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Form 990

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2012

Department of the Treasur
Internal Revenue Service

Open to Public

			e Service		on may have to use a copy of the	ns return to s	satisfy state rep	porting requireme	ents	Inspection
<u>A</u>	For	r the	2012 calend	dar year, or tax year begi	nning	07-01	, 2012, and e	nding	06-	30 ,2013
В	Che	ck if a	plicable	C Name of organization THE	LOWELL WHITEMAN SCHO	OL INC				Employer identification no
	Add	ress c	nange	Doing Business As				<u> </u>		84-0469317
	Nam	ne cha	nge	Number and street (or P O bo	x if mail is not delivered to street address)		Room/suite	E	Telephone number
	Initia	10tal return 42605 RCR 36								(970)879-1350
	Tem	minated City, town or post office, state, and ZIP code								2,212,158
	Ame	ended	return	STEAMBOAT SPRI	NGS, CO 80487				G	Gross receipts \$
	Аррі	lication	pending	F Name and address of princi						C. C
								H(a) Is this a gr affiliates?	oup retui	m for Yes X No
	Tax-	-exem	ot status X	501(c)(3) 501(c)() (insert no) 4947(a)(1) or	527]]
J		osite:		LWS.EDU	/ (meetine)	رين ندر		If "No," att	ach a list	(see instructions)
					ociation Other	1 Ya	ear of formation 1	.957 M State		
-	art		Summar		55		a or formation 2	Otale	oriegai	domicile CO
نستسا	T				sion or most significant activitie	s PRTVAT	R COLLEGE	DDEDADATIO	N BO	APDING AND DAY
4	1			OR APPROXIMATELY			<u> </u>	I RELIEUTI I O	11 20	ALDING AND DAT
Governance	ı			<u> </u>	ZOO BIODEMID.					
E										
Š		2	Check this h	ox > D if the organization	n discontinued its operations or	disposed of	more than 259	2/ of its not see at		
, <u>o</u>	1				erning body (Part VI, line 1a) .				1 1	15
) ໝໍ ທ					ers of the governing body (Part				3	15
ivitie.	ł				in calendar year 2012 (Part V, I				\vdash	15
ર્ક									5	42
Activities	1				f necessary)				6	
ند. آنا	-				Part VIII, column (C), line 12				7a	0
Revenue A Min C.	\dashv	D	ivet unrelate	d business taxable incom	e from Form 990-T, line 34	• • • • • •			7b	0
1	1		0		e 1h)		}	Prior Year		Current Year
	- 1			,447	196,418					
	1		Program ser	,728						
∪કુ હ	- 1	10	Investment	income (Part VIII, column (A), lines 3, 4, and 7d) nes 5, 6d, 8c, 9c, 10d, and 1)e (must equal Part VIII, column (SINED.		553	,778	8,501
œ		11	Other reven	ue (Part VIII, column (A), li	nes 5, 6d, 8c, 9c, 10d, and 11e		781			0
_	_				(mart offers that of the first	, ,,, , = , -		2,967		
		13	Grants and	similar amounts paid (Part	IX, column (A) lines 1-3)	1.5 ZU14.	· 🔅 · · ·	415	,800	274,050
	- 1	14	Benefits par	d to or for members (Part I	X, column (A), In (64)		_ીહ્ڍ∖ [· · · · · · · · · · · · · · · · · · ·		0
S		15	Salaries, oth	ner compensation, employ	ee benefits (Part IX, column (A)	lines 5-10)	ዥ • • ∤ • • ﻟ	1,007	,686	1,057,343
S					column (A), line 11e)	16118	[,	0
Expenses				ising expenses (Part IX, co			1,089			
Ŵ	1	17	Other expen	nses (Part IX, column (A), I	ines 11a-11d, 11f-24e)				<u>,</u> 362	1,105,528
	-		•	,	st equal Part IX, column (A), line	,		2,418	,848	2,436,921
_	\dashv	19	Revenue les	ss expenses. Subtract line	e 18 from line 12	<u> </u>		549	,105	(224,763)
ces	ō							Beginning of Current	t Year	End of Year
Blan	3613	20					-	5,991	,739	5,765,926
Fund Blances	Net Assets or	21	Total liabilitie	es (Part X, line 26)				428	,111	433,284
					t line 21 from line 20			5,563	,628	5,332,642
	art			<u>ire Block</u>						
Unde true.	corre	nalties ect. an	of penjury, I deci d complete Dec	lare that I have examined this retui	n, including accompanying schedules an cer) is based on all information of which p	d statements, and reparer has any i	d to the best of my knowledge	knowledge and belief,	ıt ıs	
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e:			\rightarrow	1 Day				_	5	5-12-2014
Sig			Şignatu	re of officer	\				Date	,
He	ге	- 1	\rightarrow		SE MANAGER					
			Type or	print name and title	<u> </u>					
			Print/Type pre	eparer's name	Preparer's signature	1 De	ale	Check X	if P	TIN
Pa			Kari Ne	elson	1/2 // 1/19	05	-05-2014	self-employ	ed	P01031089
	-	arer	Firm's name	▶ Kari Nel	SON CPA			Firm's EIN		
Us	e C	Only	Firm's addres	ss > 721 Oak	Street/PO Box 771273			Phone no	-	
			1	Steamboa	t Springs CO 80477				70-8	79-7869
Ма	y the	e IRS	discuss this	s return with the preparer s	shown above? (see instructions)				Yes 🛛 No

Part III Statement of Program Service Accomplishments Check 5 Schedule O Contains a response to any question in this Part III		990 (2012) THE LOWELL WHITEMAN SCHOOL INC	84-0469317	Page 2
Brild describe the organization's mission. PRIVATE COLLEGE PREPARATION BOARDING AND DAY SCHOOL FOR APPROXIMATELY 100 STUDENTS. Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-E2?	Par	<u></u>		
PRIVATE COLLEGE PREPARATION BOARDING AND DAY SCHOOL FOR APPROXIMATELY 100 STUDENTS. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 If "Yes," describe these new services on Schedule O Old the organization case conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule D. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$1,567,829 including grants of \$) (Revenue \$) PRIVATE COLLEGE PREPARATION BOARDING AND DAY SCHOOL SERVING APPROX 60 STUDENTS 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)		Check if Schedule O contains a response to any question in this Part III	<u> </u>	<u> D</u>
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27	1			
prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$1,567,829 including grants of \$) (Revenue \$) PRIVATE COLLEGE PREPARATION BOARDING AND DAY SCHOOL SERVING APPROX 60 STUDENTS 4b (Code:) (Expenses \$including grants of \$) (Revenue \$)		PRIVATE COLLEGE PREPARATION BOARDING AND DAY SCHOOL FOR APPROXIMATELY 100	STUDENTS.	
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4d Other program services. (Describe in Schedule O.)	4rl	Other program services. (Describe in Schedule O.)		
(Expenses \$ including grants of \$) (Revenue \$)		,	١	
4e Total program service expenses ► 1,567,829	4e			

2) THE LOWELL WHITEMAN SCHOOL INC Checklist of Required Schedules Part IV

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
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		<u>X</u>
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		<u>X</u>
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		<u>X</u>
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		<u>X</u>
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		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	<u>X</u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.		:	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes."			
_	complete Schedule D, Part VI	11a	<u>X</u>	
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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f				٠,,
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
1∡a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		7.7	
	Schedule D, Parts XI and XII	12a	X	-
b	, , , , , , , , , , , , , , , , , , , ,	40.		٠,,
13	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	v	X
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	77
b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
		446		v
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	45		v
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		<u>X</u>
••	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	46		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		 ^-
• •	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	-''		├^
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		<u> </u>
	If "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b	-	
	The state of the s	~00		

Part IV Checklist of Required Schedules (continued)

			Yes	No
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		X
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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u>X</u>
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		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d 25-	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		X
Ь	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?			7,
00	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or			٠,,
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			·
20	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.			
-	Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yee," complete Schedule I. Bort IV	20-		v
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
D	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	25		
-	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	- 50		
•	Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"		 	
-	complete Schedule N, Part II	32		x
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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		Х
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		X

84-0469317 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and Х 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?..... 2b Х Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Х 3a At any time during the calendar year, did the organization have an interest in, or a signature or other authority 4a over, a financial account in a foreign country (such as a bank account, secunities account, or other financial Х 4a 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 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? ь 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? Х 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 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 7.a X b 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с Х d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?........ 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? g 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 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 8 Sponsoring organizations maintaining donor advised funds. 9a 10 Section 501(c)(7) organizations. Enter. b Section 501(c)(12) organizations. Enter 11 а Gross income from other sources (Do not net amounts due or paid to other sources 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 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. Enter the amount of reserves the organization is required to maintain by the states in which С Х 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a

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

14b

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No Yes 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. 15 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 2 Х 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? Х 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8a Х Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a Х If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? . . 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c Did the organization have a written whistleblower policy? 13 13 Х 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х 15a X If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 18 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) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► (970)879-1350

Form 990 (2012)	
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Section A.

EEA

THE LOWELL WHITEMAN SCHOOL INC

84-0469317

age 7

Form 990 (2012)

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	eck this box if neither the organization nor any related organization compensated any curre (A) (B) (C)							(D)	(E)	(F)	
Name and Title	Average		Position				Reportable	Reportable	Estimated		
	hours per	(do no	ot che	ck mo	ore th	an one		compensation	compensation from	amount of	
	week (list any hours for	l	(do not check more than one box, unless person is both a					from the	related organizations	other compensation	
	related	officer and a director/trustee)						organization	(W-2/1099-MISC)	from the	
	organizations below dotted line)	I t d n r i d u r i s e v t c i e t d e o u r a o I r	I t nr su t s i t	O-+-ce	K e y e m	H c e m p l o y e n e n s e e t e d	F o r m e r	(W-2/1099-MISC)		organization and related organizations	
(1) ADRIENNE SOUTHWORTH									-		
VP		X		X							
(2) ALAN RUDOLPH								1			
BOD		x									
(3) BETH FINDELL						-					
BOD		Х									
(4) CHRIS TAYLOR											
HEADMASTER		Х			X	Х		125,000			
(5) DAVID HILL											
BOD		X									
(6) DEB OLSEN											
BOD		X									
(7) ED WALKER									===		
BOD		X									
(8) GINA ZEDECK											
BOD		Х			ŀ						
(9) JOE BENDER											
BOD		Х	L		l			1			
(10)NANCY VENTRUDO											
PRESIDENT		Х		x							
(11)NICK ROSE											
BOD		Х						}			
(12)RYAN MAROVISH		-									
TREASURER	,	X		Х							
(13)SANDY HORNER											
вор		X		Ì							
(14)SARA CRAIG-SCHECKMAN											
BOD		X				1					

(A) Name and title	(B) Average hours per week (list any hours for	(C) Position (do not check more than one box, unless person is both an officer and director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	other compensat		n
	related organizations below dotted line)	dur ıse vtc	n r s u t s i t t e	C e	K e y e m p l o y e e	H c e m p l e e n y e e n s e e t e d	F o r m e r	organization (W-2/1099-MISC)	(W-2/1099-MISC)	on ar	from the garuzation nd related ganizations	;
(15)TED KAHN		v			_							
(16)		Х				 -						
(17)	-		_									
				-								
(18)			L									
(19)												
(20)												
(21)	 			-			-					
(22)	<u> </u>			_	-							
(23)		 -	_		_	ļ						
(24)												
(25)												
1b Sub-total	tion A .						> > -	0				0
2 Total number of individuals (including but not limit reportable compensation from the organization)		sted a	bove	e) w	no r	eceive	d m	ore than \$100,000	of0			
3 Did the organization list any former officer, direc employee on line 1a? If "Yes," complete Schedu						_		-		3		No X
For any individual listed on line 1a, is the sum of organization and related organizations greater the individual	an \$150,000?	? If "Ye	es," d	com	plet	e Sche	dule	J for such		4		x
5 Did any person listed on line 1a receive or accru	e compensation	on fror	n an	ıy ur	rela	ted or	ganı	zation or individua	ıl			····
for services rendered to the organization? If "Yes Section B. Independent Contractors	s, complete S	cneau	ile J	tor :	sucr	perso	on			5	<u> </u>	X
 Complete this table for your five highest compen compensation from the organization. Report com year 												
(A) Name and business addres	s							(B) Description of			(C) pensation	
Total number of independent contractors (include												

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (A) (B) (C) (D) Related or exempt function Total revenue Revenue excluded from tax Unrelated business under sections 512, 513, or 514 Federated campaigns Contributions, Gifts, Grants and Other Similar Amounts 1a b 1b Ç Fundraising events 1c Related organizations 1d Government grants (contributions) . . 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 196,418 Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f 196,418 **Business Code** Program Service Revenue 2a TUITION 1,947,491 1,947,491 **b MISC FEES** 59,748 59,748 C f All other program service revenue. 2,007,239 Investment income (including dividends, interest, and other similar amounts) ▶ 8,501 8,501 Income from investment of tax-exempt bond proceeds 5 (ı) Real (II) Personal 6a Gross rents b Less rental expenses. . . . c Rental income or (loss) . . . (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) Other Revenue 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less. direct expenses b c Net income or (loss) from fundraising events . . 9a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses b c Net income or (loss) from gaming activities . . . 10a Gross sales of inventory, less returns and allowances a **b** Less. cost of goods sold b c Net income or (loss) from sales of inventory . . Miscellaneous Revenue **Business Code** 11a d All other revenue e Total. Add lines 11a-11d

2,212,158

2,015,740

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). (B) Program service (A) Total expenses Do not include amounts reported on lines 6b, 7b, (C) (D) Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 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 22 274,050 274,050 Grants and other assistance to governments. organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. 125,000 115,816 9,184 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 697,503 461,907 228,948 6,648 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . Other employee benefits 9 158,608 88,820 66,615 3,173 10 76,232 38,116 36,973 1,143 11 Fees for services (non-employees). 8,000 8,000 12,000 12,000 Professional fundraising services See Part IV, line 17. Investment management fees. f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . 12 Advertising and promotion 29,547 29,051 496 13 4,509 4,509 14 14,187 14,187 15 16 87,007 87,007 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 17,636 17,636 20 3,510 3,510 21 22 183,827 181,998 1,750 Depreciation, depletion, and amortization 79 23 65,749 9,124 56,625 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) 679,556 426,807 252,383 366 h d All other expenses 25 Total functional expenses. Add lines 1 through 24e 2,436,921 848,003 21,089 1,567,829 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | I if following SOP 98-2 (ASC 958-720)

Part X	Balance Sheet	

		Check if Schedule O contains a response to any ques	tion in	this Part X			<u> </u>
				-	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			539,234	1	587,331
	2	Savings and temporary cash investments		<u> </u>	254,407	2	254,469
	3	Pledges and grants receivable, net			90,000	3	21,580
	4	Accounts receivable, net			5,185	4	27,593
	5	Loans and other receivables from current and former of		}	3,103		21,333
		trustees, key employees, and highest compensated en					
		Complete Part II of Schedule L	,			5	
	6	Loans and other receivables from other disqualified persons (as defined	under se	ection	· · · · · · · · · · · · · · · · · · ·		
ú		4985(f)(1)), persons described in section 4958(c)(3)(B), and contributing		į		†	
		sponsoring organizations of section 501(c)(9) voluntary employees' bene-					· !
		organizations (see instructions) Complete Part II of Schedule L		6			
	7	Notes and loans receivable, net		I -		7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges			68,103	9	49,749
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	6,242,027			
	ь	Less accumulated depreciation			4,184,814	10c	3,991,242
	11	Investments - publicly traded securities			830,806	11	832,287
	12	investments - other securities See Part IV, line 11 .				12	
	13	Investments - program-related. See Part IV, line 11.				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			19,190	15	1,675
	16	Total assets. Add lines 1 through 15 (must equal line 3		<u> </u>	5,991,739	16	5,765,926
	17	Accounts payable and accrued expenses			162,794	17	173,274
	18	Grants payable				18	
	19	Deferred revenue		[265,317	19	260,010
	20	Tax-exempt bond liabilities		[20	
	21	Escrow or custodial account liability. Complete Part IV	of Sch	edule D		21	
es	22	Loans and other payables to current and former officer	s, dire	ectors,			· · · · · · · · · · · · · · · · · ·
Liabilities	ł	trustees, key employees, highest compensated employees	yees, a	and		1	
<u> </u>		disqualified persons. Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated the	rd par	ties [23	
	24	Unsecured notes and loans payable to unrelated third	parties	s		24	
	25	Other liabilities (including federal income tax, payables	to rela	ated third			
		parties, and other liabilities not included on lines 17-24	•	•			
		of Schedule D				25	· · · · · · · · · · · · · · · · · · ·
	26	Total liabilities. Add lines 17 through 25			428,111	26	433,284
		Organizations that follow SFAS 117 (ASC 958), chec	ck her	e ▶ 🗓 and		1 1	
če		complete lines 27 through 29, and lines 33 and 34.				1	
an	27	Unrestricted net assets		, t	4,324,008	27	4,134,046
æ	28	Temporanly restricted net assets		The state of the s	109,405	28	68,381
Net Assets of Fund Balances	29	Permanently restricted net assets		+	1,130,215	29	1,130,215
Ĕ		Organizations that do not follow SFAS 117 (ASC 95	8), che	eck here ▶ ∐ and			•
ts c		complete lines 30 through 34.					;
3Se	30	Capital stock or trust principal, or current funds		, , , , , , , , , , , , , , , , , , ,		30	
Ž	31	Paid-in or capital surplus, or land, building, or equipme		· · · · · · · · · · · · · · · · · · ·		31	
ž	32	Retained earnings, endowment, accumulated income,		1-	P P45 465	32	
	33	Total net assets or fund balances		1	5,563,628	33	5,332,642
	34	Total liabilities and net assets/fund balances	• • •		5,991,739	34	5,765,926
EEA							Form 990 (2012)

Form	990 (2012) THE LOWELL WHITEMAN SCHOOL INC	84-04693	17	P	age 12
Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u>.</u>			. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)			212,	
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	2,4	136,	921
3	Revenue less expenses. Subtract line 2 from line 1	. 3	_ (:	224,	763)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	5,	563,	528
5	Net unrealized gains (losses) on investments	. 5		(6,	223)
6	Donated services and use of facilities	. 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	. 10	5,3	332,	642
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u>.</u>			. 🔲
				Yes	No
1	Accounting method used to prepare the Form 990				T
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on separate basis, consolidated basis, or both.			1	
	Separate basis Consolidated basis Both consolidated and separate basis			ł	
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:			ļ	
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		. 3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. Зь		

Form 990 (2012)

EEA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. OMB No 1545-0047

Employer identification number

2012

Open to Public Inspection

		WELL WHITEMAN								469317			
	rt I			Status (All organiz					ee instru	uctions.			
The	orga	nization is not a privat	te foundation beca	ause it is: (For lines 1 th	rough 11, o	check only	one box)						
1		A church, convention	n of churches, or a	ssociation of churches	described	in section	170(b)(1)((A)(i).					
2	X	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the											
3													
4													
		hospital's name, city											
5		An organization oper	rated for the benef	fit of a college or univer	sity owned	or operate	ed by a gov	vernmenta	I unit desc	cribed in			
	_	section 170(b)(1)(A))(iv). (Complete Pa	art II.)									
6		A federal, state, or lo	cal government of	r governmental unit des	scribed in s	ection 170	D(b)(1)(A)(v).					
7		An organization that	normally receives	a substantial part of its	support fro	om a gove	rnmental u	nit or from	the gener	ral public			
		described in section	170(b)(1)(A)(vi).	(Complete Part II)									
8		A community trust de	escribed in section	n 170(b)(1)(A)(vi). (Cor	nplete Part	II.)							
9		An organization that	normally receives	(1) more than 33 1/3%	6 of its sup	ort from c	ontribution	s, membe	rship fees	, and gros	ss		
										_			
		support from gross in	eipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its port from gross investment income and unrelated business taxable income (less section 511 tax) from businesses										
		=		e 30, 1975 See sectio		•		,					
10	П			ed exclusively to test fo				l(a)(4).					
11	П			ed exclusively for the be					carry out t	he			
		= =	·	orted organizations de		•		•	•				
		509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a											
е				organization is not cont								cgrate	
•	_			ther than one or more						-			
		or section 509(a)(2)	ii managers and e	and that one of more	publicly 3up	ported org	garnzauoris	GUESCHIDE	a in sectio	11 505(8)(')		
f		` ', '	cewed a written d	etermination from the IF	29 that it is	a Type L	Type II or	Typo III cı	innortina				
•													
~				ization accepted any gr									• • ⊔
g		following persons?	oo, nas the organi	ization accepted any gr	it of contino	adon nom	any or une						
		- -	tireethy or indirectly	controls, oither alone.	ar tagathar	with norce	na dagarih	od in (ii) e	nd			7/	
				y controls, either alone of								Yes	No
				the supported organiza							11g(i)	├	
				cribed in (ı) above?							11g(iı)		
				on described in (ı) or (ıı)						• • • • •	11g(m)		
<u>h</u>				t the supported organiz							,		
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(IV) is the o		(v) Did yo the organi	-	(vi) li organizati		(vii) Amou	unt of mo support	netary
		v		above or IRC section	governing		col (ı) o	f your	(ı) organız	ed in the	1	Jupport	
				(see instructions))		1		port?	 	S?			
					Yes	No	Yes	No	Yes	No			
(A)													
											ļ		
(B)													
(C)								<u> </u>					
(D)													
(E)					 				-		1	-	
					<u> </u>		<u> </u>				<u> </u>		
				1			‡		Ī				
Tota	11		I	‡	‡	§	‡	3	‡	1	3		

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

THE LOWELL WHITEMAN SCHOOL INC 84-0469317 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2b Number of conservation easements included in (c) acquired after 8/17/06, and not on a 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **▶** \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

Pai	7	·.·-					ts (continu	ea)
3	Using the organization's acquisition, accession,	and other records, o	check any of the	following that a	re a significant use o	fits		
	collection items (check all that apply).	_						
а	☐ Public exhibition	d 🗌 Loan	or exchange pro	grams				
b	Scholarly research	e 🗌 Othei	r					
С	Preservation for future generations							
4	Provide a description of the organization's collection	tions and explain he	ow they further th	e organization	's exempt purpose in	Part		
	XIII	·	•	0				
5	During the year, did the organization solicit or re	ceive donations of a	rt. historical treas	sures, or other	sımılar			
	assets to be sold to raise funds rather than to be						. 🗌 Yes	☐ No
Par	t IV Escrow and Custodial Arrang	ements. Comp	lete if the orga	anization an	swered "Yes" to	Form	990 Part I	V
<u> </u>	line 9, or reported an amount or			amzanon an			ooo, r art i	٧,
1a	Is the organization an agent, trustee, custodian			or other acce	te not			
							. 🗌 Yes	Пы
b	If "Yes," explain the arrangement in Part XIII and					• • •	. Lites	∐ No
b	ii res, explain the attailgement in Falt Alli and	complete the follow	ing table		[<u>-</u>			
_	Danisana balanca					Amou	unt	
C	Beginning balance							
d	Additions during the year							
e	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Form							∐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII. Ch						<u>.</u>	
Pai	TV Endowment Funds. Complete	f the organizatio	n answered "	Yes" to Forr	<u>n 990, Part IV, lir</u>	<u>10 10.</u>		
		(a) Current year	(b) Pnor year	(c) Two year	s back (d) Three years	s back	(e) Four years	back
1a	Beginning of year balance	1,130,215	980,21	15 98	4,010 997	7,181		
b	Contributions		150,00	00 1	0,205	1,829		
C	Net investment earnings, gains, and	_				Ī		
	losses					ļ		
đ	Grants or scholarships				·-··			
е	Other expenditures for facilities and							
	programs			(1	4,000)	ļ		
f	Administrative expenses			·		5,000		
g	End of year balance	1,130,215	1,130,21	1 100		4,010		
2	Provide the estimated percentage of the current		·		0,213 30	1,010		
-	Board designated or quasi-endowment	%	inc ig, column (e	i)) iicia as				
b	Permanent endowment ► 100.00 %							
C	Temporarily restricted endowment	%						
·								
20	The percentages in lines 2a, 2b, and 2c should	·			J (11			
За	Are there endowment funds not in the possession	on or the organizatio	n that are neid at	na administere	a for the			
	organization by:						Yes	
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	X
b	If "Yes" to 3a(II), are the related organizations lis	•					_3b	
4	Describe in Part XIII the intended uses of the org							
Pa	t VI Land, Buildings, and Equipme	ent. See Form 9	<u> 190, Part X, Iır</u>	ne 10.				
	Description of property	(a) Cost or other (investment	1 ' '	t or other basis (other)	(c) Accumulated depreciation		(d) Book value	e
1a	Land			94,048			94	4,048
b	Buildings	-		5,040,112		37		1,375
c	Leasehold improvements			_, ,	2,,20,,		<u> </u>	
ď	Equipment			440,512	374,6	50		5,862
e	Other STMD1E			667,355				
	I. Add lines 1a through 1e (Column (d) must equ		echima (D) I:					9,957
iota	i. Add lines ta through re (Column (d) must equ	ai roiin 990, Part X	, column (B), line	10(C))		<u> </u>	3,99	1,242

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Schedule D (Form 990) 2012

Part VII	Investments - Other Securitie	es. See Form 990, Part X, line 1	2.	
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market va	·······································
(1) Financial	derivatives			· · · · · · · · · · · · · · · · · · ·
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)	······································			
(D)				
(E)			· · · · · · · · · · · · · · · · · · ·	
(F) (G)				
(H)				
(I)				
Total (Column (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII		ed. See Form 990, Part X, line 1	3.	
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market va	llue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
Part IX) must equal Form 990, Part X, col (B) line 13) Other Assets. See Form 990, F	Part Y June 15		
Fi dir iv	Other Assets. Occ 1 offi 990, 1	(a) Description		(b) Book value
(1) MISCE	LLANEOUS RECEIVABLE	(a) accomplian		1,675
(2)				
(3)				-
(4)				
_(5)				
(6)				
(7)				
(8)				
(9)				
(10)	on (b) must equal Form 000 Bart V and (B)) line 15)		1 677
Part X	on (b) must equal Form 990, Part X, col (B Other Liabilities. See Form 990		· · · · · · · · · · · · · · · · · · ·	1,675
1.	(a) Description of liability	(b) Book value		
	income taxes			
(2)				
(3)				
(4)				
(5)		-		
(6)				
(7)				
(8) (9)			1	
(10)				
(11)			1	
) must equal Form 990, Part X, col (B) line 25)	>	1	
	SC 740) Footnote. In Part XIII, provide the		financial statements that reports the	organization's
	certain tax positions under FIN 48 (ASC 74			

Schedule D (Form 990) 2012

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SCHEDULE E (Form 990 or 990-EZ)

THE LOWELL WHITEMAN SCHOOL INC

Schools

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

84-0469317 Part I YES NO 1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? Х 1 2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, Х 2 3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please Х 3 Does the organization maintain the following? 4a Х Records documenting that scholarships and other financial assistance are awarded on a racially Х 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing Х with student admissions, programs, and scholarships? 4d Х If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to. Students' rights or privileges? X 5a Х 5b Х 5c Х 5ď Х 5ө X 5f Х 5g Х 5h If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. 6a If you answered "Yes" to either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4 01 through

SCHEDULE 1 (Form 990)

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

2012

OMB No 1545-0047

Open to Public Inspection

Employer identification number 84-0469317 **%** □

X Yes

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. THE LOWELL WHITEMAN SCHOOL INC Department of the Treasury Name of the organization Internal Revenue Service

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

Part 1

			orm 990.	he Instructions for Fo	For Paperwork Reduction Act Notice, see the Instructions for Form 990
			ble	is listed in the line 1 ta	3 Enter total number of other organizations listed in the line 1 table
		ne 1 table	nizations listed in the line 1 table	and government orga	
		<u> </u>			(12)
					(11)
					(10)
					(6)
					(8)
					(7)
					(9)
					(5)
					(4)
					(3)
					(2)
					(1)
(f) Method of valuation (g) Description of (book, FMV, appraisal, one-cash assistance other)	sh (e) Amount of non- cash assistance	(d) Amount of cash grant	(c) IRC section if applicable	(b) EIN	1 (a) Name and address of organization or government
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	be duplicated if ac	000 Part II can	ved more than \$5,	scipient that receiv	,
use of grant funds in the United States and Organizations in the United States. Complete if the organization answered "Yes" to Form 990	tes United States	ids in the United Sta	ng the use of grant fur ments and Organ	rocedures for moniton	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States [Part II] Grants and Other Assistance to Governments and Organizations in the United States.
	000	CtO bottel I out on ob.	The second of control of the	motion of the second	

Schedule I (Form 990) (2012)

EEA

THE ORGANIZATION USES AN OUTSIDE AGENCY TO DETERMINE ELIGIBILITY FOR SCHOLARSHIPS BASED ON FINANCIAL NEED. MERRIT BASED SCHOLARSHIPS Page 2 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional TUITION SCHOLARSHIPS 84-0469317 (e) Method of valuation (book, FMV, appraisal, other) 274,050 FMV non-cash assistance (d) Amount of ARE DETERMINED BY THE ADMISSIONS DIRECTOR AND APPROVED BY THE HEADMASTER. (c) Amount of cash grant line 2) Part III can be duplicated if additional space is needed. 19 (b) Number of THE LOWELL WHITEMAN SCHOOL INC recipients 1. Monitoring procedures (Part I, 1 SCHOLARSHIPS FOR STUDENTS (a) Type of grant or assistance information. Schedule I (Form 990) (2012)

Part III Grants Part IV

7

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9

Schedule I (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ.

THE LOWELL WHITEMAN SCHOOL INC 84-0469317 01. Form 990 governing body review (Part VI, line 11) INDEPENDANT CPA PREPARES RETURN AND DISCUSSES WITH FINANCE/TREASURER PRIOR TO SIGNING AND FILING. 02. CEO, executive director, top management comp (Part VI, line 15a) BOARD OF DIRECTOR COMMITTEE DETERMINES THE HEAD OF SCHOOL COMPENSATION.

Form 8868 (R	ev. 1-2013)						Page 2
• If you are f	iling for an Additional (Not Automatic) 3-Mo	onth Extension	, complete only Part II and cl	neck this box .			▶ 🏻
	mplete Part II if you have already been grant			viously filed Form	8868		
	iling for an Automatic 3-Month Extension, c						
Part II	Additional (Not Automatic) 3-Mon	th Extension	on of Time. Only file the	original (no c	opies	need	led).
	T			iler's identifylng			
Type or	Name of exempt organization or other filer,		s.	Employer identific			r (EIN) or
print	THE LOWELL WHITEMAN SCHOOL			84-04			
File by the due date for	Number, street, and room or suite no. If a F 42605 RCR 36	'.O. box, see in	structions.	Social security nu	ımber	(SSN)	
filing your return See	City, town or post office, state, and ZIP cod	e For a foreign	address, see instructions.				
instructions	STEAMBOAT SPRINGS, CO 80487						
Enter the Ret	urn code for the return that this application is	for (file a sepa	rate application for each return)			01
Application	1	Return	Application				Return
Is For		Code	Is For				Code
	r Form 990-EZ	01					
Form 990-B		02	Form 1041-A				80
Form 4720	<u> </u>	03	Form 4720				09
Form 990-P		04	Form 5227 Form 6069				10
	(sec 401(a) or 408(a) trust)	05 06	Form 8870				11
F0111 990-1	(trust other than above)	[00	Form 8870				12
	are in the care of ► KARI NELSON CP			n a previously fil	ed Fo	rm 886	i8.
	No. ▶ 970-879-1350		AX No. ▶				
If the organ	nization does not have an office or place of b	usiness in the	United States, check this box				▶ 🛚
	r a Group Return, enter the organization's fou						
for the whole	group, check this box ▶ 🗌 . If it is fo	or part of the gr	oup, check this box	▶ 🗌 and a	ttach a	3	
list with the na	ames and EINs of all members the extension	ıs for					
•	st an additional 3-month extension of time un			20 <u>14</u> .			2012
	endar year, or other tax year beginni		07-01 , 2012 and end		-30	— _' '	20 <u>13</u> .
_	x year entered in line 5 is for less than 12 mo	onins, check re	ason: Inioarreturn r	inai return			
	detail why you need the extension						
	ERING INFORMATION TO FILE ACCU	TRATE RETU	RN.				
8a If this a	pplication is for Form 990-BL, 990-PF, 990-T	, 4720, or 606	9, enter the tentative tax, less a	any			
-	indable credits. See instructions.				8a	\$	
	pplication is for Form 990-PF, 990-T, 4720, o		=				
	ted tax payments made. Include any prior ye	ar overpaymer	it allowed as a credit and any				
	t paid previously with Form 8868.		0.	-i FETDS	_8b_	_\$	
	ce due. Subtract line 8b from line 8a. Include		with this form, it required, by u	sing EF1P5	80	•	
(Electro	onic Federal Tax Payment System). See inst				8c	\$	
	_		st be completed for Pa	_			
Under penalt	ies of perjusy, I declare that I have examined nd belief it is true, correct, and complete, and	this form, inclu	iding accompanying schedule	statements	, and t	to the b	est of my

Signature ► EEA

Date > 2.15-14
Form 8868 (Rev. 1-2013)

Federal Supporting Statements	2012 PG01			
Name(s) as shown on return FEIN				
THE LOWELL WHITEMAN SCHOOL INC	84-0469317			

FORM 990, SCHEDULE D, PART VI, LINE 1E STATEMENT #D1E INVESTMENTS - OTHER

DESCRIPTION OF INVESTMENT	COST/BASIS (INVESTMENT)	COST/BASIS (OTHER)	DEPR	BOOK <u>VALUE</u>
LAND IMPROVEMENTS	0	402,097	79,788	322,309
SEWER/WATER SYSTEM	0	265,258	67,610	197,648
TOTAL	0	667,355	147,398	519,957

990 Overflow Statement	2012 Page 1
Name(s) as shown on return	FEIN
THE LOWELL WHITEMAN SCHOOL INC	84-0469317

Description	Amount
FOOD COSTS	\$ 77,250
PROFESSIONAL DEVELOPEMENT	2,742
STUDENT ACTIVITIES	31,167
GLOBAL IMMERSION STUDIES	123,225
OPERATING SUPPLIES	 9,473
BUILDING AND GROUND MAINT	 37,012
MEMBERSHIPS AND SUBSCRIPTIONS	 5,155
VEHICLE EXPENSES	 5,318
GASOLINE	9,446
EQUIPMENT MAINTENANCE	 1,452
TEXTBOOKS AND SUPPLIES	 23,507
TRASH AND SNOW REMOVAL	6,849
ALUMNI OFFICE	 470
WORKMANS COMPENSATION	 10,231
WATER/SEWER PLANT	7,613
SUMMER ACEDEMY	73,813
GENERAL EXPENSE	2,084
Total:	\$ 426,807

Description		Amount
RECRUITING		\$ 37,028
TELEPHONE		 15,038
LOSS ON ASSET ABANDONEMENT		19,536
LICENSE/FEES		1,153
BAD DEBTS		22,621
GENERAL EXPENSE		 13,787
PROFESSIONAL DEVELOPMENT		1,887
WORKMANS COMPENSATION		7,673
COMPUTER MAINT/SUPPLIES		 19,625
SEVERANCE PACKAGE	_	 107,000
PUBLICATIONS		7,035
	Total:	\$ 252,383

Description		Am	ount
WORKMANS COMPENSATION		\$	366
	Total:	\$	366