEMENTS 33,965 ANNUAL FUND EXPENSES INCLUDED IN REVENUE SECTION OF FINANCIAL STATEMENTS 122,441 NET RECLASSIFICATION FOR TAX RETURN 156,406 |

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DLN: 93493051004194

OMB No 1545-0047

SCHEDULE E

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Schools

► Attach to Form 990 or Form 990-EZ.

Employer identification number

TAMPA PREPARATORY SCHOOL INC 59-1618607 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 | SCHEDULE E, PART I, LINE 3 | BROCHURE READS "THE SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR OR ETHNIC ORIGIN" THIS BROCHURE IS GIVEN TO ANY ONE INQUIRING ABOUT THE SCHOOL AND IS USED IN PROMOTIONAL MAILINGS AND ALL NEWSPAPER NOTICES |

Schedule E (Form 990 or 990-EZ) 2012

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DLN: 93493051004194

OMB No 1545-0047

SCHEDULE G (Form 990 or 990-EZ)

Name of the organization

TAMPA PREPARATORY SCHOOL INC

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

Open to Public Inspection

Employer identification number

| | | | | | | 59-1618607 | |
|------------------|--|--|--|--|--|---|--|
| Pa | rt I Fundraising Act | ivities. Complete | ıf the o | rganızatı | ion answered "Yes" t | o Form 990, Part IV | , line 17. |
| a b c d | Indicate whether the organ Mail solicitations Internet and email solic Phone solicitations In-person solicitations Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at least | citations written or oral agree Form 990, Part VII) t paid individuals or | ement witl or entity entities (f | e f g n any Indi In connec | Solicitation of non Solicitation of gov Special fundraisin vidual (including officer | -government grants ernment grants g events rs, directors, trustees undraising services? | TYes TN o |
| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | fundrais custo cont | Did ser have ody or crol of outlons? | (iv) Gross receipts from activity | (v) A mount paid to (or retained by) fundraiser listed in col (i) | (vi) A mount paid to (or retained by) organization |
| | | | Yes | No | | | |
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| Tot | al | | | > | | | |
| 3 | List all states in which the dicensing | organization is regis | tered or li | censed to | solicit funds or has be | en notified it is exempt | from registration or |
| | | | | | | | |
| | | | | | | | |

| Sche | dule | e G (Form 990 or 990-EZ) 2012 | | | | Page 2 |
|----------------|-------|--|-----------------------------|---|-------------------|--|
| Pai | rt II | Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts of | aising event contribut | | | |
| | | <u> </u> | (a) Event #1 AUCTION | (b) Event #2 AGENCY FUND | (c) O ther events | (d) Total events (add col (a) through col (c)) |
| | | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 264,185 | 242,590 | 33,966 | 540,741 |
| ževe | 2 | Less Contributions | 173,730 | | | 173,730 |
| | 3 | Gross income (line 1 minus line 2) | 90,45 | 5 242,590 | 33,966 | 367,011 |
| | 4 | Cash prizes | | | | |
| မှာ | 5 | Noncash prizes | | | | |
| Expenses | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages . | | | | |
| Direct | 8 | Entertainment | | | | |
| | 9 | Other direct expenses . | 90,45 | 98,539 | 8,298 | 197,292 |
| | 10 | Direct expense summary Add lir | nes 4 through 9 ın columr | n (d) | | (197,292) |
| | 11 | Net income summary Combine I | ine 3, column (d), and line | e 10 | 🟲 | 169,719 |
| Reveilue Bar | | Gaming. Complete if the o \$15,000 on Form 990-EZ, li | | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add |
| 3eV€ | 1 | Gross revenue | | | | (c)) |
| | | | | | | |
| sesued | | Cash prizes | | | | |
| E E E | 3 | Non-cash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| <u>ā</u> | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | ☐ Yes ☐ No | ☐ Yes ☐ No | Г Yes Г No | |
| | 7 | Direct expense summary Add line | s 2 through 5 in column (| (d) | 🛌 | |
| | 8 | Net gaming income summary Com | nbine lines 1 and 7 in colu | umn (d) | 🕨 | |
| 9 a b | Is | ter the state(s) in which the organiz the organization licensed to operate 'No," explain | e gaming activities in eac | h of these states? | | |
| 10a b | | re any of the organization's gaming | licenses revoked, suspe | nded or terminated during | | |

| 70ES | the organization operate gaining | activities with nonlinelinders | | · · I Yes I No |
|------------|-----------------------------------|--|-------------------------------------|----------------------------|
| .2 | | neficiary or trustee of a trust or a men | | |
| | formed to administer charitable o | gaming? | | · · · · Fyes F No |
| .3 | Indicate the percentage of gamir | ng activity operated in | | |
| а | The organization's facility | | | 13a |
| b | An outside facility | | | 13b |
| .4 | Enter the name and address of th | ne person who prepares the organizati | on's gaming/special events books | and records |
| | Name 🟲 | | | |
| | Address 🟲 | | | |
| | revenue? | ntract with a third party from whom the | | |
| | amount of gaming revenue retain | ed by the third party 🟲 \$ | | |
| С | If "Yes," enter name and address | s of the third party | | |
| | Name 🕨 | | | |
| | Address ▶ | | | |
| . 6 | Gaming manager information | | | |
| | Name 🟲 | | | |
| | Gaming manager compensation | \$ \$ | | |
| | Description of services provided | > | | |
| | ☐ Director/officer | Employee | Independent contractor | |
| .7 | Mandatory distributions | | | |
| а | Is the organization required unde | er state law to make charitable distrib | utions from the gaming proceeds to | |
| | retain the state gaming license? | | | $\Gamma_{Yes} \Gamma_{No}$ |
| b | Enter the amount of distributions | required under state law distributed | to other exempt organizations or sp | ent |
| | <u> </u> | activities during the tax year 🟲 🖇 | | |
| Par | columns (III) and (v), a | mation. Complete this part to pi and Part III, lines 9, 9b, 10b, 15b ditional information (see instruct | , 15c, 16, and 17b, as applical | |
| | Identifier | Return Reference | Explana | tion |
| | | | | |

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Schedule I

(Form 990)

DLN: 93493051004194 OMB No 1545-0047

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

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

Open to Public Department of the Treasury Attach to Form 990 Inspection Internal Revenue Service Name of the organization Employer identification number TAMPA PREPARATORY SCHOOL INC 59-1618607 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and √ Yes Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (a) Name and address of **(b)** EIN (d) A mount of cash (g) Description of (h) Purpose of grant (c) IRC Code (e) A mount of nonvaluation non-cash assistance or assistance organization section grant cash or government if applicable assistance (book, FMV, appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

| (a)Type of grant or assistance | (b) Number of recipients | (c) A mount of cash grant | (d) A mount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|--|----------------------------------|-------------------------------------|--|--|---|
| (1) SCHOOL TUITION SCHOLARSHIPS AND FINANCIAL AID | 113 I | ı | 1,266,370 | | TUITION IS COVERED FOR THE STUDENT BY THE SCHOOL |
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Part IV Supplemental Information.

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

| Identifier | Return Reference | Explanation |
|--|------------------|---|
| PROCEDURE FOR MONITORING GRANTS IN THE U S | , | SCHEDULE I, PART I, LINE 2 TAMPA PREPARATORY SCHOOL AWARDS SCHOLARSHIPS AND FINANCIAL ASSISTANCE TO STUDENTS BASED UPON THE SCHOOL'S AVAILABLE FUNDS, DEMONSTRATED FINANCIAL NEED, AND/OR SCHOLARSHIP CRITERIA, WHICH IS DETERMINED BY THE SCHOOL AND/OR STUDENT SERVICE FOR FINANCIAL AID (SSS) THE SCHOOL HAS POLICIES AND GUIDELINES IN PLACE REGARDING THE APPLICATION PROCESS AND ELIGIBILITY STUDENTS ARE ON SITE SO EDUCATIONAL PROGRESS IS ROUTINELY MONITORED FURTHERMORE, FUNDS ARE ALSO MONITORED BY MAINTAINING ACCURATE ACCOUNTING RECORDS AND SUPPORT |

DLN: 93493051004194

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Schedule J (Form 990)

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

| Name | of the | organ | ızatıon | |
|------|---------------|-------|---------------|-----|
| AMPA | PREPAR | ATORY | SCHOOL | INC |

Employer identification number

59-1618607

| Par | rt 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 | | | |
| | Tax idemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| b | If any of the boxes 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 | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the filing organization 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 | | | |
| | ☐ Independent compensation consultant ☐ Compensation survey or study | | | |
| | 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 | on | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | No |
| b | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | Yes | |
| c | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | No |
| | 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. | | | <u> </u> |
| 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 | | No |
| b | Any related organization? | 5b | | No |
| | 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 | | No |
| b | Any related organization? | 6b | | No |
| | 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 in Part III | | | l |
| _ | | 8 | | No |
| 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-MIS | SC compensation | (C) Retirement and | , , <i>,</i> | (E) Total of columns | ` ' |
|--|-------------|--------------------------|---|---|--------------------------------|--------------|----------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(ı)-(D) | reported as deferred in prior Form 990 |
| (1)KEVIN PLUMMER HEAD OF SCHOOL, TRUSTEE | (i) (ii) | 2 2 <i>7</i> ,5 0 0 0 | 25,000 0 | 70,440 0 | 30,865 0 | 18,078 0 | 371,883 0 | 27,573 0 |
| (2)PETER SHEPLEY ASSOCIATE HEAD OF SCHOOL | (i) (ii) | 152,212 0 | 0 | 0 | 8,999 0 | 0 | 161,211 0 | 8,999 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

Schedule J (Form 990) 2012

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DLN: 93493051004194

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.

OMB No 1545-0047
2012
Open to Public

Inspection

Name of the organization
TAMPA PREPARATORY SCHOOL INC

Employer identification number

59-1618607

| ldentifier | Return Reference | Explanation |
|--|---|---|
| | FORM 990, PART VI, SECTION A, LINE 7A | IF ADDITIONAL TRUSTEES ARE CONSIDERED NECESSARY BY THE EXISTING TRUSTEES, THEY MAY ELECT THEM AT THEIR DISCRETION |
| | FORM 990, PART VI, SECTION B, LINE 11 | AFTER FORM 990 HAS BEEN COMPLETED BY AN INDEPENDENT CPA FIRM AND REVIEWED BY SCHOOL MANAGEMENT, IT IS FORMALLY REVIEWED AND ACCEPTED BY BOTH THE AUDIT COMMITTEE AND THE ENTIRE BOARD OF TRUSTEES |
| | FORM 990, PART VI, SECTION B, LINE 12C | THE BOARD OF TRUSTEES REVIEWS ALL TRANSACTIONS BETWEEN THE ORGANIZATION AND EMPLOYEES OF THE ORGANIZATION, AGAINST ITS CONFLICT OF INTEREST POLICY |
| | FORM 990, PART VI, SECTION B, LINE 15A | THE ORGANIZATION'S COMPENSATION COMMITTEE DETERMINES THE OFFICER'S COMPENSATION BASED ON PERFORMANCE AND MARKET BENCHMARK COMPARISON |
| | FORM 990, PART VI, SECTION C, LINE 19 | THE ORGANIZATION'S SECRETARY MAINTAINS ALL REQUIRED DOCUMENTATION THE SECRETARY PROVIDES ANY PUBLIC INFORMATION UPON REQUEST |
| CHANGES IN NET ASSETS OR FUND BALANCES | FORM 990, PART XI, LINE 9 | ROUNDING 1 |
| AUDIT COMMITTEE | PART XII, LINE 2C | AN AUDIT COMMITTEE IS FORMED FROM THE ORGANIZATION'S TRUSTEES ANNUALLY TO DECIDE ON A CPA TO PERFORM AND DIRECT THE ORGANIZATION'S AUDIT |
| OTHER EXPENSES | FORM 990, PART I, LINE 17, PRIOR YEAR | THE TOTAL HAS BEEN REDUCED BY THE AMOUNT THAT NOW APPEARS ON LINE 13 (PRIOR YEAR) FOR OTHER ASSISTANCE. THE CHANGE ALLOWS COMPARISON BETWEEN CURRENT YEAR AND PRIOR YEAR DUE TO CURRENT YEAR RECLASSIFICATION |